

***UNFPA COUNTRY PROGRAMME EVALUATION:  
BOSNIA HERZEGOVINA***

***Period covered by the evaluation (2010-May 2013)***

***FINAL EVALUATION REPORT***

**July 18, 2013**

## Bosnia Herzegovina country map



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## **Disclaimer Statement**

This evaluation report was prepared by Consultants Sam Clark, Evaluation Team Leader, and Anamaria Golemac Powell, Gender Expert, with assistance from Emina Durmo, Consultant and Evaluation Logistics Coordinator. The report was produced under the guidance and supervision of Mr Mahbub Alam, Monitoring and Evaluation Advisor, UNFPA Eastern Europe and Central Asia Regional Office, with review and oversight from the UNFPA BiH Evaluation Reference Group. The content, analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund (UNFPA), its Executive Committee or member states.

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<b>Bosnia Herzegovina country map .....</b>	<b>ii</b>
<b>Disclaimer Statement .....</b>	<b>iii</b>
<b>Acknowledgements .....</b>	<b>iii</b>
<b>Abbreviations .....</b>	<b>vi</b>
<b>Executive summary .....</b>	<b>x</b>
<b>CHAPTER 1: Introduction .....</b>	<b>1</b>
<b>Section 1.1: Purpose and objectives of the country programme evaluation.....</b>	<b>1</b>
<b>Section 1.2: Scope of the evaluation.....</b>	<b>1</b>
<b>Section 1.4: Methods for data collection and analysis .....</b>	<b>3</b>
<b>Section 1.5: Limitations and risks.....</b>	<b>6</b>
<b>Section 1.6: Process overview.....</b>	<b>6</b>
<b>CHAPTER 2: Country context .....</b>	<b>8</b>
<b>Section 2.1: Context.....</b>	<b>9</b>
<b>Section 2.2: The development challenges and national strategies.....</b>	<b>10</b>
Population and Development .....	11
Sexual and Reproductive Health .....	12
Gender Equality.....	15
GBV/CRSV.....	16
<b>Section 2.3: The role of external assistance .....</b>	<b>17</b>
<b>CHAPTER 3: UN/UNFPA Strategic response and programme .....</b>	<b>18</b>
<b>Section 3.1: UN Strategic response .....</b>	<b>18</b>
<b>Section 3.2: UNFPA Strategic response .....</b>	<b>19</b>
<b>Section 3.3: The UNFPA programmatic response.....</b>	<b>20</b>
<b>Section 3.4: The country programme financial structure.....</b>	<b>23</b>
<b>Chapter 4: Analysis of Programmatic Areas.....</b>	<b>27</b>
<b>Section 4.1: Sexual Reproductive Health .....</b>	<b>27</b>
Overview of the UNFPA BiH Reproductive Health Focus Area.....	27
Relevance.....	28
Effectiveness.....	29
Efficiency.....	31
Sustainability.....	33
Gender .....	34
<b>Section 4.2: Population and Development.....</b>	<b>35</b>
Overview of the UNFPA BiH Population and Development Focus Area.....	35
Relevance.....	35
Effectiveness.....	36
Efficiency.....	39
Sustainability.....	41

Gender .....	42
<b>Section 4.3: Gender Equality .....</b>	<b>42</b>
Overview of the UNFPA BIH CPAP Gender Equity Focus Area.....	42
Relevance.....	43
Effectiveness.....	44
Efficiency.....	46
Sustainability.....	47
Gender .....	48
<b>Section 4.4: Results from Semi-structured Training Follow-up interviews .....</b>	<b>49</b>
<b>Section 4.5: Results from Semi-structured interviews with client/beneficiaries.....</b>	<b>49</b>
<b>Chapter 5: Strategic positioning .....</b>	<b>50</b>
<b>Section 5.1: Corporate strategic alignment.....</b>	<b>50</b>
<b>Section 5.2: Systemic strategic alignment .....</b>	<b>51</b>
<b>Section 5.3: Responsiveness .....</b>	<b>52</b>
<b>Section 5.4: Added value.....</b>	<b>53</b>
<b>Chapter 6: Cross-cutting aspects: Monitoring &amp; Evaluation system.....</b>	<b>54</b>
<b>Section 6.1: The country office monitoring and evaluation (M&amp;E) system .....</b>	<b>54</b>
<b>Section 6.2: Support to national partners' capacity in terms of M&amp;E systems.....</b>	<b>55</b>
<b>CHAPTER 7 Conclusions and recommendations .....</b>	<b>55</b>
<b>Section 7.1: Main conclusions .....</b>	<b>55</b>
Overview of achieved results .....	55
Strategic level.....	56
Programmatic level.....	56
Cross-cutting aspects.....	58
<b>Section 7.2: Main recommendations .....</b>	<b>59</b>
Strategic level.....	59
Programmatic level.....	59
Cross-Cutting Aspects.....	62
<b>References .....</b>	<b>64</b>

## Abbreviations

ADC	Austrian Development Cooperation
AIDS	Acquired Immunodeficiency Syndrome
AKAZ	Agency for Health Care Quality and Accreditation
BiH	Bosnia and Herzegovina
BIHAS	Bosnia and Herzegovina Agency for Statistics
CC	Cervical Cancer
CCA	Common Country Assessment
CDS	Country Development Strategy
CO	Country Office
CoM	Council of Ministers
CP	Country Programme
CPAP	Country Programme Action Plan
CPE	Country Programme Evaluation
CRSV	Conflict-related sexual Violence
CSO	Civil Society Organization
DEI	Directorate for EU Integration
DEP	Directorate for Economic Planning
DEX	Direct Execution
DEZA	Direktion Fur Entwicklung und Zusammenarbeit (Swiss)
DFID	Department for International Development (UK)
DG	Democratic Governance
DHS	Demographic Health Survey
DPA	Dayton Peace Agreement
DV	Domestic Violence
EBOS	Evaluation Branch at the Division of Oversight services
EC	European Commission
EECARO	Eastern Europe and Central Asia Regional Office
EU	European Union
EUSR	European Union Special Representative
FBiH	Federation of Bosnia and Herzegovina
FLD	Foundation for Local Democracy
FP	Family Planning
GBV	Gender-Based Violence
GC	Gender Centre
GDI	Gender Development Index
GDP	Gross Domestic Product
GE	Gender Equality
GEM	Gender Equality Mechanisms
GFAP	General Framework Agreement for Peace
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GII	Gender Inequality Index
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HS	Human Security
ICPD	International Conference on Population and Development
IDP	Internally displaced persons
IFI	International Financial Institutions

ILO	International Labour Organization
IOM	International Organization for Migration
IPPF	International Planned Parenthood Federation
IUD	Intrauterine Device
KM	Bosnian Convertible Mark
LFS	Labor Force Survey
LGBT	Lesbian, Gay, Bisexual and Transgender
LSMS	Living Standard Measurement Survey
M&E	Monitoring and Evaluation
MD	Migration Data
MDG	Millennium Development Goal
MDG-F	UNDP-Spain MDGs Achievement Fund
MHRR	Ministry of Human Rights and Refugees
MICS	Multiple Indicator Cluster Survey
MIPAA	Madrid International Plan of Action on Ageing
MOE	Ministry Of Education
MOU	Memorandum Of Understanding
MTDS	Mid-Term Development Strategy
NATO	North Atlantic Treaty Organisation
NDS	National Development Strategy
NEX	National Execution
NHDR	National Human Development Report
NGO	Non-Governmental Organisation
NOB	National Offices Level B
ODA	Official Development Assistance
OHR	Office of High Representative
PD(S)	Population and Development
PGPD	Parliamentary Group on Population and Development
PHI	Public Health Institute
PPD	Population Policy Development
PR	Public Relations
PRSP	Poverty Reduction Strategy Paper
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RM	Referral Mechanism
RS	Republika Srpska
SAA	Stabilization and Association Agreement
SI(S)	Social Inclusion (Strategy)
SP	Strategic Plan
SPFE	Social Policy For the Elderly
SRH	Sexual and Reproductive Health
TFP	Total fertility Rate
TOR	Terms of Reference
UKFCO	United Kingdom Foreign and Commonwealth Office
UN	United Nations
UNCT	United Nation Country Team
UNDAF	United Nations Development Assistance Framework
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe

UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNTF	United Nations Trust Fund
UN Women	United Nations Development Fund for Women
USD	United States Dollar
VAW (G)	Violence Against Women (and Girls)
WHO	World Health Organization
Y-Peer	Youth Peer
YAP	Youth Advisory Panel
YFMS	Youth Friendly Medical Services
YFSRH	Youth friendly Sexual and Reproductive Health
YERP	Youth Employability and Retention Programme



## List of Annexes

Annex 1: Terms of Reference

Annex 2: Evaluation Site Visit Schedule

Annex 3: List of Persons Contacted

Annex 4: Data Collection Instruments

Annex 5: Evaluation Matrix

<i>Figure 1: Population Age Structure</i>	<i>Figure 2: Total fertility Rate</i> .....	12
<i>Figure 3: Ratio of female to male labour force participation (in %):</i> .....		15
<i>Figure 4 Dataset: Aid (ODA) disbursements to countries and regions [DAC2a]</i> .....		17
<i>Figure 5 CP linkage with national development plan, BiH UNDAF and UNFPA Global Strategic Plan</i> .....		20
<i>Figure 6 Simplified Logic Model for UNFPA BiH CPAP's Updated Framework</i> .....		22
<i>Figure 7 Core budget allocation</i>	<i>Figure 8 Non-Core budget allocation</i> .....	24
<i>Figure 9: Expenditure evolution</i> .....		24
<i>Figure 10: Budget distribution</i> .....		25
<i>Figure 11: Expenditure distribution</i> .....		25
<i>Figure 12: Budget by source</i> .....		26
<i>Figure 13 Logic Model for Reproductive Health - Two Outcomes, Two Outputs and Seven activities:</i> .....		27
<i>Figure 14 Financial Data and Tables</i> .....		32
<i>Figure 15 Logic Model for Population and Development - One Outcome, One Output and three activities:</i> .....		35
<i>Figure 16 Financial Data and Tables</i> .....		40
<i>Figure 17 Logic Model for Gender Equity - One Outcome, One Output and three activities:</i> .....		43
<i>Figure 18 Financial Data and Tables for GE component</i> .....		46
<i>Table 1 UNFPA BiH CP Evaluation Components and Evaluation Criteria</i> .....		2
<i>Table 2 UNFPA Corporate Mandates</i> .....		2
<i>Table 3 Number of Planned Interviews, Number of Interviews conducted, and Number of Stakeholders Interviewed by State and Entity Level and Focus Area</i> .....		4
<i>Table 4 Number of Training Follow-up Interviews planned, Number conducted and number of persons interviewed. State, Entity and Focus Area</i> .....		4
<i>Table 5 Number of Client/Beneficiary Interviews planned, number of Interviews Conducted and number of persons interviewed by State and Entity Level and Focus Area</i> .....		5
<i>Table 6 Key facts table for Bosnia and Herzegovina</i> .....		8
<i>Table 7 Trends in Contraception Use in BiH</i> .....		13
<i>Table 8 Sexual Experience, Condom Use at Last intercourse, Teen birth rates, and TFR in BiH</i> .....		14
<i>Table 9 SP outcomes and Revised CP Outcomes</i> .....		20
<i>Table 10 CP 2010-2014 proposed assistance</i> .....		24
<i>Table 11 Expenditure evolution</i> .....		24
<i>Table 12 Illustrative Hypothetical Table for CPAP 2 Outcome Accountability Indicators.</i> .....		55

## Executive summary

**Context:** This report presents the results of a Country Program Evaluation (CPE) of the first UNFPA BiH Country Program (CP) for 2010 through 2014. The UNFPA BiH CP has three focus areas: (a) Reproductive Health (RH), (b) Population and Development (PD); and (c) Gender Equality (GE) with an overall budget of \$6.9 million.

**Objectives and scope:** The evaluation closely adheres to the recently developed CPE Guidelines developed by the Evaluation Branch at the Division for Oversight Services (UNFPA EBOS 2012). This evaluation reviews the UNFPA BiH Country Program Action Plan (CPAP) using two separate components. Component 1 is an analysis of the UNFPA BiH Outcomes, Outputs and activities by the three focus areas (RH, PD and GE). Component 1 employs six main criteria: relevance, effectiveness, efficiency, sustainability, as well as gender mainstreaming. Component 2 assesses the strategic positioning of UNFPA BiH in the country, both from UNFPA's global corporate perspective and the development priorities of the country. Per the CPE, this second component employs four main criteria: alignment with UNFPA Corporate Mandates (some eight in all), alignment with BiH development priorities, responsiveness, and value added. The evaluation covers the entire CPAP programme period (2010 to date) but focuses primarily on the outcomes and outputs within the updated CPAP framework, adopted in December 2012 to be realigned with UNFPA's current global strategic plan.

**Methodology:** The evaluation was conducted by a three-person team (team leader, gender expert and evaluation logistics coordinator) in two phases: inception in BiH, 14-22 May, and the evaluation in BiH, 3-19 June. The evaluation is based on non-random samples of respondents with qualitative data collection methods. All interviews followed informed consent procedures as required by the UN ethics guidelines for evaluators. The collection of evaluation data was implemented using five key activities: 1) Desk review of documents and financial and other pertinent program data, 2) Site visits to UNFPA targeted areas in both Entities, 3) 51 semi-structured group and individual interviews with 90 stakeholders (including national counter-parts, implementing partners and development partners), 4) nine semi-structured individual and group interviews with 18 UNFPA BiH program Client/beneficiaries, and 5) eighteen individual and group follow-up interviews with 20 former trainees in UNFPA supported training events. The evaluation employs a simple logic model that organizes the re-aligned CPAP's 13 principal activities into a plausible sequence within each of four respective Outputs and Outcomes. The analysis is based on a synthesis and triangulation of information obtained from the above-mentioned five activities. Limitations of the evaluation include its inherently non-representative, qualitative nature due to the small, non-random sample sizes. The adverse timing, due to June school holidays, resulted in low response rates for certain interview categories. A bias toward positive responses was noted in many interviews. All interviews were conducted in private without UNFPA agency staff present.

### Main conclusions

**Overview of achieved results:** Progress was made during the volatile CPAP 1 period from 2010 to the present. Despite the extremely challenging social, economic and political environment in BiH, three of the four proposed Outcomes and Outputs were partially achieved. Out of a total of 13 activities assessed in-depth, one was fully achieved, 7 were partially achieved, and 5 were not achieved. The initial CPAP budget plan to emphasize RH (54% of budget for RH, 27% for PD and 15% for GE) was not implemented. A disproportionate emphasis was placed on GE related activities. Out of the total funds spent to date, 65% was for GE expenditure, 19% for PDS and 11% for SRH.

**Strategic level Overview:** All three of the focus areas for the UNFPA BiH CPAP 1 have had to adjust to the extremely diverse and complex context in BiH, with inordinate delays in establishing working

ministerial counterparts following the 2010 and 2012 elections. In order to function well in this context, the UNFPA BiH needs to be funded and staffed at a level that anticipates the time consuming process of working within BiH's unique multi-tiered governance structure. Faced with these challenges, the UNFPA BiH CPAP has fallen into a pattern of implementing short-term activities, such as Round Tables and regional conferences, without a planned strategic sequence and follow-up. The UNFPA BiH CPAP has worked primarily at the State and Entity Ministerial Level and has not been able to implement and monitor project activities at the Cantonal and Municipal level. There has been insufficient interaction between UNFPA, BiH and some ministries at the entity level in both Entities in BiH. Based on internal UNFPA constraints to expend funds in the proper time sequence, UNFPA BiH has occasionally been forced to pressure implementing partners to complete activities in an unrealistic time frame. The UNFPA BiH CP has focused on vulnerable groups, such as victims of CRSV, the elderly and youth; however, it has not reached the most at risk populations, such as Roma and internally displaced persons.

**Programmatic level - Sexual and Reproductive Health:** Despite having developed an impressive portfolio of activities related to quality of care for post abortion counselling and for high quality youth friendly SRH activities prior to the CPAP in 2009, UNFPA BiH lost momentum in SRH during the CPAP 1 period, in particular in the area of quality of care for family planning services, for post abortion counselling services, and Youth Friendly SRH counselling and services. Outcome 1, *Increased access to quality FP*, and its associated Output 1, have been partially achieved. This is based on the significant progress in the area of Cervical Cancer (CC) Screening, the important achievement of the adoption of a compelling State Level SRH Policy, and the initiation of an in-depth assessment of family planning, which is now underway and shows good prospects for success. There was no significant progress for the two other activities for Output 1. Despite some progress with UNFPA's support for peer counselling as implemented by Y-Peer through Partnerships in Health, Outcome 2, *Improved access to SRH information and services for youth*, has not been achieved. None of the other three proposed activities for Output 2 were achieved. As a relatively small UN agency in BiH, UNFPA's ability to support quality of care in SRH is one of its most important comparative advantages. The current high-quality activities related to CC screening, as well as an in-depth assessment of family planning, which is now underway, are a basis for UNFPA to renew its activities on SRH with a focus on supporting the improvement of quality of care. With the adoption of a SRH strategy and policy at the State and Entity Level, as a result of concerted long-term effort by many stakeholders including UNFPA BiH, the current policy context for SRH programs in BiH is relatively favourable. Despite concerted efforts and a current of anti-contraception media context, especially for hormonal contraception, UNFPA BiH has not yet generated strong stakeholder support for reproductive health commodity security.

**Population and Development:** In the PD Focus area, the Outcome 3, *Improved data availability and analysis for PD, SRH and GE*, there was partial achievement for all three activities. Given the intensity of current national concerns for key demographic trends, especially low fertility rates, an aging population structure and patterns of migration, UNFPA is extremely well positioned to play a constructive role in supporting rational and ethical evidenced-based population policy as well as a state level social policy for the elderly in BiH. The UNFPA BiH has won recognition and appreciation for work in the PD focus area as a reliable and flexible partner for State and Entity level stakeholders in BiH, especially the YERP migration data activity and for responding quickly to disburse funds for urgently needed Census preparation, activities that fit well with UNFPA's mandate. After a prolonged 3.5 year process of developing support, it appears that it may finally be feasible to develop a state level policy for the elderly with external technical assistance from UN DESA. UNFPA BiH has commenced important work toward the development of a BiH population policy. Stakeholders insist that they should be the drivers of the process but welcomed the role of UNFPA's staff demographer in presenting data on how other countries have dealt with low fertility rates. It is urgent for UNFPA to actively involve stakeholders in planning for follow-on meetings and solicit their recommendations.

**Gender Equity:** Outcome 4, *Advancement of GE and Reproductive rights*, was partially achieved based on progress on all three activities (one fully achieved, two partially achieved). Due to

continuous work on ensuring implementation of the Prevalence survey on Violence Against Women (VAW) in BiH, stakeholders perceive UNFPA BiH as a champion in this field. There has been good cooperation between UN agencies and GEM on collection and provision of very much needed data and evidence for policy planning and service delivery. UNFPA's work on supporting establishment of mechanisms for prevention and support to victims of GBV and CSRV is seen by all stakeholders as highly relevant work in efforts to address GBV and VAW. This type of work takes a long time to fully develop, and in particular in BiH, having in mind fiscal decentralization and service fragmentation and also taking in consideration the need for multi-sectorial cooperation. UNFPA has been delayed in carrying out the CRSV perception survey due to lack of funding. There was significant need for addressing issues related to needs of victims of conflict related sexual violence. The team put enormous effort and considerable resources in promoting this issue at national level despite its political sensitivity.

**Cross-cutting aspects:** The design of the UNFPA BiH CP was based on activities rather than clearly defined public health outcomes, which resulted in a focus on the completion of activities rather than the achievement of meaningful change in outcomes. The quality of communications work done for UNFPA BiH has been of high quality but the UNFPA BiH CP primarily used marketing campaigns to raise donor and stakeholder awareness to generate fund raising opportunities rather than for the purpose of behaviour change communication.

### **Recommendations**

**Strategic level:** UNFPA BiH should increase staffing to permit greater engagement at local levels. UNFPA BiH needs to re-engage with pertinent ministries at State and Entity level and, where relevant, Cantonal level ministries<sup>1</sup>. The achievement of this engagement at the local level will require additional staff and imaginative hiring approaches. UNFPA BiH should make a commitment to quality as UNFPA's comparative advantage to support carefully selected best practices within each of three focus areas on a long-term basis.

**Programmatic level – Reproductive Health:** UNFPA should engage both the State and Entity level MOH to assess opportunities to assist in the monitoring and implementation of the SRH strategy and policy documents, especially for common themes across all three recently approved SRH documents. In addition to the on-going CC screening activity and the implementation of recommendations for family planning stemming from the on-going family planning assessment, UNFPA BiH should consider providing support for abortion reporting and post abortion counselling quality of care, Youth Friendly SRH Services, and improved access to infertility services. UNFPA BiH should make a clear and unambiguous decision to support Y-Peer in 2013 and 2014 with well-defined deliverables and output indicators, subject to revision should there be a thorough Youth Assessment in 2013 or 2014. UNFPA support for Reproductive Health Commodity Security (RHCS) should be continued to counter reported anti-contraceptive media pressure against hormonal methods, working with senior level stakeholders who are involved in the contraceptive regulatory and registration process. UNFPA BiH should support the introduction of a male youth GBV SRH curriculum, Program M, into the Ministries of Education in both Entities; it is evidence-based with validated measures to assess impact, it addresses GBV among male youth at a crucial time in BiH's transition from post-conflict, and it tackles both SRH and gender equality issues.

**Programmatic level – Population and Development:** UNFPA BiH should continue support for development of a social policy for the elderly (SPFE) and a BiH population policy. The role of UN DESA offers a concrete opportunity for close alignment of an SPFE with the Madrid International Plan of Action on Aging. UNFPA should build on the positive rapport established with stakeholders to provide additional technical assistance, both for the SPFE as well as for the development of sound population policy. UNFPA BiH should support development of a Population Policy with careful, pro-

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<sup>1</sup> This is with the caveat that UNFPA should be careful not to bypass the state and other constitutionally set governance structures when working at the Cantonal and/or Municipality levels.

active inclusive advance planning with of all pertinent ministries and academic institutions with demographic expertise at State and Entity Level. The UNFPA BiH PD team should consolidate its rapport with State and Entity statistical agencies by completing the third phase of the migration statistics project, to install hardware and develop software for the proposed migration data base. The BiH PD team should collaborate with the RH team to use UNFPA's role on the MICS Steering Group to proactively plan, negotiate and fund a more comprehensive set of SRH indicators for the MICS5 during CPAP II.

**Programmatic level – Gender Equality:** Future work on referral mechanisms (RMs) should have stronger focus on ensuring creation of innovative solutions within the framework of minimal standards for RMs. Additional work is needed to ensure sustainability of RMs through development of monitoring and evaluation (M&E) capacities at the local levels In the next CP cycle, UNFPA BiH should support strengthening of individual institutional capacities to ensure and enable linkages to concrete service provision i.e. ensuring that the RM protocols are actually implemented. This work should be linked with the on-going work on Gender Responsive Budgeting at local levels to ensure financing of services and rights. Work on establishing CRSV mechanisms should be closely related to supporting GBV RMs, strengthening RMs to ensure they address the needs of women survivors of CRSV and avoid creation of parallel system just for CRSV survivors. The added value of UNFPA BiH would be in promoting strengthening of the institutions and relevant RMs to ensure for provision of support and services for the CRSV victims. UNFPA BIH should ensure follow up of the prevalence survey towards the end of CP2 cycle. This would enable further monitoring of GBV perceptions and changes in the trends.

**Cross-Cutting Aspects:** As part of a commitment to outcome-oriented programming, UNFPA BiH should designate one staff person to work full time on M&E issues. This M&E staff person would be responsible for ensuring that the next UNFPA BiH CPAP II implements outcome-oriented programming based on existing outcome data with specified quantitative outcome targets based on MICS 4, the 2013 GBV Prevalence Survey and other available data, such as the 2011 BiH IMAGES study. UNFPA BiH's Communication Strategy should be revised so that media campaigns are implemented after, rather than before, a sector mapping and strategy design activity. There is an opportunity to launch this new communication approach with a national CC behavioural change communication campaign in collaboration with UNICEF and WHO that is closely tied to the final CC prevention strategy and is sufficiently well funded to permit baseline and follow-up measures to assess impact. UNFPA BiH needs to develop a more rigorous accounting and budget planning process to improve budget and expenditure tracking and increase accountability among implementing partners through the use of MOUs at the State and Entity Level.

# CHAPTER 1: Introduction

## Section 1.1: Purpose and objectives of the country programme evaluation

The monitoring and evaluation of the previous UNFPA programmatic initiatives in BiH have been constrained by a lack of adequate demographic and project data. As part of efforts to reinforce accountability, oversight and enhance programme effectiveness in line with the UNFPA Evaluation Policy, this evaluation intends to take stock of performance and actual achievements and provide independent recommendations for adjustments to the five-year Action Plan of the Country Program (CP) 1 (2010-2014). This evaluation consequently aims to provide guidance for future UNFPA country programmes and a continued role for UNFPA in the context of support for the Government in its commitments toward attaining the goals of the International Conference on Population and Development (ICPD) and the Millennium Development Goals (MDGs).

## Section 1.2: Scope of the evaluation

This evaluation covers the implementation of the UNFPA BiH CPAP 1 from 2010 through the present, reviewing activities at the State and Entity level. The scope of the evaluation included an examination of the relevance, effectiveness, efficiency, and sustainability of the current CP, and reviewing the country office positioning within the development community and national partners in order to respond to national needs while adding value to the country development results. In addition, the evaluation reviewed the contribution of the CP to BiH's efforts to attain the goals of the ICPD and MDGs.

The evaluation assessed the extent to which the current CP, as implemented, has provided the best possible modalities for reaching the intended objectives, on the basis of results to date. This end-programme evaluation also makes recommendations for the five-year action plan of the CP 2 and related annual work plans and provides support for the design of future UNFPA operations in BiH.

## Section 1.3: Evaluation components, criteria and evaluation questions

**Evaluation Components and Criteria:** This evaluation was designed to review the UNFPA BiH CPAP using two separate evaluation components:

- **Component 1:** Analysis of the UNFPA BiH Outcomes, Outputs and activities by the three focus areas (RH, PD and GE) and
- **Component 2:** Analysis of the strategic positioning of UNFPA BiH in the country, both from UNFPA's global corporate perspective and the development priorities of the country.

The evaluation team used a clearly defined set of evaluation criteria for each of these two components, which are shown in the table below.

<b>Evaluation Component 1</b>	<b>Evaluation Component 2</b>
<b>Analysis of CPAP by Focus Area</b>	<b>Analysis of Strategic Positioning</b>
Evaluation Criteria	Evaluation Criteria
Relevance	Alignment with UNFPA Corporate Mandates
Effectiveness	Alignment with BiH development priorities
Efficiency	Responsiveness
Sustainability	Value Added
Gender	

**Evaluation Questions and Evaluation Matrix:** As outlined in the evaluation TOR, a set of questions were recommended for each of the above evaluation criteria within each of the two evaluation components. These evaluation questions are central to the conduct of the evaluation. With few exceptions, the original questions from the evaluation TOR have been retained. Based on careful consideration by the evaluation team, redundant or duplicate questions were eliminated in order to streamline the evaluation process while retaining the intent of the TOR.

As required by the UNFPA Country Program Evaluation (CPE) Handbook, a detailed evaluation matrix was prepared, which explains which data sources and methods were to be used to address each of these questions (See Annex 4 ).

**UNFPA corporate mandates:** As outlined in the CPE Handbook, there are eight corporate mandate issues set forth in the UNFPA Strategic Plan that need to be covered in the CPE. These eight mandate issues have been incorporated within specific questions within the two components of the evaluation.

**Table 2 UNFPA Corporate Mandates**

<b>Crosscutting and horizontal issues</b>
1. Special attention to the most vulnerable, disadvantaged, marginalized and excluded population groups
2. Mainstreaming young people’s concerns
3. Gender equality and women’s empowerment
4. South – South cooperation
<b>Other broader issues</b>
5. Guiding principles (National ownership, national leadership and national capacity development)
6. Internal capacity
7. Development of partnerships
8. Humanitarian assistance

**Focus of the Evaluation:** The evaluation covered the entire CPAP programme period (2010 to date) but focused primarily on the outcomes and outputs within the updated CPAP framework adopted in December 2012. This framework, which is more closely aligned with UNFPA SP, contains four outcomes and four outputs with a total of 13 principal activities. These activities were the central focus of the evaluation. The initial CPAP framework contained five outcomes and eight outputs, with a far larger number of activities. Attention was given to key activities related to the outcomes and outputs that preceded the updated framework for 2012, in particular whether or not these key activities were completed

satisfactorily or not. But, due to the time and resources available for this evaluation, these activities were not assessed at the same level of rigor and detail.

#### **Section 1.4: Methods for data collection and analysis**

**Overview:** The collection of evaluation data was carried out through a variety of techniques that ranged from direct observation to informal and semi-structured interviews and group discussions. The evaluation was based on five key activities:

- a) Desk review of documents and financial and other pertinent program data.
- b) Site visits to UNFPA targeted areas.
- c) Interviews with stakeholders (including national counterparts, implementing partners and development partners).
- d) Interviews with UNFPA BiH program Clients/beneficiaries.
- e) Follow-up interviews with former trainees in UNFPA supported training events.

**Stakeholder Involvement:** During the inception report phase, meetings were held with key stakeholders, including appropriate State and Entity level ministers, civil society organizations, NGOs, donor community as well as all implementing agencies. Meetings were also arranged with representatives of beneficiary client groups, including women's rights advocates, and youth representatives. These meetings ensured an opportunity for stakeholders to participate in the design of the evaluation.

**Site visit Schedule:** Visits were made to implementation agencies at the State and Entity level, selecting sites chosen on the basis of consultation with stakeholders with attention to achieving a balanced review of project activity and client/beneficiaries among the three focus areas. See the attached site visit schedule (Annex 3) and stakeholder listing in Annex 2.

**Desk Review and synthesis of the Four Outcomes with Outcome/output Matrices:** The Desk review addressed each of the above-mentioned four CPAP Outcomes with an assessment of the respective outputs and activities within each Outcome based on all of the evaluation criteria as specified by the TOR. For each of the four outcomes, the desk review was implemented using a criteria matrix that covers all of the activities for each of the four respective outputs.

**Stakeholder Interviews with semi structured questionnaire based on the Evaluation TOR criteria:** A purposive selection was made of key informants at the State, Entity, Canton level and below, with an attempt to achieve a balance according to focus area (See Table 3). In addition, key informants were selected from donor agencies and UN agencies. A total of 90 persons were interviewed using a semi-structured questionnaire, either individually or in group interviews during 51 interview sessions<sup>2</sup>. See attached draft instrument in Annex 4. As needed, some interviews were done in local language with translation.

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<sup>2</sup> To be eligible for interview with the questionnaire, these respondents were screened for having a minimum knowledge of the UNFPA BiH CPAP. Several additional individual and group interviews were carried out with persons who had nil or insufficient sufficient knowledge of the CPAP to respond to the interview questions. Many of these additional interviews proved extremely valuable in providing insights on the current context for the UNFPA BiH CPAP.



**Table 3 Number of Planned Interviews, Number of Interviews conducted, and Number of Stakeholders Interviewed by State and Entity Level and Focus Area**

Stakeholder Type	Number of Interviews planned				Number of Interviews conducted				Number of persons interviewed			
	State	FBIH	RS	Total	State	FBIH	RS	Total	State	FBIH	RS	Total
RH Implementers	4	4	4	12	5	7	4	16	9	8	8	25
PD Implementers	4	4	4	12	3	3	3	9	6	5	5	16
GE Implementers	4	4	4	12	4	4	3	11	10	10	7	27
Donor Agency staff	6	NA	NA	6	3	NA	NA	3	3	NA	NA	3
UN Agency staff	6	NA	NA	6	5	NA	NA	5	7	NA	NA	7
UNFPA Staff	10	NA	NA	10	7	NA	NA	7	12	NA	NA	12
Total	34	12	12	58	27	14	10	51	47	23	20	90

**Training Follow-up Assessment:** A total of 18 individual and group interviews were conducted with 20 former participants in UNFPA supported training events. A sampling frame was developed from training events sponsored by the CPAP in the last two years<sup>3</sup>. Where feasible, systematic random samples were taken to choose training participants in order to get as good a balance as possible on trainings conducted within the three focus areas (RH, PD, GE) in major training category areas. As explained in the inception report, a minimum target sample size was set for twenty completed interviews for both training follow-up interviews and client beneficiary interviews (Inception Report 2013). This target was not met. (See Table 4). A semi-structured questionnaire was developed (See Annex 4) As needed, interviews were carried out with translation. To save time, to the maximum extent possible the training follow-up interviews were done in small groups using anonymous self-administered questionnaires.

**Table 4 Number of Training Follow-up Interviews planned, Number conducted and number of persons interviewed. State, Entity and Focus Area**

Summary of Training Follow-Up Interviews Planned and Conducted with number of persons interviewed.												
Focus area of trainee	Number Interviews planned				Number of Interviews conducted				Number of Persons Interviewed			
	State	FBIH	RS	Total	State	FBIH	RS	Total	State	FBIH	RS	Total
RH	4	4	4	12	0	2	2	4	0	2	2	4
PD	4	4	4	12	2	3	1	6	3	3	1	7
GE	4	4	4	12	4	2	2	8	4	3	2	9
Total	12	12	12	36	6	7	5	18	7	8	5	20

<sup>3</sup> The evaluation team requested lists of persons trained in events during the last two calendar years and received more than 150 names of participants who participated in more than ten UNFPA supported training events, approximately fifty names with each of the three focus areas (SRH: Youth participants in YAP training events and recently trained Y-Peer educators; PD: participants in a Migration Data training mission to the Austrian sample registration system, a May 2013 Population Policy meeting, and training meetings for Migration methodology and strategy development; GE: Participants in trainings implemented by Foundation for Local Democracy, and workshop and training participants from Greenline and the FBH Gender Centre.)

**Client/Beneficiary Interviews:** Nine confidential individual and group interview sessions were conducted with a total of 18 client/beneficiaries. Interviews were conducted with client/beneficiaries of activities implemented within each of the three focus areas. For various reasons the number of completed interviews was well below the target set in the inception report for 20 interview sessions.<sup>4</sup> (See Table 5). These interviews aimed to assess client satisfaction with the services they have received from implementing agencies working within each of the three focus areas (The interview questionnaire is shown in Annex 4).

**Table 5 Number of Client/Beneficiary Interviews planned, number of Interviews Conducted and number of persons interviewed by State and Entity Level and Focus Area**

Summary of Client/Beneficiary Interviews Planned, Conducted and Number of Persons Interviewed.									
Focus area of client	Number Interviews planned			Number of Interviews conducted			Number of Persons Interviewed		
	FBIH	RS	Total	FBIH	RS	Total	FBIH	RS	Total
<b>RH</b>	6	6	12	1	2	3	4	4	8
<b>PD</b>	6	6	12	4	1	5	4	5	9
<b>GE</b>	6	6	12	1	0	1	1	0	1
<b>Total</b>	18	18	36	6	3	9	9	9	18

**Ethical Considerations:** The evaluation has followed the principles of the UN Evaluation Group’s norms and standards (in particular with regard to independence, objectiveness, impartiality and inclusiveness) and was guided by the UN ethics guidelines for evaluators in accordance with the UNEG’s Ethical Guidelines for Evaluation. As noted above, stakeholders were consulted during the inception phase concerning the design of the evaluation (See Inception Report 2013). All interviews were conducted in private and respondents were informed of the goals and objectives of the evaluation. All questionnaires were designed with a consistent set of precautions for informed consent that ensured respondents understood that participation was voluntary and confidential (see instruments in Annex 4). Respondents were informed that none of their responses would be linked to their names. Because of the especially sensitive nature of their vulnerability, the evaluation team concluded that it was not feasible to obtain valid informed consent for victims of CRSV. For this reason, this group of client/beneficiaries was not interviewed. Arrangements have been made to ensure proper storage of completed data collection instruments until they are destroyed.

**Analysis:** Findings were validated based on the consistency of results across all data sources, with an attention to all of the evaluation criteria specified by the TOR. The analysis entailed triangulating information obtained from the desk review, the interviews (stakeholder, training follow-up and client/beneficiary), financial data, and other documentation. To the extent feasible, all interview data were entered on the same day they were collected into excel spread sheets using simplified coding with a provision for entering salient qualitative comments and key qualitative findings. Each focus area was reviewed for progress within their respective component activities; each activity was assessed based on a synthesis of the observed results in the desk review criteria matrix, interview data and analysis of related financial information.

<sup>4</sup> As explained below in the section on ethical considerations, because of the especially sensitive nature of their vulnerability, the evaluation team concluded that it was not feasible to obtain valid informed consent for victims of CRSV. For this reason, this group of client/beneficiaries was not interviewed.

## Section 1.5: Limitations and risks

**Limitations and possible biases of the approach:** There are several important limitations in the proposed methods. First, due to limited time and resources it was not be feasible to collect representative samples. While there was an opportunity to use a systematic randomization process for some of training follow-up interviews, all the other samples were purposive and not truly representative of the target populations of stakeholders and client/beneficiaries. As noted above, the target number of interviews was not achieved, especially for the training follow-up interviews and client/beneficiary interviews. The evaluation is inherently qualitative in nature due to the small, non-random sample sizes. Due to the short time frame permitted to plan the evaluation and the adverse timing due to June school holidays, the response rates for certain interview categories were lower than desired. For example, due to the school holidays, no Y-Peer interviews could be organized in Mostar. Lack of long-term advanced planning and a short time-frame in the field reduced both the number of interviews and length of time available for interviews. It would also have been preferable to have interviewed a greater number of donors representatives (only three were interviewed) in order to better understand the current funding context for the three focus areas. There are possible biases in the selection of respondents due to the requirement to select locations on a non-random basis. To avoid the possibility of bias from the presence of UNFPA staff, all interviews were conducted by the evaluation team in private without any UNFPA agency staff present.

Despite consistent use of informed consent procedures as part of all interviews, it should be noted that respondents participating in group interviews might not have been fully candid in their responses while in the presence of other respondents. Also, it was often clear during interviews that respondents were very cautious in their answers so as to give a favourable impression of UNFPA supported activities in hopes of obtaining continued funding. Despite repeated attempts to probe during each interview in order to obtain candid responses, this bias toward positive responses was a constant threat to the validity of the interviews.

**Justification for the evaluation methods used:** Despite its limitations, the methods used for this evaluation were appropriate, economical and efficient given the time and resource constraints. Although the target number of interviews was not reached, a rich set of data was obtained from all three sets of interviews. The evaluation obtained a diverse profile of interviewed people from key senior government officials to highly relevant local civil servants; the interviews were informative of the programme as well as the policy context and practical implementation issues.

## Section 1.6: Process overview

As outlined in the CPE evaluation handbook and the CPE TOR, the evaluation process was divided in four phases:

**Phase 1:** Desk review – The evaluation team collaborated with the CO to identify and collect a wide range of relevant documents and data. These materials were the basis for a systematic desk review each outcome using a matrix that accommodates the required criteria for all activities within each of the four outcomes.

Stakeholder mapping – The evaluation team developed a sampling framework in cooperation with the UNFPA BiH staff that covered all of the pertinent implementing agencies, and

stakeholders associated with outcomes, outputs and activities relevant to the revised CPAP BiH Framework. This work provided the basis of selecting a sample of stakeholders outlined in the evaluation planning schedule and stakeholder listing in Annex 3.

**Phase 2:** Data collection phase - As shown in the attached evaluation-planning schedule in Annex 3, an intensive 2.5-week evaluation mission will implemented from 2 June through 19 June 2013.

**Phase 3:** Drafting the Evaluation Report: The information collected was analysed and the draft evaluation report was prepared by the evaluation team within two weeks after the departure of the team from the country. This draft report will undergo a quality assurance review followed by a formal review by the evaluation reference group. The team leader will be responsible to address all comments before finalizing the report.

**Phase 4:** The final phase will include the development a management response to the evaluation recommendations, dissemination of the report and follow-up.

## CHAPTER 2: Country context

Table 6 Key facts table for Bosnia and Herzegovina

<b>Land</b>	
Geographical location	South Eastern Europe
Land area	51,187 sq. km
Terrain	Mountains and valleys
<b>People</b>	
Population	3,875,723 (July 2013 est.) (2)
Urban population	49% of total population (2010) (2)
Population Growth Rate	-0.1% (2013 est.) (2)
<b>Government</b>	
Government	Emerging federal democratic republic (2)
Key political events	1 March 1992 (from Yugoslavia; referendum for independence completed on 1 March 1992; independence declared on 3 March 1992) (2)
% of seats held by women in national parliament	16.7% (2011) (3)
<b>Economy</b>	
GDP per capita 2010 PPP US\$	4477.7 (2010) (3)
GDP Growth rate	0% (2012 est.) (2)
Main industries	Mining, steel production, vehicle assembly, textiles, tobacco products, wooden furniture, and domestic appliances (2)
<b>Social indicators</b>	
Human Development Index Rank	81 (3)
Unemployment	43.3% (2011 est.) (2)
Life expectancy at birth	78.4/73.3 (2010-2015) (2)
Under-5 mortality (per 1000 live births)	8 (2010) (1)
Maternal mortality (deaths of women per 100,000 live births)	8 (2010) (1)
Health expenditure (% of GDP)	6.8 (2010) (1)
% of births attended by skilled health personnel	99.9 (2010) <sup>5</sup>
Adolescent fertility rate (births per 1000 women aged 15-19)	8.0 (2011-2012)MICS4
Contraceptive prevalence rate	35.7% (2005-2006)(3) 45.8% (2011-2012) MICS3&4
Unmet need for family planning (% of women in a relationship unable to access)	23% (2005-2006) <sup>6</sup> 9.0% (2011-2012) MICS3&4
% of people living with HIV, 15-49 years old	Less than 0.1% (2013 est.) (European Office for WHO)
Adult literacy (% aged 15 and above)	97.9 (2010 est.) (2)
Primary-secondary gross enrolment ratio (f/m per 100)	89.9/87.9 (2005-2011) (3)
<b>Millennium Development Goals (MDGs): Progress by Goal<sup>7</sup></b>	
1 - Eradicate Extreme Poverty and Hunger	Very likely to be achieved, on track
2 - Achieve Universal Primary Education	Possible to achieve if some changes are made
3 - Promote Gender Equality and Empower Women	Very likely to be achieved, on track
4 - Reduce Child Mortality	Very likely to be achieved, on track
5 - Improve Maternal Health	Very likely to be achieved, on track
6 - Combat HIV/AIDS, Malaria and other Diseases	Very likely to be achieved, on track
7 - Ensure Environmental Sustainability	Possible to achieve if some changes are made
8 - Develop a Global Partnership for Development	Insufficient information
References:	
(1) Human Development Indicators, UNDP; <a href="http://hdrstats.undp.org/en/countries/profiles/CMR.html">http://hdrstats.undp.org/en/countries/profiles/CMR.html</a>	
(2) CIA World Factbook, 2013 <a href="https://www.cia.gov/library/publications/the-world-factbook/geos/cm.html">https://www.cia.gov/library/publications/the-world-factbook/geos/cm.html</a>	
(3) UN Data <a href="http://data.un.org/">http://data.un.org/</a>	

<sup>5</sup> WHO, Global Health data Repository, 2010.

<http://apps.who.int/gho/data/node.main.537?lang=en> accessed on 12 May 2013

<sup>6</sup> Population Reference Bureau, <http://www.prb.org/DataFinder/Topic/Rankings.aspx?ind=54> accessed on 13 May 2013

<sup>7</sup> [http://www.mdgmonitor.org/country\\_progress.cfm?c=BIH&cd=](http://www.mdgmonitor.org/country_progress.cfm?c=BIH&cd=) accessed on 13 May 2013

## Section 2.1: Context

The unique geo-political structure of Bosnia and Herzegovina (BiH) was created by the General Framework Agreement for Peace in Bosnia and Herzegovina in 1995 (otherwise known as the Dayton Peace Agreement, DPA) with the international community subsequently focusing its efforts in parallel on democracy building, infrastructure reconstruction, economic recovery and social inclusion. Given this wide focus area, as well as the number of actors (international and national), the transition to democracy and the market economy in BiH has not been linear, but rather significantly troubled by post-conflict agendas. Although there is no disagreement on the judicial and legal status of BiH, there is lively discourse on the arrangement of the state and rethinking of the Dayton agreement. Eighteen years after the conflict, BiH is still faced with the task of ensuring political stability, fostering a national identity, and creating a single economic space. In spite of significant donor support and assistance to past and on-going reform processes, BiH still struggles to perform basic governmental functions and has not transitioned to full sovereignty given the remaining outstanding conditions needed for the closure of the Office of the High Representative (OHR)<sup>8</sup>.

Under Dayton, BiH is a single state consisting of two separate entities roughly equal in size: the **Federation of Bosnia and Herzegovina** (the Federation), principally comprising the Bosniak (Muslim) and Croat-majority areas, and **Republika Srpska** (RS), principally comprising the Serb-majority area<sup>9</sup>. Dayton included a new Constitution for BiH which specified that each entity should have its own president, government, parliament, police and other bodies. In addition, there is the ethnically mixed district of **Brčko**, which sits at the crossroads of BiH where the narrowest portion of Republika Srpska meets the Federation; it is self-governing but formally part of both the Federation and the Republika Srpska (its status was confirmed under a constitutional amendment adopted in March 2009).

The government structures and budgetary arrangements of the two Entities are uneven. The neutral, self-governing administrative unit called Brčko District is under the authority of the sovereignty of BiH, which is neither part of the Federation nor Republika Srpska. The Federation of BiH is divided into 10 cantons, and further administratively divided into 79 municipalities. Republika Srpska has a centralized government and is divided directly into 62 municipalities. Article III, point 3 of the Constitution of Bosnia and Herzegovina (Annex IV of the General Framework Agreement for Peace in Bosnia and Herzegovina) stipulates the jurisdictions and relations between institutions of Bosnia and Herzegovina and the entities. The Constitution sets assumptions of competence in favour of the entities, and in that sense, point 1 of the above mentioned Article of the Constitution enumerates responsibilities of the

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<sup>8</sup> OHR is an *ad hoc* international institution created by the Dayton Peace Accords (DPA) and is responsible for overseeing the implementation of civilian aspects of the DPA that formally ended the war in BiH. While OHR prepares to close, the European Union (EU) has pledged to increase its commitment to BiH. The EU has recently confirmed this commitment with the appointment of a European Union Special Representative (EUSR). The EU Delegation will take on the fundamental duties of steering the country toward EU membership once OHR closes.

<sup>9</sup> Thorp, Arabella, International Affairs and Defense, *Bosnia's Political Structures*, International Affairs and Defense Section, London: House of Commons Library, 2011.

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state, namely of the institutions of Bosnia and Herzegovina, while all other government functions and authorizations that are not exclusively given to the institutions of Bosnia and Herzegovina by the Constitution, belong to the entities.

The state-level government of BiH has a two-tier parliament comprising the House of Representatives and the House of Peoples, two-thirds of the members of which are elected from the Federation and one-third from Republika Srpska (RS). The Federation and RS Entities also have Entity-level parliaments. BiH has a rotating, collective, three-member presidency made up of one Croat, one Bosniak, and one Serb representative. At the state level there is also the Council of Ministers, a state-level cabinet whose members serve four-year terms, headed by a chair, who is the country's de facto prime minister. The Entities have their own governments, with cantons within the Federation also having strong control over local resources. The number of BiH state-level institutions exercising exclusive competencies is small. In general, state-building in BiH has largely entailed the transfer of only partial competencies to the central state, leaving in place a complex system of shared competencies relying on the goodwill of several different layers of government to operate<sup>10</sup>.

BiH is a potential candidate for EU membership and, although the Stabilisation and Association Agreement (SAA) was ratified in 2008, it has yet to enter into force. The overall progress of implementation of adopted policies and international agreements has been very slow and structural reforms in particular, initiated after the ratification of SAA, have mainly stalled since the run up to the October 2010 general election. In 2013, BiH still remains deeply divided along ethnic lines. Divisive ethno-nationalist rhetoric exists at almost every political level as well as in the popular media, in the education system, and in more subtle aspects of social life. These divisions exacerbate distrust and impede progress in virtually every socio-political and economic area. According to Freedom House's *Nations in Transit 2010*, BiH citizens continue to show deep distrust in politicians, and trust in public institutions continues to deteriorate. The Fund for Peace and its Failed States Index, which ranks all of the countries in the world, ranks BiH as number 79, the worst by comparison with the countries of the former Yugoslavia<sup>11</sup>.

Given the contentious political as well as socio-economic environment and the declining influence of BiH's central government in both entities, the country finds itself faced with the risk of renewed conflict. Even if it seems unlikely that one of the entities may declare independence, at least in the short term, the political uncertainty regarding the future of BiH renders the country an unattractive investment prospect. The preposterously unwieldy BiH government structure of 10 cantons, two entities, one district, fourteen prime ministers, five presidents, three constitutional courts and fourteen general legislatures compounds a permanent sense of instability and impractical political complexity.

## Section 2.2: The development challenges and national strategies

The period between 2010-2013 has been marked by political crisis that seriously challenged and undermined the country's economic development and its progress towards Euro-Atlantic

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<sup>10</sup> Ibid.

<sup>11</sup> Nate Haken, J. J. Messner, Krista Hendry, Patricia Taft, Kendall Lawrence, Tierney Anderson, Raphaël Jaeger, Natalie Manning, Felipe Umaña, Amelia Whitehead. *Failed State Index 2012*. Washington DC: The Fund for Peace Publication, 2012.

<http://www.fundforpeace.org/global/library/cfsir1210-failedstatesindex2012-06p.pdf> accessed on 18 May 2013.

integration. This situation was reflected in both the 2011 and 2012 EC Annual Progress Report, with BiH receiving the most negative individual assessment of the integration progress to date, and additionally the most pessimistic when compared to other countries in South-east Europe<sup>12</sup>. After 16 months of political stalemate following the October 2010 general elections, the process of establishing executive and legislative authorities was completed with the formation of State-level Government in February. The establishment of the new Council of Ministers and the adoption in February of two key EU-related laws, the Law on State Aid and the Law on the Household and Population Census, initially brought new dynamism. In May 2012, however, following the adoption of the 2012 State budget, disagreements between parties in the governing coalition emerged. This started a process of reshuffling at the State, Federation and cantonal levels. Due to political disputes and on-going legal challenges, the outcome of this reshuffle remains uncertain<sup>13</sup>.

In addition to the aforementioned political challenges, BiH also faces daunting economic challenges. The 2008 economic and financial crisis halted solid poverty reduction. The reversal of GDP growth in 2008 eroded the results of positive sustained GDP growth in the period 2004-2007, which saw a reduction in the poverty rate from 18 to 14 percent and strong progress toward meeting the 2015 MDG target of 9%<sup>14</sup>. The recent results of the 2011 Household Budget Survey showed that 17.9% of the population lived in relative poverty and that every sixth household in the country was poor. The relative poverty threshold was set to the amount of 416.40 KM per month per equivalent adult<sup>15</sup>. Furthermore, social exclusion is a significant problem in BiH. Unemployment rates remain high, with official unemployment increasing from 44.3% in October 2012 to 46.1% in February 2013; the actual rate is lower as many technically unemployed persons work in the grey economy<sup>16</sup>. According to the 2009 Labour Force Survey, young people have the highest unemployment rate (48.7%), and women in both Entities account for higher rates of unemployment than men. The majority of unemployed young people fall into the “permanently unemployed” category. In spite of these high unemployment rates, recent World Bank assessments indicate that 83% of firms have an unfilled need for workers, citing a lack of supply of qualified applicants as the reason. Lack of skills is a challenge for the government, development community, as well as the business sector to address<sup>17</sup>.

### Population and Development

Many aspects of planning and development, including reproductive health care are hampered by a lack of relevant and up to date population-related information. The population was estimated at 3,879,296 in 2012.<sup>18</sup> However, population information is limited, as the last

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<sup>12</sup> UNRCO BiH, *2011 Annual Report of the Resident Coordinator in BiH*, Sarajevo: UN RCO BiH, 2012.

<sup>13</sup> European Commission, *Bosnia and Herzegovina 2012 Progress report: accompanying the document communication from the commission to the European Parliament and the Council enlargement strategy and main challenges 2012-2013*, Brussels: European Commission, 2012.

<sup>14</sup> World Bank, *International Development Association and International Finance Cooperation Country Partnership Strategy for Bosnia and Herzegovina for the period FY12-FY15*, South East Europe Unit: The World Bank, 2011

<sup>15</sup> Agency for Statistics of Bosnia and Herzegovina, *Household Budget Survey in Bosnia and Herzegovina 2011*. ASBH, 2012. <http://www.bhas.ba> accessed on 18 May 2013

<sup>16</sup> [http://www.bhas.ba/saopstenja/2013/NEZ\\_2013M02\\_001\\_01\\_BOS.pdf](http://www.bhas.ba/saopstenja/2013/NEZ_2013M02_001_01_BOS.pdf) accessed on 18 May 2013.

<sup>17</sup> USAID. *Country Development Cooperation Strategy for Bosnia and Herzegovina. 2012-2016*. Bosnia and Herzegovina: USAID, 2012

<sup>18</sup> CIA, *The World Fact Book: Bosnia and Herzegovina, 2013*, accessed on 18 May 2013.



census was carried out before the war, in 1991, when the population was estimated at 4,377,03319. Since the last census there has been substantial internal and external migration. According to the 2007 Labour Force Survey, about 38% of the population has left the country. The total fertility rate is low, at 1.25 children per woman, a rate that ranks the lowest in both the world and the Western Balkans, a prime contributor to expected decline in the population over the next 40 years. BiH has an ageing population; fourteen per cent of the population is younger than 15, and 12.9% are 65 or over<sup>20</sup>.

Figure 1: Population Age Structure <sup>21</sup>

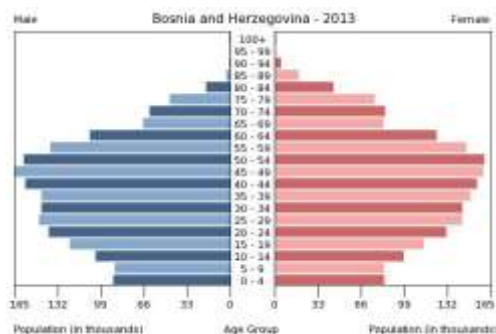


Figure 2: Total fertility Rate <sup>22</sup>

Country	TFR
Taiwan	1.1
Latvia	1.1
Singapore	1.2
Bosnia-Herzegovina	1.2
South Korea	1.2
Hungary	1.2
Moldova	1.3
Poland	1.3
Romania	1.3
Portugal	1.3

### Sexual and Reproductive Health

Patterns of contraception use appear to have improved over the past five years, although the efficacy of methods used is not nearly as high as would be desired. As shown below for the two most recent UNICEF MICS surveys in Table 7, while overall prevalence among couples in union has improved, this is due almost entirely to an increase in reliance on withdrawal, with a slight increase in condom use. The increase in condom use may be due in part to extensive condom promotion supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), implemented by the UNDP in collaboration with local governments, civil society and clinical centers with condoms procured through UNFPA. During the period of 2007-2012, this GFATM supported effort distributed over four million condoms in BiH<sup>23</sup>. Use of the pill, which was not very high in the MICS 3 (3.5%), has reduced by half. Of interest is the reported low but stable rate of IUD use, at better than 3.5% for both surveys; this is a highly effective long-term method of contraception.

<https://www.cia.gov/library/publications/the-world-factbook/geos/bk.html>

<sup>19</sup> <http://www.fzs.ba/Dem/Popis/NacPopE.htm> accessed on 23 May 2013.

<sup>20</sup> Ibid.

<sup>21</sup> Population Reference Bureau, *2012 World Population Report Data Sheet*, Washington DC: PRB, 2012. <http://www.prb.org/Publications/Datasheets/2012/world-population-data-sheet/data-sheet.aspx> accessed on 19 May 2013

<sup>22</sup> World Health Organization *Regional Office for Europe, European health for all database (HFA-DB)*, World Health Organization Regional Office for Europe, [<http://data.euro.who.int/hfad/>] accessed on 20 May 2013.

<sup>23</sup> It is reported that UNDP has distributed 2,855,080 condoms during the period from 2007 to 2011 as part of Round 5 GFATM HIV grant for BiH. During the Round 9 GFATM HIV grant for Behr, which is also implemented by UNDP, 1,374,912 condoms were distributed during the period 2011-2012 (M. Murza, Personal communication, June 2013).

**Table 7 Trends in Contraception Use in BiH**

<b>Contraception use among women in union in BiH</b>	<b>MICS 3 2006 %</b>	<b>MICS 4 2011-2012 %</b>
Contraceptive Prevalence	35.7	45.8
Unmet need	23.3	9.0
Met need/Demand satisfied	60.5	83.6
Pill use prevalence	3.4	1.6
IUD use prevalence	3.6	3.8
Condom use prevalence	4.1	6.2
Withdrawal use prevalence	21.4	29.8

While UNFPA and WHO collaborated to collect comprehensive representative data on abortion in BiH in 1999, there are currently no accurate figures on the number of unwanted pregnancies and intended terminations of pregnancies (UNFPA WHO Reports for RS and for FBiH, 1999). A large number of abortions are not registered in accordance with legislative prescriptions. Currently, based on sporadic and non-comprehensive studies on the number of abortions, there is a consensus that abortions are seriously under reported by the private sector, mainly to avoid taxation. The only relevant data of any accuracy come from the period in the when abortion was extremely common, officially supported by the state in the late 1980s with a ratio of 995 abortions for every 1,000 live births in 1990<sup>24</sup>. According to the 2010 UNFPA BiH CPAP 1 document, the rate of abortion in Tuzla Canton was 97 for every 100 live births. If the same abortion ratio existed in 2012, there would be over 30,000 abortions annually throughout BiH. The 1999 UNFPA-WHO collaboration for a comprehensive representative survey of SRH of women in BiH found that 35.6% of women in RS and 29.7% of women in BiH reported having had one or more abortions (9.2% three or more in RS and 7% three or more in BiH) (UNFPA WHO 1999). More such collaborations are needed to provide definitive data on this issue. Although liberal abortion laws remain in force in Bosnia-Herzegovina, powerful religious and conservative forces in the recent years may advocate to limit laws and policies ensuring women's access to services.

As shown below in Table 8, the recent MICS 4 data for 2011-12 and the Roma Survey 2011-12 reveal that a substantial portion of young men and women report condom use at last intercourse with a non-regular partner (more than 70% of both young women and young men for BiH overall, 49% of Roma young men). This compares very favourably with reported rates for other Balkan region countries and is a good basis for promoting increased condom usage<sup>25</sup>. These data also reveal important differences among youth populations in levels of sexual experience, risk behaviour, and in rates of live births in the teenage years. The combination of higher rates of sexual experience, lower rates of condom use compared to BiH as a whole, are associated with a high proportion of Roma young women who report a live birth before age 15 (2.8%) and before 18 (31%).

<sup>24</sup> Abortion statistics and other data by Wm. Robert Johnston. Available: <http://www.johnstonsarchive.net/policy/abortion/index.html> accessed on 21 May 2013.

<sup>25</sup> The 2005-2006 MICS for Macedonia assessed reported condom use by women during sex with men other than husbands or live-in partners (non-marital, non-cohabiting) among women 15-24 years of age who had sex with such a partner in the previous year (Table HA.9). Of those women, 70 per cent report using a condom when they had sex with their last high risk partner (UNICEF 2007 page 59). Reported rates for women in Moldova and Bulgaria were 60% and 57% respectively (Table 4 :HIV/AIDS) State of the World's Children 2012, UNICEF 2013, page 102).

**Table 8 Sexual Experience, Condom Use at Last intercourse, Teen birth rates, and TFR in BiH (MICS 4 2011-2012 Survey and BiH Roma Survey 2011-2012)**

	Women 15-24*		Men 15-24**		Women 15-19	Women 15-19	Women 20-24	Women 15-49
Total BiH	Per cent Ever Had Sex	Per cent Condom Use at last sex w non marital/ non co-habiting partner	Per cent Ever Had Sex	Per cent Condom Use at last sex w non marital/ non co-habiting partner	Birth Rate per 1,000	Per cent with LB before 15	Per cent with LB before 18	TFR
FBiH	25.8%	72.8%	48.2%	74.1%	NA	NA	NA	1.3
RS	46.1%	69.1%	49.8%	61.7%	NA	NA	NA	1.2
BK	NA	NA	NA	NA	NA	NA	NA	NA
Total	30.8%	71.4%	46.5%	71%	8	NA	NA	1.3
Roma***								
FBiH	65.6%	NA	69.8%	47.6%	NA	2.1%	30.3%	NA
RS	55.2%	NA	66.3%	54.6%	NA	4%	22.2%	NA
BK	NA	NA	NA	NA	NA	NA	NA	NA
Total	64.9%	NA	69.8%	49%	145	2.8%	31%	3.2

\*Table HA 11: Sex with non-regular partners: women page 128. "Percentage of women aged 15-24 who had sex with a non-marital/non-cohabiting partner in the last 12 months who also reported that a condom was used the last time they had sex with such a partner."

\*\*Table HA 11M: Sex with non-regular partners: men page 129. "Percentage of men aged 15-24 who had sex with a non-marital/non-cohabiting partner in the last 12 months who also reported that a condom was used the last time they had sex with such a partner."

\*\*\* Data from Table RH.1 Early Childrearing on page 57 and Tables HA.11 and HA.11 M Sex with non-regular partners on pages 121 and 122.

Since 2010, two SRH strategies at the entity level and one national policy concerning sexual and reproductive health have been developed. The entity level strategies were developed with support of the IPPF affiliated Association XY and DFID, while the State level SRHR Policy was developed with the support of UNFPA and under the leadership of the BiH Ministry of Civil Affairs. As yet, they are without a budgeted action plans and efforts to develop baseline monitoring data have only just begun for one, the SRH strategy for the Federation.

The BiH population has high levels of ill health and morbidity as a result of the previous conflict as well as lifestyle factors. HIV prevalence is considered to be low, less than 0.1% (European Office for WHO 2013). The actual prevalence rate is not known due to lack of nationwide, systematic surveillance<sup>26</sup>. Due to a fragmented administrative structure, inadequate financing and inefficiency, health services are impeded, access to and the quality of basic reproductive health care are poor, and the availability of reproductive health commodities is limited. Sexual and reproductive health education is a sensitive subject, which limits access to relevant information<sup>27</sup>.

<sup>26</sup> An HIV and AIDS Strategy is place at the state level. It was adopted in 2012, following expiration of previous 5-year strategy.

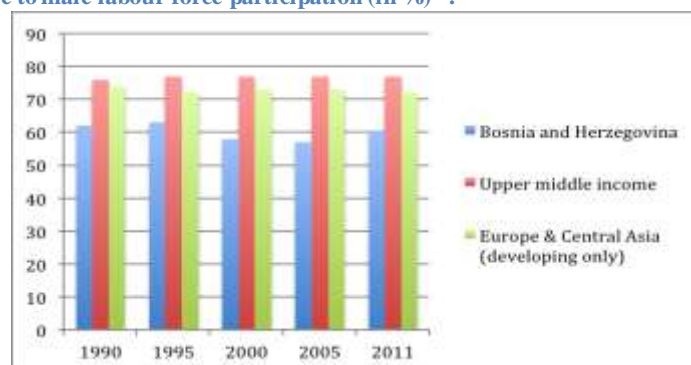
<sup>27</sup> Anamaria Golemac Powell and Luisa Dietrich. *Assessment of Youth Sexual and Reproductive Health Education and Healthy Lifestyle Promotion in eight countries of Eastern Europe and Central Asia: Regional Overview*. Turkey: UNFPA EECARO. (draft)

## Gender Equality

Although the politicization of women's groups during the war and the prospect of EU integration have prompted significant advances towards gender equity in Bosnia and Herzegovina and the Gender Equity Legislation (2003) and the extensive gender machinery to implement it are among the most progressive gender mainstreaming bodies in all of Europe, gender-based discrimination is still present in BiH society. Whilst the legal provisions that guarantee women's rights and gender equality in BiH are in place, their implementation is lagging. Additionally, the implementation of the Action Plan on UN Security Council Resolution 1325 regarding Women, Peace and Security continues but awareness and financial resources for its implementation need to be strengthened.

Three issues of particular concern to gender inequality in BiH are: (a) unequal representation of women in political processes; (b) access to employment; and (c) gender-based violence. While poverty is a constraint inhibiting both men and women, women are constrained by their low levels of participation in political and economic decision-making, and their lack of access to the legal system, in general, and to protection of property rights, in particular. The structures for enforcing the new Gender Equity Law are not yet functioning effectively. Political participation by women also remains low and the 40% quota for women within the public administration, as stipulated by the Gender Equality Law, has not been reached. Women also continue to face unequal access to the labour market and the level of female participation in the workforce remains low<sup>28</sup> and discrimination in employment with regard to maternity rights remains widespread.

Figure 3: Ratio of female to male labour force participation (in %)<sup>29</sup>:



Though notable progress was made to harmonise Entity and Cantonal laws with the State-level Law on Gender Equality, the institutional mechanisms for ensuring gender equality continue to face resource constraints. The availability of statistical data on gender equality remains insufficient. Based on an internationally validated Gender Equitable Men Scale, scores measured in a 2011 BiH survey conducted on a representative and random sample of 1684 men aged 18-59 from 56 municipalities indicated that about 23% of men fall into the group with pronouncedly unequal gender attitudes, 41% of them are moderately equal, while 36% of them fall into the group of gender equality<sup>30</sup>.

<sup>28</sup> European Commission, *Bosnia and Herzegovina 2012 Progress report: accompanying the document communication from the commission to the European Parliament and the Council enlargement strategy and main challenges 2012-2013*, Brussels: European Commission, 2012.

<sup>29</sup> The World Bank, *Gender equality data and statistics*, World Development Indicators (WDI) accessed on 22 June 2013 at <http://datatopics.worldbank.org/gender/country/bosnia-and-herzegovina>

<sup>30</sup> This Gender Equitable Men scale may be a suitable baseline measure to be repeated in CPAP 2 to monitor progress in UNFPA supported GE Activities (Citation: Perpetuum Mobile, Centre for Youth and Community

## GBV/CRSV

According to findings of the new Prevalence Survey on VAW (2013) in BiH, almost half of the women surveyed (47.2% in the FBiH and the RS, 47.3%) experienced at least one form of violence from the age of 15. During the 12 months preceding the survey, 11.9% of women in BiH had experienced some form of violence (FBiH 12.7% and 10.6% in RS). Findings also indicate that the most frequent form of violence is psychological, with an overall prevalence of 41.9% during lifetime and 10.8% in the last year. The second most prevalent form of violence is physical with a prevalence rate of 24.3% during lifetime and 2.4% in the last year and sexual violence has been experienced by 6% of women during their adult life, while 1.3% women have been victims of sexual violence in the last year. Furthermore, the survey indicates larger exposure to physical violence amongst the young women and the prevalence of domestic violence higher in rural than in urban areas (49.2% vs. 44.3%)<sup>31</sup>.

In addition to domestic violence, which remains a widespread and underreported phenomenon, Bosnia and Herzegovina is still faced with the issue of addressing physical and sexual abuse, especially against women, during the war in Bosnia and Herzegovina. Rights and benefits for women victims of sexual violence of war are still not addressed in holistic way and programmes for improving the status of this category of victims have lagged behind despite the passage of 17 years since the commission of the crimes.

According to the UNDP's 2009 National Human Development Report for BiH, internally displaced persons (IDPs) are one of the most vulnerable groups in BiH. Vulnerable groups also include the elderly, people with disabilities, displaced persons, unemployed people, migrants and minorities, including Roma. Among these groups there are a high proportion of persons who are physically disabled, chronically ill or suffering from mental illness. The NHD report also highlighted the particular vulnerability of ethnic minorities in given areas, as well as the elderly who are identified as being at the highest risk of poverty and social exclusion, with more than half of those over 65 ineligible to receive a pension.

While overall BiH has managed to achieve significant success in implementing the MDGs, mainly through incorporation of MDG indicators into the country's first Medium Term Development Strategy (2004-2007), it is clear in light of the above statistics that the further achievement of MDGs is important to BiH citizens primarily because of the consequences of war and the subsequent efforts aimed at sustainable development. Given the socio-economic situation in BiH, the achievement of targets under MDG 1, 3 and 5 are especially important.

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Development, CARE NWB, Instituto Promundo. Men and Gender Relations in Bosnia and Herzegovina - Results of International Men and Gender Equality Survey (IMAGES) Research. Prepared by Srdjan Dusanic in collaboration with Instituto Promundo. 2012).

<sup>31</sup> Agency for Gender Equality BiH, *Prevalence and characteristics of Violence against women in BiH*, Sarajevo: Agency for Gender Equality, June 2013.

## Section 2.3: The role of external assistance

Figure 4 Dataset: Aid (ODA) disbursements to countries and regions [DAC2a]

Donor		DAC Countries, Total						
Part		1: Part I - Developing Countries						
Aid type		ODA: Total Net						
Amount type		Current Prices (USD millions)						
Year		2005	2006	2007	2008	2009	2010	2011
Recipient								
Europe, Total		2370.64	3135.87	2164.17	2983.2	2980.59	3007.24	2613.24
Europe, Total	Albania	178.21	193.8	205.11	267.87	245.6	226.73	206.17
	Bosnia-Herzegovina	265.77	333.18	296.41	321.95	276.6	244.14	249.4
	Croatia	62.57	68.23	55.05	49.2	30.72	36.87	..
	Kosovo	..	..	..	..	428.83	279.29	276.24
	Macedonia, FYR	165.41	131.03	134.27	140.98	133.33	94.99	73.95
	Montenegro	..	60.33	45.27	60.66	46.83	43.04	26.42
	Serbia	766.53	1169.67	476.63	541.58	282.2	313.05	250.16
	States Ex-Yugoslavia	35.98	125.27	25.59	26.32	9.17	6.15	13.77
	Turkey	-9.42	147.09	240.63	659.67	558.14	734.57	395.65
	Europe, regional	551.31	504.17	298.32	456.2	414.91	464.57	470

Data extracted on 18 May 2013 14:58 UTC (GMT) from OECD.Stat

After the signing of the Dayton Peace Agreement in 1995, the international community sent enormous financial and logistical support to BiH. In the aftermath of war, foreign assistance in BiH was focused on reconstruction and then, from 2000, attention turned to the issues of governance, institutions and the financial sector. It has been calculated that BiH has received more per capita aid than any European country under the Marshall Plan<sup>32</sup>. Since 1996, the World Bank has committed over \$1.1 billion, while other World Bank agencies committed \$500 million<sup>33</sup>. BiH was added to the list of Participating countries of the Paris Declaration in December 2009 and since then the Aid Effectiveness agenda has become a central concern of BiH authorities. Although the level assistance for BiH has decreased from 2008 onwards, the country still continues to receive a rather high per capita level of Official Development Assistance (ODA). However, as the EU accession process was gaining momentum and regional stability has increased, several bilateral partners have been scaling down their assistance and more are expected to do so over the next years.

Assisted by the international community, BiH has elaborated essential strategy and policy papers in recent years, with numerous sectorial and sub-sectorial strategies to guide the country's development. At least 66 different sectorial strategies have been drafted, most of which are not formally adopted or implemented by the relevant Entity or state-level authorities. The earlier Medium-Term Development Strategy (MTDS) 2004– 2007 has been replaced by the Country Development Strategy (CDS) 2009– 2014. Additionally, the country has drafted the Social Inclusion Strategy (SIS) in an effort to synchronise economic development efforts with social sector activities. ADC, together with other international donors like DFID, DEZA, UN and the EU delegation, provided financial and technical assistance to the Directorate for Economic Planning (DEP) of the Council of Ministers BiH (CoM), which is in charge of monitoring implementation of CDS and SIS. Although both

<sup>32</sup> Goran Dostic, Zdravko Todorovic, and Igor Todorovic. "International Aid and Principal-Agent Relationship: Evidence from Bosnia and Herzegovina." MONTENEGRIN JOURNAL OF ECONOMICS Vol. 9, NO 1. 115-117.

<sup>33</sup> <http://www.america.gov/st/washfile-english/2005/November/20051212172624xlrennef0.6925623.html>

accessed on 19 May 2013

strategies are in line with EU guidelines, principles and approaches and are prerequisites for furthering reform processes as per SAA, neither has been adopted by at the state level. The SIS was adopted in the Federation of BiH and Brcko District; it is still pending final adoption in Republika Srpska. Further important strategy papers are the Education Strategy document and the corresponding implementation plan, the Action Plan on Roma housing, health and employment (BiH co-launched the Decade for Roma inclusion 2005–2015), the BiH-Youth Strategy 2009–2014 and the BiH-Gender Action Plan 2009–2014.

As it is the case with the MTDS and SIS, the state-level strategies and action plans are largely missing, in particular in sectors where central level ministries do not yet exist or do not hold the relevant mandate over the sectorial issues (e.g. health, social services and agriculture). The weak capacity and multiple and duplicative levels of institutions limit BiH's ability to establish and manage a country-owned strategic framework and such situation hinders BiH's ability to implement reforms for the EU accession process or achieve MDG targets by 2015.

As BiH's international assistance continues to decrease, finding a comprehensive development strategy is becoming a higher priority for the BiH state. If the issues of unemployment, socio-economic inequality and corruption are not addressed, BiH will continue to lag further behind its neighbours. Given the persisting political and ethnic stalemate in the country, a sluggish economy and development inefficiency can open the doors to various forms of instability and endanger BiH's stated strategic goal of joining the EU bloc.

## **CHAPTER 3: UN/UNFPA Strategic response and programme**

### **Section 3.1: UN Strategic response**

The United Nations' funds and specialised agencies in Bosnia and Herzegovina are guided by a common agenda, the United Nations Development Assistance Framework (UNDAF), agreed with the Government of Bosnia and Herzegovina. The first UNDAF was agreed for the period of 2005-2008, and the second UNDAF was agreed for the period of 2010-2014, in order to bring the UN planning cycle further into alignment with the government's priorities. The UNDAF document for 2010 - 2014 lists four intended Outcomes:

- Democratic governance (DG)
- Social Inclusion (SI)
- Environment
- Human Security (HS)

The overall objective of the UN cooperation in BiH for the period 2010-2014 was to support the implementation of the country's development and social inclusion plans, paying particular attention to the BiH EU Stabilisation Association Agenda (SAA). Being firmly situated within the human rights based approach; the UNDAF lays out a framework for assistance with both government and civil society. The programmatic flow focuses on strengthening national institutional capacities at all levels to develop and implement evidence-based policies and provide equitable and inclusive quality public services whilst at the same time strengthening capacity and enabling civil society to participate in policy development,

implementation and decision making<sup>34</sup>. The issue of gender equality is mainstreamed across three outcomes (DG, SI and HS). Within the second Outcome, Social Inclusion, there is a well-articulated focus on the needs of young people; a human rights-based approach to programming was used particularly for area-based development programmes and in programmes addressing the needs of the most vulnerable groups. UNFPA BiH CO has in 2004, and again in 2009, in accordance with United Nations reform, participated in the joint programming of UNDAF 2004- 2008 and 2010- 2014 for BiH and has been directly contributing to Outcome 1, Outcome 2 and Outcome 4 of the UNDAF 2010-2014. However, the current UNDAF is not formulated in a way that is fully compatible with implementing health related development activities.

### Section 3.2: UNFPA Strategic response

Although the UNFPA has been providing support in BiH since 1995, mostly through relief efforts to improve reproductive health and family planning services operating on a project-by-project basis, it is only since 2000 that it started administering all its activities together with the Government. UNFPA implemented its first quasi<sup>35</sup>-Country Programme Action Plan in BiH from 2005 to 2009 and proposed its first formal country programme for the period 2010-2014, based on lessons learned from past project assistance<sup>36</sup>.

The goals outlined in the global UNFPA Strategic Plan 2008- 2011 and the UNDAF 2010 - 2014 framed the preparation of UNFPA BiH's five-year country programme (CP) and a respective action plan (CPAP) which were consequently approved by national implementing partners and included in annual work plans (AWPs)<sup>37</sup>. Furthermore, the proposed programme was aligned with: a) the priorities of the Bosnia and Herzegovina Coordination Board for Economic Development and European Union Integration; b) the National Development Strategy (NDS) and Social Inclusion Strategies (SIS) 2008 – 2013; and c) the Common Country Assessment<sup>38</sup>. The UNFPA CP was based on the basic principles of human rights and gender equality, on the goals of the ICPD Programme of Action, and the outcomes of its five and ten-year reviews (ICPD+5, ICPD +10)<sup>39</sup>. Moreover, the CP contributed to the national priorities set by European Partnership and European Union Integration Strategy and was harmonized with the programming cycles of the UNFPA and UNICEF BiH, which in turn lay the groundwork for the achievement of MDG targets in Bosnia and Herzegovina<sup>40</sup>.

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<sup>34</sup> UNDAF 2010-2014.Sarajevo: UN RC. 2009.

<sup>35</sup> "Quasi" refers to a UNFPA programme with a planned value of core resources budget below 500,000 USD, thus not requiring approval of Executive Board (UNFPA/UNDP EB).

<sup>36</sup> UNFPA. *Country Programme Action Plan between the Council of Ministers of Bosnia and Herzegovina and the United Nations Population Fund 2010-2014*, Sarajevo: UNFPA. 2009.

<sup>37</sup> UNFPA SP 2008 - 2011

<sup>38</sup> UNFPA. *Draft Country Programme document for Bosnia and Herzegovina*, New York: Executive Board of the United Nations Development Programme and of the United Nations Population Fund, 2009.

<sup>39</sup> UNFPA. *Country Programme Action Plan between the Council of Ministers of Bosnia and Herzegovina and the United Nations Population Fund 2010-2014*, Sarajevo: UNFPA. 2009.

<sup>40</sup> Ibid.



Figure 5 CP linkage with national development plan, BiH UNDAF and UNFPA Global Strategic Plan



In September 2011, following an extensive review of UNFPA’s global portfolio and in light of the changing context within which UNFPA operates, the UNFPA corporate Strategic plan 2008-2013 was the subject of a comprehensive mid-term review and the recommendations were approved by the Executive Board in 2012. Three important targets of the Millennium Development Goals (MDGs), including halving extreme poverty, were met three years ahead of the 2015 deadline. However, progress on MDG 5 (A and B) on improving maternal health was slower and while poverty somewhat declined, inequality, including gender inequality, did not. It was agreed that the UNFPA global Strategic Plan<sup>41</sup> should focus on advancing the right to sexual and reproductive health by accelerating progress towards MDG5. This was to be accomplished mainly through reduced maternal deaths and the achievement of universal access to reproductive health, including family planning.

### Section 3.3: The UNFPA programmatic response

The BiH programme consists of three main focus areas: a) Reproductive health and rights; b) Population and Development and c) Gender Equality. The goal of the UNFPA Country Programme 2010- 2014 was to support the BiH government structures and civil society in enhancing the improvement of sexual and reproductive health in the country, particularly for adolescents and women; to promote gender equality, specifically with regards to reduction of GBV and to support the development of evidence-based population and development strategies<sup>42</sup>. In light of the recommendations stemming from a review of the Global UNFPA Strategic Plan, changes were made to the CPAP outcomes. In December 2012 the CPAP was aligned with revised SP outcomes to reflect recommendations from the mid-term evaluation of the global UNFPA Strategic Plan 2008-2013.

Table 9 SP outcomes and Revised CP Outcomes

FOCUS AREAS	Global UNFPA SP OUTCOMES	REVISED UNFPA BiH CP OUTCOMES
Reproductive health and rights	UNFPA SP Outcome 3	UNFPA BiH CP Outcome 1: Increased access to and utilization of quality family planning (FP) services for individuals and couples according to reproductive intentions.
	UNFPA SP Outcome 6	UNFPA BiH CP Outcome 2: Improved access to SRH services and sexuality education for young people (including adolescents)
Population and Development	UNFPA SP Outcome 7	UNFPA BiH CP Outcome 3: Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality
Gender Equality	UNFPA SP Outcome 5	UNFPA BiH CP Outcome 4: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy.

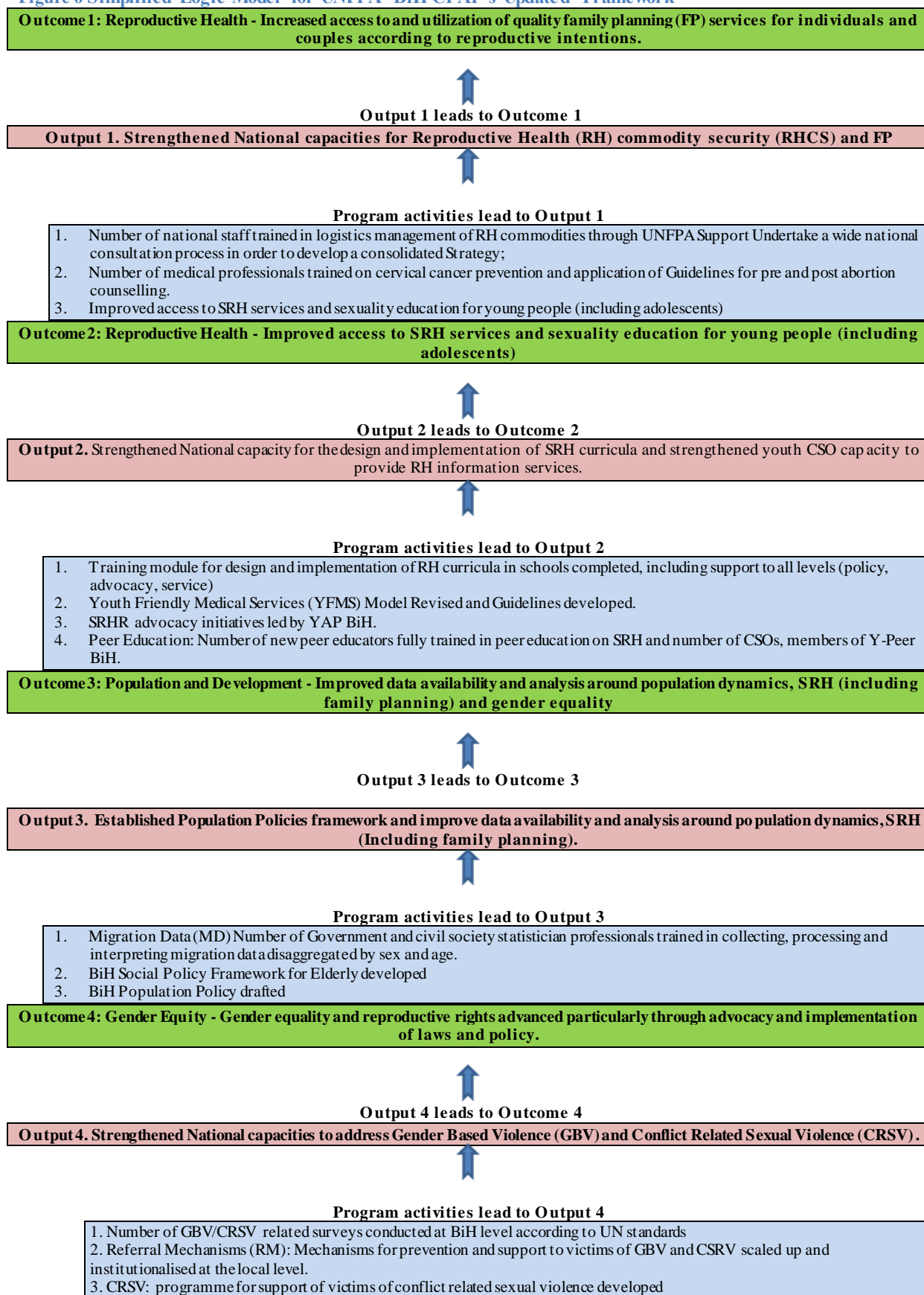
<sup>41</sup> UNFPA SP 2008-2013

<sup>42</sup> Ibid.

The revised CPAP reduced the number of outcomes, in order to achieve a better focus and synthesis of the key UNFPA global SP outcomes.

As shown below in Figure 6, a simplified logic model of the four re-aligned outcomes illustrates how the planned activities are to achieve outputs that, in turn, will accomplish the four SP Outcomes. The revised reproductive health focus area, with two outcomes as shown in the table above, is intended to increase access and utilization of family planning services for individuals as well as improved access to SRH education and services for young people. Key outputs identified for these outcomes are focused on strengthening the capacity of national partners for Reproductive Health Commodity Security and family planning as well as for the design and implementation of a SRH curriculum, in addition to strengthening youth CSO capacity to provide RH information services. The population and development component has only one outcome, which focuses on improving data availability and analysis around population dynamics, SRH (including family planning) and gender equality. The related output aims at establishing a Population Policy framework and improving data availability and analysis around these issues. Lastly, the Gender Component also has only one outcome focusing on advancing gender equality and reproductive rights through advocacy and implementation of laws and policies, specifically through an output for strengthening of national capacities to address the GBV and Conflict Related Sexual Violence.

**Figure 6 Simplified Logic Model for UNFPA BiH CPAP's Updated Framework**



UNFPA BiH had a substantial portfolio of SRH activities underway leading up to the 2010-2014 CPAP. These included support for the establishment of youth friendly sexual and reproductive health services in four locations, the integration of medical centres into primary public health care institution and providing information services through youth NGOs. UNFPA's support for the Y-Peer Network received a favourable external evaluation in 2008, which estimated that more than 100,000 youth had been reached since the network was established. UNFPA BiH was also active in promoting reproductive health commodity security and supported a qualitative study on condom programming. Earlier in 2007, UNFPA supported the finalization and ratification of Clinical Practice Guidelines for Counselling before and after early intended Abortion by funding the Agency for Health Care Quality and Accreditation, (AKAZ) FBIH, to act as implementing agency (Z. Riđanović, 2008).

UNFPA BiH has been active in PD activities since 2004 when it helped to support the establishment of the Parliamentary Group for Population in Development, an informal group of parliamentarians from various levels of the legislatures at the State and Entity levels. This work contributed to the establishment of the BiH Coordination Body for the Plan of Action of the ICPD. UNFPA BiH has supported the statistical institutions of BiH in the preparations for the Population and Housing Census, which has been delayed for a decade and may finally be implemented in 2013. UNFPA has been member of the International Census Monitoring Group since 2009 and has been an on-going advocate for the establishment of a modern statistical system for migration monitoring as well as the development of social policies for the elderly that are aligned with the Madrid International Plan of Action on Aging (MIPAA).

In regards gender equality and sexual and gender-based violence issues, the support of referral mechanisms throughout the BiH by UNFPA and national GEMs continued, with a focus on supporting national staff to establish referral mechanisms throughout the Federation BiH and RS and particular focus on strengthening multi-sectorial cooperation at the local levels. Research activities included support for the first VAW Prevalence survey in BiH, as well as support for collection of VAWG data at the entity levels and in particularly on promoting establishment of databases for collection of VAWG related statistics. The work of UNFPA with key ministries and parliamentarians on promoting issues of CRSV and GBV was particularly visible in production of a draft *Programme for victims of wartime rape, sexual abuse and torture, and their families in Bosnia and Herzegovina 2013-2016*. Work with the NGOs and community groups, to prevent and treat gender-based violence has also been the focus of the work during the period of CP 2010-2014 implementation.

The main groups considered by the current UNFPA CPAP for BiH are young people, women survivors of GBV and CRSV, elderly and other vulnerable populations. The Country programme covers wide geographic locations, building upon the previous project assistance in both entities, discontinuing work in the small geographic area of Brcko district, but including the key stakeholders from Brcko in programmatic work in relevant areas at the policy level. As such, there are links between the current and previous country programme, whereby most of the current strategies are, to a greater and lesser degree, a continuation or expansion of work started in the previous cycle.

### **Section 3.4: The country programme financial structure**

Of the US\$6.9 million of proposed assistance under the Country Programme, \$3.7 million was intended for RH, \$1.9 million for PD, and \$1 million for gender. The remainder, \$0.3 million, was allocated to UNFPA's programme coordination and assistance. Out of the \$6.9

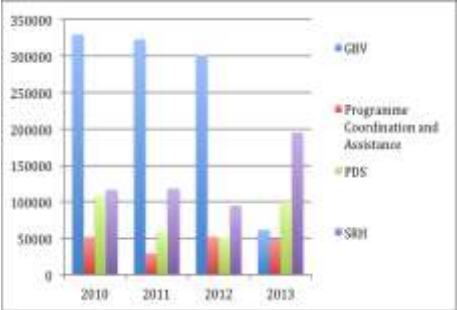
million, \$2.8 million was to come from regular resources and \$4.1 million through co-financing modalities and/or other resources.

**Table 10 CP 2010-2014 proposed assistance**

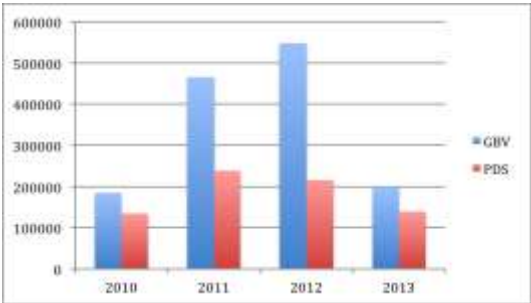
	Regular resources (million \$)	Other (million \$)	Total (million \$)
Reproductive health and rights	1.2	2.5	3.7
Population and development	1.0	0.9	1.9
Gender equality	0.3	0.7	1.0
Programme coordination and assistance	0.3	-	0.3
Total	2.8	4.1	6.9

Actual total budget per budget source (as per Atlas) is as follows:

**Figure 7 Core budget allocation**



**Figure 8 Non-Core budget allocation**

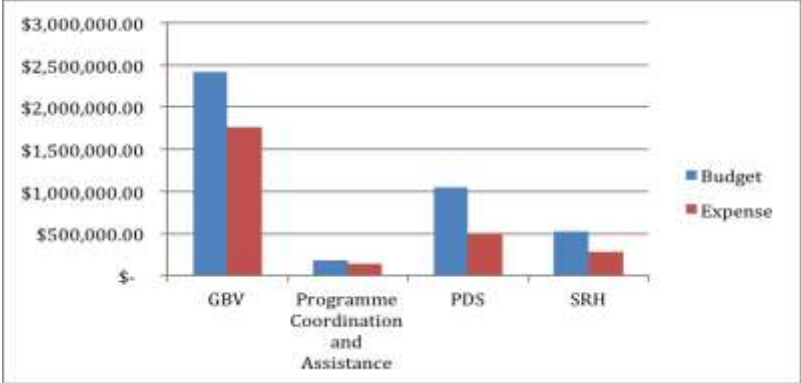


The total expenditure evolution table (see Table 11 below) and the related figure (Figure 9) below depict trends in budget versus expenditure distribution in the CPAP period 2010 -2013. The actual allocations of expenditures have diverged significantly from the initial proposed assistance, with the majority of expenditures taking place in GE and the lowest expenditures in SRH. This divergence is an important issue and will be addressed in the Chapter 4 of the evaluation report.

**Table 11 Expenditure evolution**

Area of work	GBV	Management	PDS	SRH	Total
Budget	\$ 2,412,463	\$ 183,550	\$ 1,068,674	\$ 524,755	\$ 4,168,586
Expense	\$ 1,761,669	\$ 145,007	\$ 603,413	\$ 287,473	\$ 2,702,530

**Figure 9: Expenditure evolution**



The snap shot review of up-to-date expenditure shows an overall underutilisation of allocation throughout the CPAP period 2010-2013. The two graphs below (Figure 10 and 11), one on budget distribution and the other on expenditure distributions, point to the fact that overall less was spent on most of the components than had been originally projected in each of the years. In particular, starting from the first year of the implementation in 2010, there is underspend in the area of Gender equality, PD, SRH and management with similar trend continuing in the subsequent years. The closest correspondence between projected and expended budget was noted for the first year of implementation, 2010.

Figure 10: Budget distribution

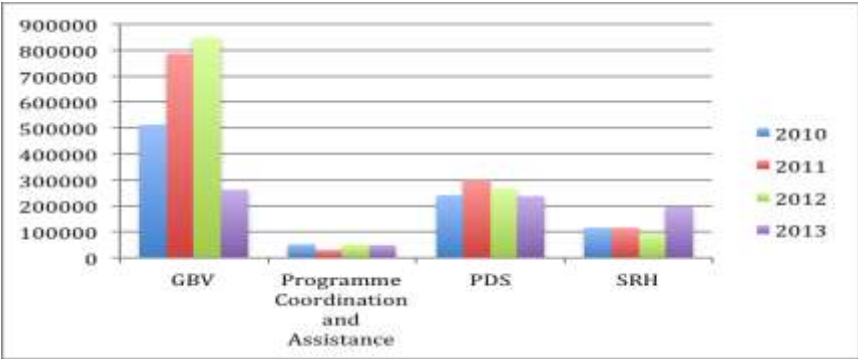
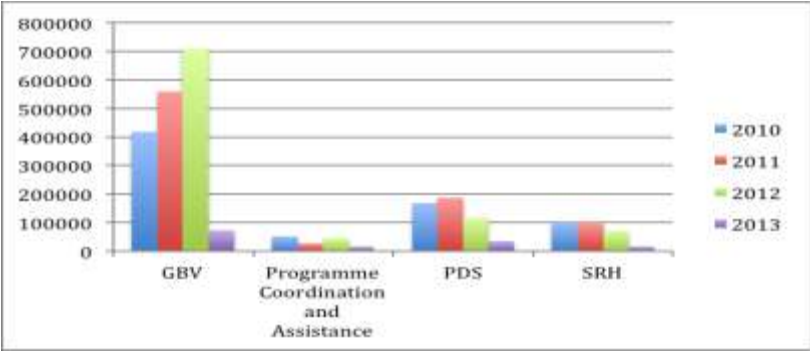


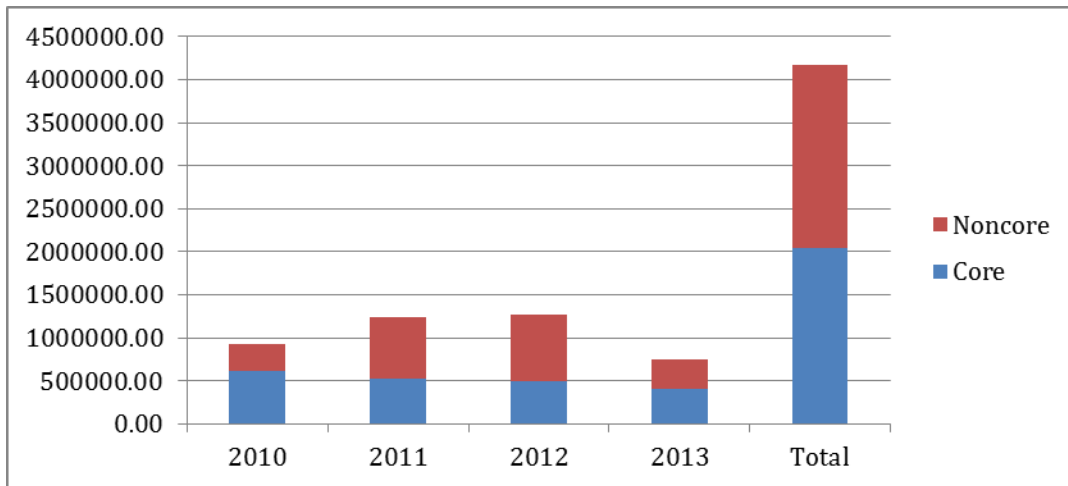
Figure 11: Expenditure distribution



As noted above, the budget distribution remained reasonably consistent throughout 2010-2014. Out of the total \$4,168,586 budgeted, the largest proportion 58% was budgeted for GBV, 25% for PDS, 13% for SRH and 4% for management costs. Out of the total \$2,702,530 spent to date, 65% was for GBV expenditure, 19% for PDS, 11% for SRH and 5% for management costs.

During the period of implementation of the CP 2010-2014, the UNFPA BiH has made efforts to secure funding from non-core sources with some success. Most of the non-core sources of funding were secured prior to the CP 2010-2014. To date, non-core funding accounts for a large portion of the total expenditures. Funding through non-core resources have markedly increased from 0,00 USD annually in 2000 to almost 700,000 USD annually in 2012. But the largest portion was raised in the period 2008 and 2009 with negotiation processes lasting up to 2 years. The number of donors contributing to UNFPA BiH programming has been increasing, and now includes the Government of Norway, MDG Spanish Achievement Fund, and UNTF for Women and UN Action Fund. Utilization of non-core resources exceeded core resources for 2011 and 2012. Further funding efforts are currently being undertaken by PD to secure UNDESA funding and for GE to secure funding from the UK Foreign Commonwealth Office.

Figure 12: Budget by source



A contributing reason for the overall underspend in all components of CPAP 2010- 2014 work could stem from political changes and turmoil at all levels of government, and in particular at the entity levels after the 2010 elections, which had impaired the work of key institutions with whom UNFPA partners in implementation of CPAP. This may have reduced their capacity to use the available funds.

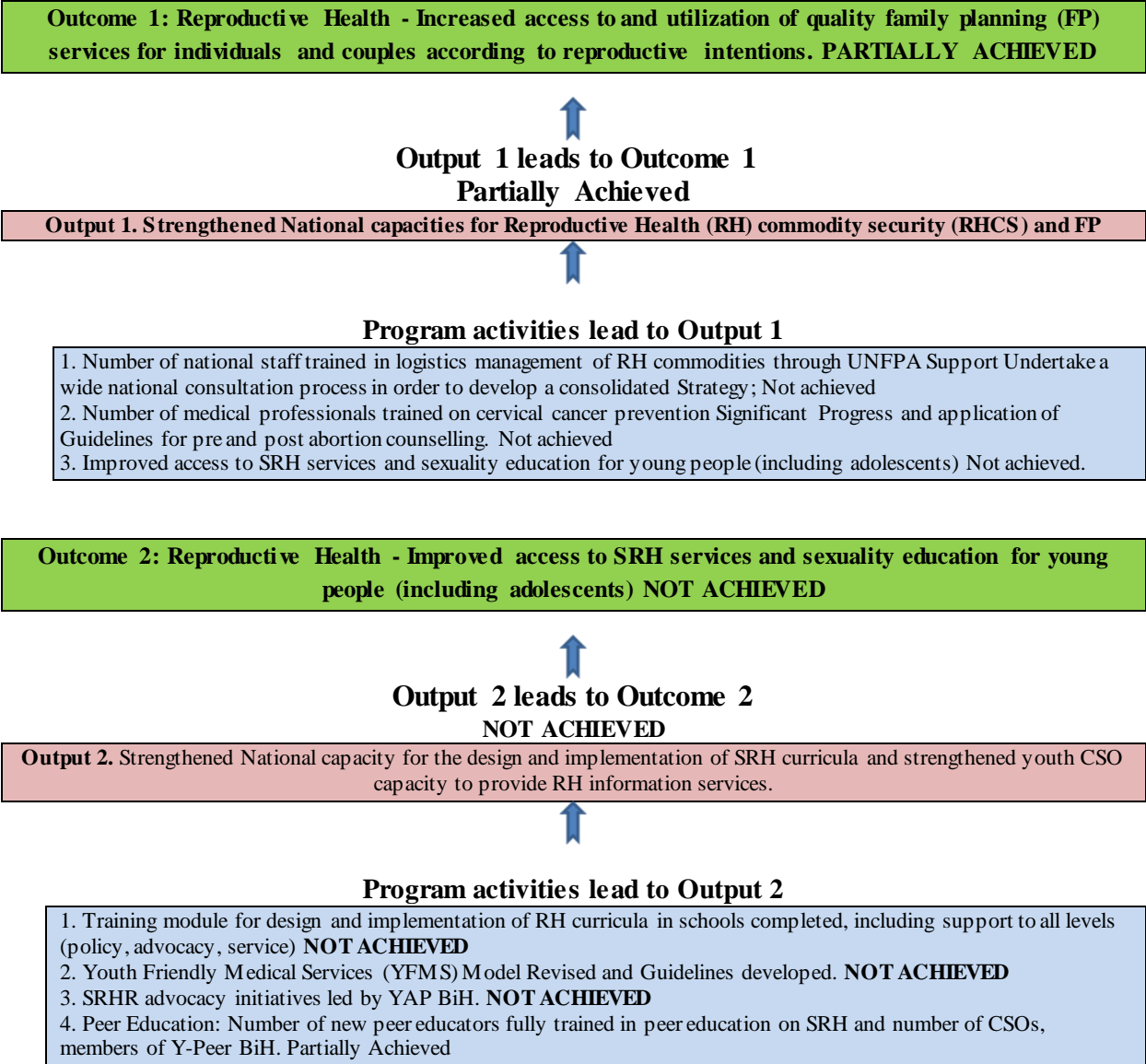
# Chapter 4: Analysis of Programmatic Areas

## Section 4.1: Sexual Reproductive Health

### Overview of the UNFPA BiH Reproductive Health Focus Area

As shown in the figure below, the realigned model for the Reproductive Health Focus area in the UNFPA BiH CPAP 1 consists of two outcomes, one with a single output consisting of three activities, another with a single output consisting of four activities. The activities are intended to contribute to the achievement of their respective outputs, which, in turn, contribute to the achievement of the respective outcomes. As demonstrated in the analysis of this focus area, this evaluation has found significant progress in one of the three activities for Output 1. On this basis there has been partial achievement of Output 1 and Outcome 1. Only one of the proposed activities for Output 2 was even partially achieved, which implies that Output 2 and Outcome 2 were not achieved.

Figure 13 Logic Model for Reproductive Health - Two Outcomes, Two Outputs and Seven activities:





## Relevance

**The questions:** For all 3 Focus areas – 1) Do the UNFPA country programme activities reflect your needs or the needs of target populations? Do the UNFPA CP activities reflect national BiH needs and priorities? 2) Is the UNFPA CP designed in such a way that it responds well to current and future political, economic and social challenges in BiH? 3) Has UNFPA applied the right programming strategy within the specific political, economic and social context of the country?

**High Relevance for all activities:** Based on the current policy context of the State and Entity level governments, as well as the current trends in sexual and reproductive health in BiH, including the adverse profile of methods of contraception use, especially a high reliance on withdrawal as a method of contraception, and an associated high prevalence of abortion, all of the proposed activities related to Output 1 and Outcome 2 are highly relevant<sup>43</sup>. Reproductive Health Commodity Security (RHCS) issues are particularly relevant in view of what has been described by some informants as an “anti-contraceptive environment” in BiH, particularly for hormonal methods<sup>44</sup>. The proposed activity for cervical cancer screening is highly relevant, given that cervical cancer is the second most frequently reported cancer among women in BiH and as evidenced by existing Entity level systems for CC screening and clear commitment to this area as articulated in SRH Strategies and Policies at the State and Entity levels<sup>45</sup>. Similarly, the proposed activities for youth oriented SRH information and services and peer counselling are all clearly relevant to the needs of BiH youth, both as clients and as youth peer counsellors who, faced with extremely high unemployment rates, have found this work to be a worthwhile entry point to civic engagement, and valuable leadership job experience.

While a strong case can be made for the overall relevance of the UNFPA BiH CPAP I activities, on the basis of stakeholder interviews familiar with UNFPA SRH activities, as well as an assessment of the current context on work in the SRH field in BiH, there are important reservations that emerged. Several respondents felt that the UNFPA BiH CPAP had not adequately implemented the SRH activities, particularly for youth and, in this regard, felt that the activities were no longer relevant. Some stakeholders for youth programs felt strongly that UNFPA is not in touch with trends for the needs of youth and employs outmoded approaches, using an incorrect strategic focus on central urban areas while the acute needs of youth in rural areas are overlooked.

Among those respondents who were familiar with UNFPA BiH’s CPAP 1 SRH activities, less than half felt that the activities were fully responsive to the overall needs of the BiH target populations. While before the 2010 CPAP UNFPA BiH was actively supporting high quality models of comprehensive youth friendly services and actively supporting the promotion of quality of care for post abortion counselling services, (See the 2009 COAR), there has been

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<sup>43</sup> In addition to the seven activities shown in the logic model for the realigned reproductive health area, there are two important additional activities that need to be considered in this evaluation of the UNFPA BiH CPAP 1. This is the support for the adoption of a Sexual and Reproductive Health Policy at the BiH State Level (which was explicitly outlined as an outcome indicator as part of the initial CPAP I framework) and an additional activity, a family planning assessment, which was initiated in 2013 and is now underway. As noted above in Section 2.2, during the implementation of the UNFPA BiH CPAP 1 three important SRH strategy/policy documents were approved, for FBiH in 2010, for RS and the State of BiH in 2012. Of these, it is clear that UNFPA has been an especially important contributor to the State level SRH policy.

<sup>44</sup> For example, see a recent newspaper article published in a leading RS newspaper on 13 June 2013 with the headline, “Dangerous Pills in Pharmacies - Questionable Contraceptive Pills also sold in RS.”

<sup>45</sup> Davies, Philip. Recommendations for the Implementation of Breast and Cervical Cancer Screening Programs in Bosnia & Herzegovina. Draft report. 18 June 2013.

far less evidence of this type of work in the actual 2010-14 CPAP. Only half of the SRH stakeholders felt unreservedly that the current UNFPA CPAP has been applying the right strategy for the current context of BiH, the rest felt it was either partially or not at all the right strategy.

#### Effectiveness

**The questions:** For all 3 focus areas – 1) Were the desired results achieved? If Yes, to what degree? 2) What was the intervention coverage – were the planned geographic areas and target groups successfully reached? 3) What were the constraining and facilitating factors and the influence of context on the achievement of results?

To what extent has the country programme contributed to i. increasing access to and utilization of quality family planning services, ii. improving access to SRH services and sexuality education for young people?

**Outcome 1: Significant achievements for some activities. On the basis of this evaluation it can be asserted that Outcome 1 has been partially achieved due to progress in the component activities.** Among the activities for Outcome 1, the most impressive by far has been related to Cervical Cancer (CC) screening. Following a UNFPA BiH initiated media campaign, which started locally and proceeded on a regional basis, highly effective work has been done to map CC screening infrastructure and a high quality strategy document is in process with expert technical assistance from the European Cervical Cancer Association. This work had its origins in part during deliberations at a UNFPA annual meeting, which endorsed the idea for a mapping exercise. The mapping was managed by PiH with oversight from a Steering committee composed of UNFPA, PiH, District of Brcko and entity level Ministries of Health. The mapping was directly implemented by the two respective entity level Institutes of Public Health, which is viewed as helping to develop and re-enforce local research capacity.

The media campaign that preceded the mapping work is reported to have increased State and Entity Level support for the CC initiative. In future, however, the design and implementation of UNFPA BiH supported media campaigns should be done after, rather than before, the mapping and strategy design. UNFPA BiH supported media campaigns should be developed on the basis of adequate baseline data and a clear M&E plan with measurable pre-set targets for improvements in knowledge, attitudes and practice. If possible, media campaigns should be done jointly with other UN agencies and NGOs to ensure sufficient sustained coverage to have a measurable impact.

The effectiveness of the other activities has been much less impressive. For the RHCS, some useful groundwork has been done. But, based on COARs for 2010 and 2011, it is clear that the RHCS is not well understood or appreciated by key stakeholders. RHCS has been described as a UNFPA mandate that is not catching on. During interviews with senior management in key regulatory agencies, it was clear that UNFPA was not well known in this arena. Apart from a variety of relatively small “one-off” meetings and round tables, a rapid needs assessment, a Regional workshop, and some references in SRH Strategies, there does not appear to be any strong impact. After initial work in Tuzla Canton by the Public Health Institute (see 2010 COAR, pages 20 and 21) there has been no movement on pre- and post-abortion counselling.

There are two additional activities that fit within Outcome 1, the development of a SRH Policy as well as the fielding of a family planning assessment. The first activity has been successfully accomplished as of July 2012 with the adoption of the Policy of Sexual and

Reproductive Health and Rights in Bosnia and Herzegovina as signed by the Chairman of the Council of Ministers of BiH. As noted in the policy, “Creating of the policy is in accordance with the CPAP for BiH signed between the Council of Ministers of BiH and UNFPA in BiH for the period 2010-2014.” The document is firmly anchored in all of the pertinent SRH policies, including BiH policies as well as international policies and strategies, including ICPD, IPPF Charter on Sexual and RRs 1995 and Sexual Rights declaration of 2008, MDGs for the period until 2015, and the WHO RH Strategy of 2004. This is an important achievement for UNFPA BiH and reflects a great deal of concerted policy support effort for several years before and during the UNFPA BiH CPAP I. The second activity, the implementation of family planning assessment is now under way, and promises to be an effective tool for re-directing UNFPA BiH’s SRH program activities.

**Outcome 2: On the basis of this evaluation it can be asserted that Outcome 2 has not been achieved.** Several of the proposed SRH activities for Outcome 2 were not implemented. For example, there has been no action toward 1) the development of training module for designing and implementing RH related curricula in schools<sup>46</sup>, 2) development of Youth Friendly Medical Services (YFMS) Model Revised and Guidelines, and assessment of YFMS in BiH (3-6 centres). In addition, unless recommended on the basis of the on-going family planning assessment, it looks like no action will be taken for a planned activity in 2014 to develop Guidelines for YFMS, including for marginalized groups. The efforts to develop a Youth Advisory Panel (YAP) have not succeeded. Based on interviews with YAP participants there is a clear lack of momentum and leadership from UNFPA BiH. There was a perception that UNFPA BiH had raised their expectations for constructive participation on SRH advocacy; these expectations were not met.

The only activity to have even partial success with Output 2 is the Y-Peer program and this has had mixed results due in part to reduced funding and lack of staff from UNFPA (UNFPA’s youth liaison person left at end of 2011). Lack of a UNFPA point of contact resulted in low responsiveness to changing issues on the ground. For example, Y-Peer needed help to increase the number of certificated counsellors in order to be able to work in schools. It is not clear if UNFPA BiH acknowledged or responded to this need. Reported activities for 2010, 11 and 12 showed a progressive decline, with a decision to halt funding in 2013 pending the assessment of family planning and a possible assessment of youth services. Y-Peer has recently obtained national registration as an NGO, but has not been able to secure funding. In general, compared to the need nationally, the efforts of Y-Peer have been

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<sup>46</sup> UNFPA was wise not to attempt to implement this activity. In addition to very active efforts by the NGO Perpetuum Mobile to get the support of the MOE to introduce their curriculum for young men, which has the endorsement of the RS Gender Centre and the RS Pedagogical Society, there has been a very active effort on the part of Association XY to work with the MOE in both entities to promote a healthy lifestyle curriculum. On 26 June, “a representative of the Association XY, Emina Osmanagić, and advisor of the Federal Minister of Education and Science, Leila Kovacevic Hamzagic, presented the curriculum, Healthy lifestyle, and their teacher’s manual, stressing that they were incurred as a result of the integrated actions of representatives of the Federal Ministry of Education and Science, Federal Ministry of Health, cantonal ministries education and health, educational and pedagogical institutes of the Parents Association of Sarajevo Canton and XY. Manual for Teachers healthy lifestyle offers innovative, stimulating and effective learning concepts, provides a creative approach, individualized teaching and class process and activate the individual work of students as active participants in the educational process. Following the chronology of a healthy lifestyle curriculum, teaching unit in the Manual for Teachers are dedicated to healthy eating, physical activity, prevention of substance abuse, sexual and reproductive health, gender aspects, prevention of violence in schools and the fostering and promotion of diversity” (AP personal communication, 27 June, 2013).

localized in four or five locations, resulting in low total numbers of participants (less than 1,000 participants in 2010) and limited geographical coverage.

There are several explanations for the lack of implementation for the activities for Output 2. UNFPA was extremely well placed prior to the CPAP I in 2008 to implement many of these activities. There was a strategic management shift toward GE activities, but there were other reasons, such the award of a very large Global Fund grant to Association XY for a national network of YFMSs, with a concomitant reduction of UNFPA BiH direct support for comprehensive youth friendly services. There was also the loss of a key UNFPA BiH staff person, and the failure to hire a RH specialist for lack of qualified candidates. Due to these reasons, UNFPA BiH has lost its momentum in the SRH sector. The large amount of GF funding for youth friendly clinics appeared to have discouraged other donors from supporting UNFPA SRH projects. When the UNFPA BiH designated staff person for YFSRH Information and Peer Counselling left UNFPA BiH in 2011, there was a long hiatus between the time of his departure and the hiring of a SRH project assistant, who quite understandable has needed time to get acclimated to UNFPA procedures. The lack of UNFPA staff with clinical training in RH has been a serious gap, which is reported to have impeded efforts in SRH activities. One of the reasons given for focusing on Y-Peer was the lack of clinical staff to implement the RH service delivery related activities.

Based on the responses from stakeholder interviews with persons knowledgeable about the UNFPA BiH SRH activities, there was a wide range of issues cited as factors that facilitated or limited the progress of UNFPA's SRH work. Positive factors cited include the flexibility of UNFPA staff, the participatory approach taken with National partners and good communication with UNFPA staff. The State Level Policy on SRH has been cited as strong support to the UNFPA SRH portfolio as it provides impetus for the CC mapping and strategy. Y-Peer educators stressed the high quality of the trainers and training they received.

Problems cited included, the difficulties with UNFPA's internal systems, especially financial procedures that frequently delayed transfer of funds. There was a perception that UNFPA lacked focus, allowed itself too much flexibility and did not provide enough oversight on activities. Lack of staffing and time and not enough strategic guidance were also cited as problems.

When stakeholders were asked if the UNFPA CP contributed to increasing access to and utilization of quality family planning services, less than a third gave an unqualified affirmative answer. In sharp contrast, when asked if the UNFPA CPAP had contributed to improving access to SRH services and sexuality education for young people, more than two thirds responded affirmatively without reservation.

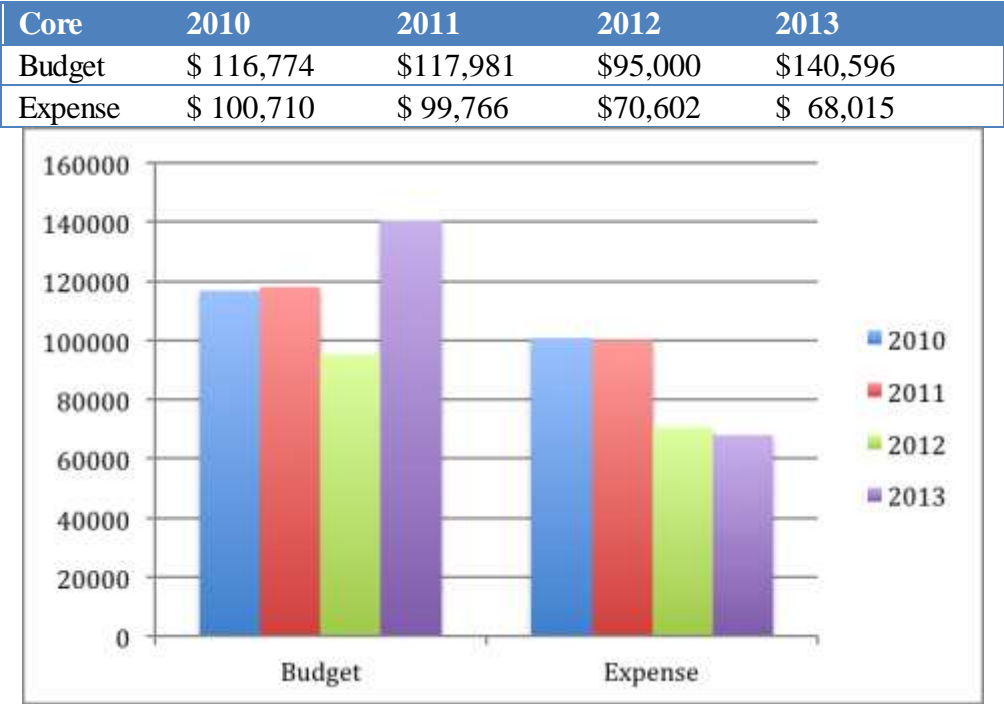
#### Efficiency

<p><b>The questions:</b> For all 3 Focus areas – 1) For the resources spent, were the outputs achieved reasonable? 2) What was the quality of the output(s) achieved in relation to the expenditures and resources used? 3) Were the inputs timely? Were the outputs timely? 4) Is the activity and/or the UNFPA CP narrow enough in focus to produce significant results? 5) <b>UNFPA Corporate mandate Issues:</b> a) Qualifications and capacity of the UNFPA BiH staff. b) How well has UNFPA partnered with other donors and implementing agencies.</p>
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Based on a stakeholder interviews, review of project deliverables, and analysis of the available SRH financial data<sup>47</sup>, the SRH portfolio has been managed with varying degrees of efficiency. The entire portfolio of UNFPA BiH SRH activities has been implemented at a level of about \$100,000 per year. For this modest amount of funding, the UNFPA BiH has made a substantial amount of progress.

**Lack of non-core funding has been an important concern:** It was unfortunate that, due to a combination of circumstances, the UNFPA BiH CPAP was not able to obtain external funding for SRH activities during the 2010-2014 time period. But, as mentioned above, much of the non-core funding for the two other focus areas, for GE and PD, was secured prior to the actual initiation of the UNFPA CPAP I project. It should also be noted that, during the 2010 to 2012 time period, other NGO agencies, such as PM, have succeeded in obtaining multi-million dollar grants to implement innovative programs for youth that address both SRH and GBV. This belies the idea that donors were unwilling to consider youth initiatives that address SRH at the time of the large GF supported YFSRH project activities. The decision to halt funding for Y-Peer in 2013 has created a temporary surplus in 2013. But this is likely to be used for, among other things, the completion of the family planning assessment, and the continuation of the CC screening initiative as well as the possible youth assessment.

**Figure 14 Financial Data and Tables**  
SRH Core resources



Based on the semi-structured interviews, less than half of the respondents felt that the inputs and outputs were timely. When asked if the SRH activities were narrow enough in focus to produce significant results, there was a wide range of views. While overall the majority felt the focus was narrow enough, there were senior managers who felt that UNFPA was spread far too thin. One senior expert on youth felt that, to the contrary, the focus on youth services was far too narrow, and needed to be more comprehensive to be effective.

<sup>47</sup> Due to problems in the financial reporting data made available to the evaluation team, it was not possible to accurately estimate the disaggregated costs for individual SRH project activities.

Respondents were asked to comment on the qualifications and capacity of the UNFPA BiH staff and how well UNFPA has partnered with other donors and implementing agencies. There was positive feedback on the trainers provided by Y-Peer, who were considered excellent, with a good background. In contrast, one respondent described UNFPA's youth activities as "copy and paste", and stated that the staff lack motivation and competences and do the work for money. Others had strong praise for UNFPA staff, especially prior to 2010. Others cited the UNFPA staff's good will with the view that they have a good chance to learn on the job. UNFPA's senior leadership were praised for being extremely proactive and active coordinators.

**There were varying views on UNFPA as a partner.** Many felt that partnership with UNFPA went well, however one respondent commented that in the future UNFPA needs to improve consultations to reduce delays. Others cited instances where the UN agencies failed to cooperate, in part because of differences between their implementing partners. There were complaints that UNFPA does not acknowledge CSOs who must work in a difficult context and struggle for resources. One respondent opined that the work that UNFPA supports at the Ministry level is "imaginary" and that these institutions are not in touch with current youth culture. Respondents cited the pragmatic approach of UNFPA to work with the larger NGOs out of expedience, ignoring the smaller ones.

#### Sustainability

**The questions:** For all 3 Focus areas – 1) To what extent has UNFPA BiH been able to help its partners and the beneficiaries to: a) Develop Capacities? b) Establish ownership? c) Continue having positive effects? 2) Is national capacity sufficient so that UNFPA can gradually discontinue its support without jeopardizing existing programs (Should UNFPA discontinue its support now, later, or continue)? 3) **Donor Policy Issues:** a) To what extent has the CP responded to the aid effectiveness agenda? b) To what extent has the CP responded to sector reform initiatives?

Among the activities for Outcomes 1 and 2, there are good prospects for sustainable impact for the CC prevention strategy as well a high likelihood of long term impact from the UNFPA support for the development of the State Level SRH Policy. It is currently difficult to make the case for the sustainability of the Y-Peer education program, given Y-Peer's current lack of funding and due to need for renewed training for successive cohorts of youth. The remaining activities were either not implemented or have very low prospects for sustainability.

When asked if the UNFPA BiH CP had helped to develop capacities for partners and beneficiaries, a majority were in full agreement, but only a minority fully agreed that the UNFPA BiH CP established ownership and, albeit based on a small number of interviews, none fully agreed that the CP was having long-lasting benefits for SRH. Based on interviews with Y-Peer educators, there is clear evidence of potential long-term developmental and youth leadership benefits. The stakeholder interviews with youth peer-educators demonstrated a strong sense of increased competence in SRH related knowledge and interpersonal skills as well as leadership skills that will no doubt persist into adulthood. There was a perception that the SRH Policy is owned by BiH stakeholders and not imposed from outside. Similarly, the mapping exercise for CC re-enforced the research capacities of the entity level Institutes of Public Health, and was identified as an entity level priority that has potential long term benefits for improving the CC screening programs that are already in place.

As would be expected, all respondents felt that UNFPA support was still needed and that its assistance should not be discontinued. With the exception of one senior manager, none of

respondents were able to address the issues of aid effectiveness reforms and sector reforms initiatives. In this person's opinion the UNFPA CP is not responsive to sector reform, which is consistent with the observation that the UNFPA CP has had little or no ties with the World Bank supported long-term transition from specialty medicine to family medicine practitioners.

#### Gender

**The questions:** For all 3 Focus areas – 1) To what extent have UNFPA BiH's programs integrated gender as a cross-cutting theme and promoted gender equity and gender sensitivity? 2) Where does the UNFPA BiH and/or the focus area activities fall along continuum of approaches for the integration of gender into public health programs: a) Gender Exploitative, b) Gender Accommodating, or C) Gender Transformative

Based on stakeholder interviews, review of project documents and deliverables it is clear that the UNFPA CP SRH activities made some progress to integrate gender as a crosscutting theme. More than half of respondents who were familiar with UNFPA's RH Focus area were in full agreement that the UNFPA BiH CP integrated gender as a crosscutting theme. When asked to rate UNFPA BiH SRH related activities on the basis of a gender continuum, more than half of these stakeholders expressed the opinion that the UNFPA CP SRH activities were gender transformative<sup>48</sup>. None of the respondents felt any aspect of the UNFPA CP SRH activities were gender exploitative. Based on interviews with Y-Peer youth leaders, there was a clear emphasis on gender equity, with an awareness of the need to push for greater sensitivity to the needs of LGBT populations.

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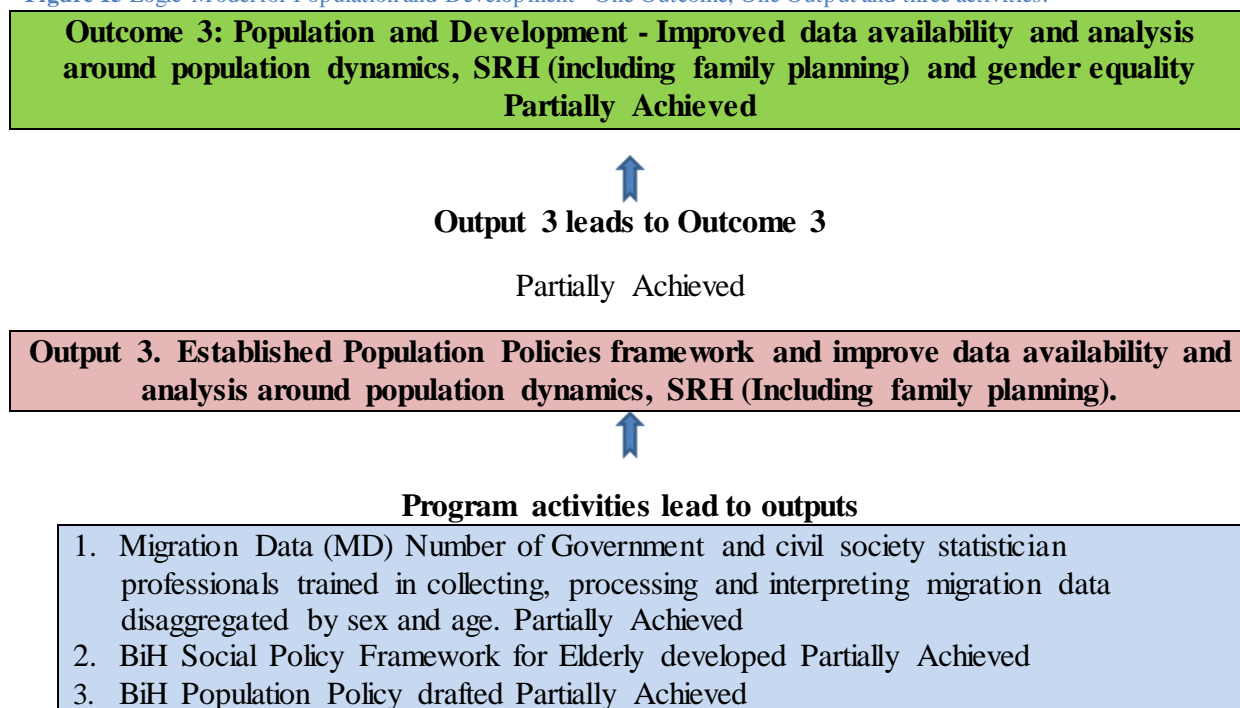
<sup>48</sup> It is important to note that respondents who were more conversant with gender issues, such as respondents familiar with the UNFPA GE Focus area, were less disposed to say that UNFPA has integrated gender as a cross-cutting theme. Having greater expertise in this area, they appear to hold UNFPA to a higher standard than other respondents.

## Section 4.2: Population and Development

### Overview of the UNFPA BiH Population and Development Focus Area

As shown in the figure below, the realigned model for the Population and Development Focus Area in the UNFPA BiH CPAP 1 consists of three activities that are intended to contribute to the achievement of one output, which, in turn, contributes to the achievement of the one Outcome. As demonstrated in the analysis of this focus area, this evaluation has found important progress in all three activities that have contributed to the partial achievement of both Output 3 and Outcome 3.

Figure 15 Logic Model for Population and Development - One Outcome, One Output and three activities:



### Relevance

**The questions:** For all 3 Focus areas – 1) Do the UNFPA country programme activities reflect your needs or the needs of target populations? Do the UNFPA CP activities reflect national BiH needs and priorities? 2) Is the UNFPA CP designed in such a way that it responds well to current and future political, economic and social challenges in BiH? 3) Has UNFPA applied the right programming strategy within the specific political, economic and social context of the country?

**High Relevance for all activities:** Based on stakeholder interviews with respondents involved in all three of the activities for this focus area, there was a universal perception that this focus area is highly relevant to the needs of key target populations and an excellent fit with BiH State level policy concerns, especially from the vantage point of BiH's unique context of extremely low fertility, high rate of emigration and aging population. There is a clear perception, as well as an objective basis, for the case that all of the PD activities, for comprehensive management of migration statistics, development of a social policy for the elderly and the development of a population policy, are closely tied to urgent BiH social and economic policy issues. Among the various components of the activities there are some important caveats, however. For the Migration data activity, implemented as part of the YERP project, it was clear that much of the relevance for BiH was due to the fact that the



achievement of a comprehensive migration statistics system is an explicit prerequisite for accession to the EU. While UNFPA support to the multiple State level ministries (Ministry of Security, BIHAS, MHRR etc.) for external migration data collection is clearly relevant to evidence-based population data for policy decision-making, the strong enthusiasm for this UNFPA support is expedience for EU accession. Also, UNFPA support for census activities, while welcomed, is of reduced relevance in view of the dominance of the Delegation of the EU to BiH and Eurostat as the key players in census issues for BiH.

The PD focus area for UNFPA BiH CPAP 1 has had to adjust to the extremely volatile BiH political environment. All three of the activities in this focus area are on the cutting edge of highly contentious development issues for BiH. The State and Entity level statistics agencies have made it clear that UNFPA has been extremely adept and responsive to their needs in the face of the rapidly changing status of the census, which has been delayed for over a decade, a political football for the entire duration of the CPAP. Faced with historical low levels of fertility and prospects for an aging population, senior level ministry officials have endorsed UNFPA efforts to inform the policy debate on population policy, helping BiH understand the experience of regional and European countries in addressing low rates of fertility. There is strong concern for pension reform and it is acknowledged that both sound demographic analyses, as well as an informed policy on aging, are essential to guide this process.

While there have been limitations in the way and extent to which some the activities have been implemented (discussed below), it is clear that these three activities are appropriate for the current economic, social and political context for BiH. All stakeholders interviewed concerning this focus area shared the view that it is the right strategy for the current context BiH.

#### Effectiveness

**The questions:** For all 3 focus areas – 1) Were the desired results achieved? If Yes, to what degree? 2) What was the intervention coverage – were the planned geographic areas and target groups successfully reached? 3) What were the constraining and facilitating factors and the influence of context on the achievement of results?

For PD Focus area, Output 3. 1) Are population data taken into account in developing BiH population policy? 2) Are population data taken into account in developing BiH social policy framework for elderly? 3) Has the CP promoted the International Conference on Population and Development (ICPD) Agenda?

**Significant achievements for some activities.** As noted above, all three of the activities were at least partially implemented. Two show promise for completion or substantial progress by the end of the UNFPA BiH CPAP 1 in 2014 (the migration data project and the elderly policy). The effort toward development of a population policy has recently made promising initial steps but it is not at all clear if it will be completed within the CPAP.

The migration data activity has been effective. Two of the three proposed phases (the development of multiple ministry consensus methodology and strategy documents) have been completed with high stakeholder satisfaction. Interviews with stakeholders clearly document success with first two documents. Results from recent UNDP financed evaluation of the YERP have independently documented this progress (YERP Evaluation, 2012). There have been, however, serious problems with the process of procurement of software for the third phase, to install migration data management hardware and to develop and implement the actual migration database. As a result of these problems, this third phase has been cancelled and the funds were returned to the donor. It may nonetheless be feasible to complete this third

phase of the activity within the remaining CPAP 1 program timeline. The PD team hopes to re-initiate negotiations regarding the software selection and procurement within the remaining 18 months of the CPAP period and to obtain additional funding which would ensure that the appropriate software is purchased and put to use. As or more important than the two complex consensus documents, was the success of UNFPA BiH's PD team in getting representatives from more than ten separate State level agencies to meet together in a series of working group meetings to hammer out the consensus documents. All stakeholders agreed that UNFPA's PD team did an excellent job in facilitating the migration data project activity.

The UNFPA support for BiH census activities, funded in part out of the elderly policy project, has been limited, in part due to the major role of the Delegation of the EU to BiH and Eurostat. But key stakeholders from State and Entity level statistical agencies were extremely impressed by and appreciative of the speed with which UNFPA staff went out of their way to provide time-sensitive assistance for key consultations among census implementation agencies in BiH.

The activity to develop a BiH Social Policy Framework for the Elderly (SPFE) has only been partially effective. It appears that this process has taken a considerable amount of time and effort from 2010 through 2013 with little concrete results working with the Ministry of Human Rights and Refugees as an implementing partner. After 3.5 years, it has been acknowledged that additional external technical assistance is needed to formulate a multi-sectorial strategy for older persons that is consistent with the Madrid International Plan of Action on Aging (MIPAA). Fortunately, following a fact finding mission at the beginning of this year, representatives from the United Nations Department of Economic and Social Affairs (UN DESA) and the United Nations Division for Social Policy and Development (UN DSPD) agreed to provide both funding and expertise from senior DESA experts (DESA, DSPD Fact Finding Mission, January 2013). The PD team has submitted a detailed project proposal and timeline, which has been approved by DESA and offers some prospect for completion by end of 2014 (PD Team Concept Note, June 2013).

The third activity, to develop a population policy, has only recently started. The BiH population policy is a new activity for 2013 and was not part of the annual working plans for 2010, 2011 and 2012. It is anticipated that the development of a population policy will part of the new UNDAF and CPAP II for 2014-2018. A conference on population dynamics and the initiation of population policies in BiH was sponsored by UNFPA in collaboration with the MHRR (See the 17 May 2013 Conference Agenda UNFPA Staff Demographer presentation, Hakkert, R. May 2013). While this conference was not well attended, it was extremely well received by some key senior stakeholders in attendance who were interviewed as part of the evaluation. Subsequently, UNFPA has established contact with Directorate for Economic Planning (DEP) of BiH, the institution tasked for the development of key strategic documents at the country level. DEP is soon to initiate the BiH Country Development Strategy (CDS) until 2020. It is hoped that UNFPA work on population policy development (PPD) will be pertinent to the DEP efforts to develop the CDS and the agencies can work jointly in the process of development of the population policy. UNFPA would be the provider of technical expertise and logistical support, while DEP would also provide technical knowledge and use coordination mechanisms established for the purpose of developing Country Development Strategy CDS (Z.Sikima, personal communication, June 2013).

The issue of geographical coverage is not pertinent to these activities, as they refer to migration statistics at the State Level, and policies that are to be developed at State and Entity level. Nonetheless, these three activities have potential to affect the lives of key target

populations, especially the elderly. As part of the elderly policy development activity, UNFPA supported short-term project assistance to three small NGOs that provide services to the elderly or persons of pre-retirement age with limited geographic coverage in the RS and the Federation.

Based on stakeholder interviews, the key facilitating factors for the migration statistics project were the UNFPA BiH PD team's flexibility in adapting the project to their needs, and the excellent job they did in bringing together relevant stakeholders from multiple agencies (apparently, the EC failed in prior attempts) to align key migration legal definitions with EU policy. Stakeholders also cited the selection of excellent local and international consultants, including a regionally renowned expert on migration issues. For one of the NGOs for the elderly, UNFPA support gave them credibility, which allowed them to get the attention of city governments and sign protocols with Municipalities for meeting space.

A huge constraint on activities has been the long hiatus in forming a government and the volatile political process, which has resulted in constant delays in the census. One of the few constraining factors mentioned by stakeholders for the migration statistics project was UNFPA's budgeting process, which pushed the Ministry of Security's database manager to complete IT specifications in an excessively short (7-day) time period. This resulted in a poorly specified tender, which appears to have jeopardized the completion of the third phase of the YERP project. The UNFPA budgeting process was frequently cited by implementing partners as problematic, forcing program activities to be implemented too quickly or causing delays<sup>49</sup>.

While UNFPA's support the development of a population policy has only recently begun, it is clearly evidenced-based and derived from comparative demographic analysis as demonstrated by the contributions of the 17 May 2013 conference presentations. Demographic data were an important component in the UNFPA supported Situational Analysis of policy-making for older persons in BiH (*Situaciona Analiza za izradu Politike za stare osobe u BiH*, May 2012.)

UNFPA BiH has consistently promoted the International Conference on Population and Development (ICPD) Agenda. One clear example of this is the UNFPA supported Parliamentary Group for Population and Development, which is made up of senior level parliamentarians from State and Entity level governments (PGPD Pamphlet 2010). Founded with UNFPA support in 2004, this group has been consistently involved in a range of policy level activities pertinent to ICPD and was supported at modest levels for the first three years of the CPAP (\$17,800 for the three years). The effectiveness of this group appears to be diminishing. After participating in UNFPA supported events in 2010, 2011 and 2012, their activities have decreased significantly 2013. They are not currently funded by UNFPA and have not sponsored any activities so far this year. Given their important role in the policy arena, UNFPA should consider restoring its support to this group.

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<sup>49</sup> The frequency of these types of problems can be reduced through improved forward planning to accommodate the normal UNFPA budgeting lead-times required for ensuring accountability procedures.

## Efficiency

**The questions:** For all 3 Focus areas – 1) For the resources spent, were the outputs achieved reasonable? 2) What was the quality of the output(s) achieved in relation to the expenditures and resources used? 3) Were the inputs timely? Were the outputs timely? 4) Is the activity and/or the UNFPA CP narrow enough in focus to produce significant results? 5) **UNFPA Corporate mandate Issues:** a) Qualifications and capacity of the UNFPA BiH staff. b) How well has UNFPA partnered with other donors and implementing agencies?

Based on a stakeholder interviews, review of project deliverables, and analysis of the PD financial data, the PD portfolio has implemented a great deal of the activities with reasonable amounts funding. The migration statistics activities were extremely demanding of UNFPA PD staff time and may have reduced the staff time needed to provide oversight for other activities, especially the development of a social policy for the elderly. The quality and timing of the deliverables, especially for the Migration statistics activities appears to be quite high. But there have been delays in some inputs and in turn the output. For example, the process to develop a social policy for the elderly (SPFE) has taken a considerable amount of time and effort from 2010 through 2013 and, after 3.5 years, the process clearly cannot succeed without substantial external technical assistance to achieve an SPFE compatible with MIPAA. One important deliverable, the Situational Analysis of policy-making for older persons in BiH, was delayed due to prolonged lag times for comments from entity level reviewers.

Most respondents felt that the range of activities in the PD portfolio was sufficiently focused to achieve results. This was especially true of the Migration statistics activity, which stakeholders felt was clearly defined and well managed. Stakeholders were unanimous in their praise for the UNFPA PD team and shared a perception that the PD team, while not trained in formal demography and population statistics, were extremely well qualified and effective in their roles. This is despite the fact that, as contract staff, neither of the PD team members has benefited from UNFPA training in the PD areas and the PD team members describe themselves as self-taught.

The PD portfolio clearly exemplifies high quality collaboration with State level BiH ministries. The PD team has been responsive and flexible, especially for the Migration Statistics activity, in a way that has won them a high level of appreciation and credibility. The good will obtained by their work is an important asset, which should be carefully nurtured for future collaboration. The evaluation team noted the proactive engagement that the new UNFPA Country Director has established with entity level ministries. There were some important exceptions to this good will, however, that appear to carry over from previous years. Some senior level ministry officials at the entity level voiced strong concerns about inadequate consultation from UNFPA. This is a sensitive issue that can and should be addressed with concerted efforts to re-establish collegial ties and allow time to ensure adequate consultation in the development of the next CPAP.

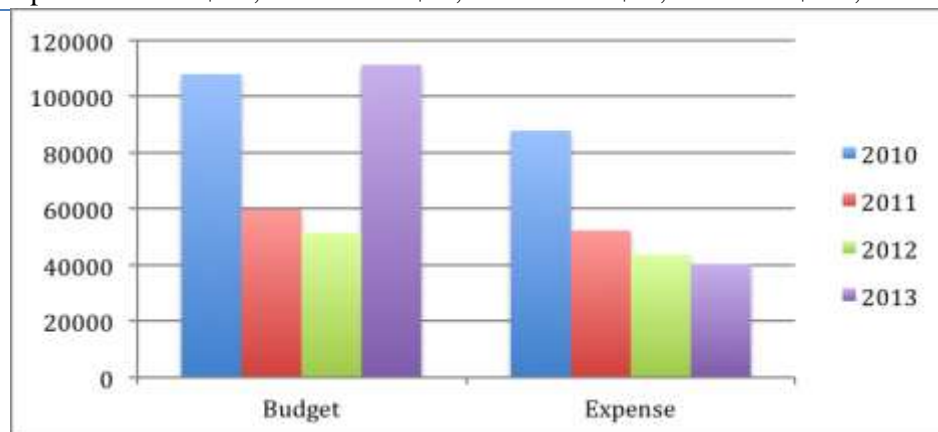
**Under spending is an important concern:** A key aspect of efficiency is the profile of expenditure relative to available funds. Leaving funds unspent can be inefficient, may represent a lost opportunity and is potentially a waste of resources. As shown in the figures below, the financial profile for the PD activities is one of consistently under spending, especially for non-core funds. It is too soon to comment on the status of funds for 2013, but

for the first three years of this project, under-spending of non-core funds has ranged from 40 per cent in 2010 to 65 per cent in 2012. Part, but not all, of this under-spending can be attributed to the need to reserve funds for the purchase of hardware and software for third and final phase of the Migration statistics project. Overall, including both core and non-core, under spending ranged from 31 per cent to 56 per cent in 2012. Given the acute needs of BiH in the PD sector, this under spending is a problem, which probably reflects the fact that the PD team consists of only two persons, one of whom is often asked to take on numerous non-PD related administrative tasks. Not only is the PD team understaffed, but the complex nature of BiH governance requires a great deal of time consuming negotiations with multiple ministries, especially for the Migration statistics activity.

**Figure 16** Financial Data and Tables

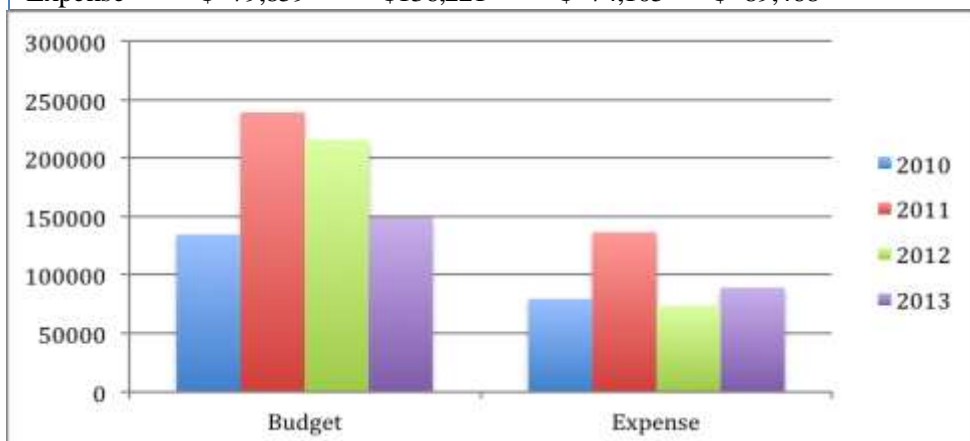
*PDS – core resources*

Core	2010	2011	2012	2013
Budget	\$108,136	\$59,701	\$51,700	\$111,500
Expense	\$ 87,841	\$52,232	\$43,478	\$ 40,209



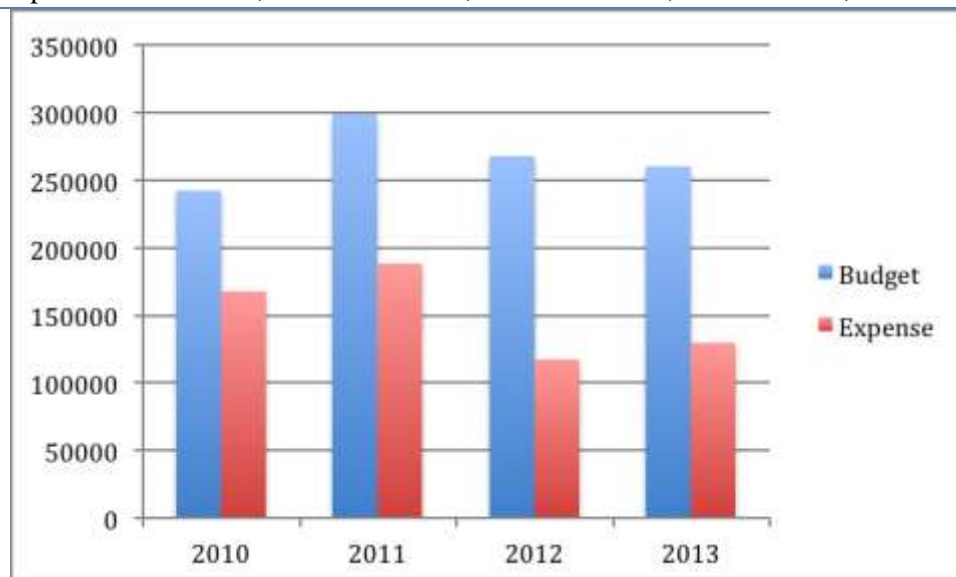
*PDS – non-core resources*

Noncore	2010	2011	2012	2013
Budget	\$134,245	\$238,931	\$215,936	\$148,525
Expense	\$ 79,859	\$136,221	\$ 74,105	\$ 89,468



PDS – total

Column1	2010	2011	2012	2013
Budget	\$242,381	\$298,632	\$267,636	\$260,025
Expense	\$167,700	\$188,452	\$117,584	\$129,677



### Sustainability

**The questions:** For all 3 Focus areas – 1) To what extent has UNFPA BiH been able to help its partners and the beneficiaries to: a) Develop Capacities? b) Establish ownership? c) Continue having positive effects? 2) Is national capacity sufficient so that UNFPA can gradually discontinue its support without jeopardizing existing programs (Should UNFPA discontinue its support now, later, or continue)? 3) **Donor Policy Issues:** a) To what extent has the CP responded to the aid effectiveness agenda? b) To what extent has the CP responded to sector reform initiatives?

Stakeholders for the migration data activity clearly feel that aspects of the project were truly sustainable. For example, it has put them in contact across ministries for the first time in a way that facilitates on-going collaboration. They clearly value the new inter-ministerial relationships, and have a sense of ownership of this effort, having weathered a concerted collaborative effort among ministries for three years. Several of migration data project stakeholders felt that the project had increased their knowledge and expertise, especially the participants in an extended visit to observe the Austrian system of population registration and migration data management. Many of the statistical agencies stakeholders expressed interest in continuing the UNFPA support with a focus on external migration data collection and analysis.

Similar interest in continued UNFPA support was echoed by other activity stakeholders. Interviews with senior participants in the recent May population and development conference revealed strong support for continued UNFPA activity in population dynamics and policy. While the workshop on 17 May was well received, there were concerns that it was not participatory enough and did not consult stakeholders on their goals and objectives. Ownership of PD issues is very high, demand for technical assistance seems high and stakeholder interest seems likely to be sustained. These stakeholders clearly own the

importance of population and development issues and insist that they, not UNFPA, should be driving the direction of the population policy process. During interviews with these stakeholders, they expressed concern that there had been no follow-up to the 17 May conference. UNFPA should follow-up rapidly and diplomatically to consult with senior stakeholders toward continued activities that reflect local BiH State and Entity level priorities.

Interviews with stakeholders from two of the NGOs for the elderly revealed that they did not feel that they had gained new capacity from the UNFPA support. Apart from funding for on-going activities, they were continuing to implement activities that they themselves had developed through their own initiative. The initial UNFPA work in support of developing a social policy for the elderly during 2010 and 2011 appears to have been restricted to short-term events, such as round tables, which do not appear to have a sustained impact. The work done in 2012 and 2013, however, appears to be concrete enough to build momentum toward sustained development of a policy. UNFPA's support for the PGPD over the first three years of the CPAP is appreciated by the PGPD membership, but without continued engagement and support, it is not clear that the PGPD will be sustainable.

## Gender

**The questions:** For all 3 Focus areas – 1) To what extent have UNFPA BiH's programs integrated gender as a cross-cutting theme and promoted gender equity and gender sensitivity? 2) Where does the UNFPA BiH and/or the focus area activities fall along continuum of approaches for the integration of gender into public health programs: a) Gender Exploitative, b) Gender Accommodating, or C) Gender Transformative

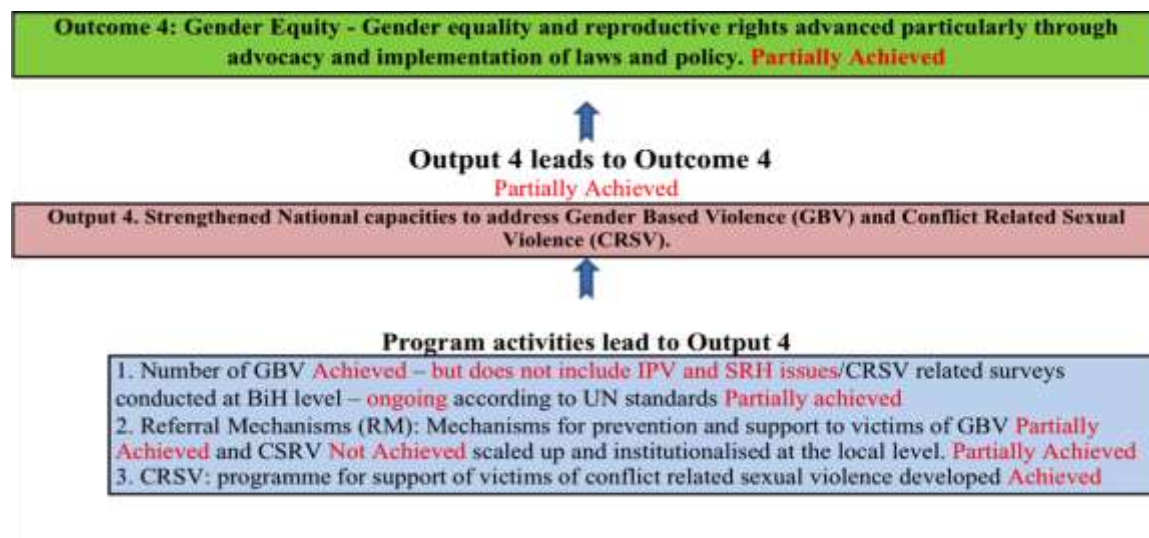
Based on stakeholder interviews, review of project documents and deliverables, most of the PD activities were felt to have integrated gender as a crosscutting theme. When asked to rate UNFPA PD related activities on the basis of the gender continuum, UNFPA staff felt that the PD portfolio is not merely gender accommodating, especially the activities in support of the ICPD. In their opinion, this work tends toward being more gender transformative.

## Section 4.3: Gender Equality

### Overview of the UNFPA BiH CPAP Gender Equity Focus Area

As shown in the figure below, the realigned model for the Gender Equity Focus area in the UNFPA BiH CPAP 1 consists of three activities that are intended to contribute to the achievement of one output, which, in turn, contributes to the achievement of the one Outcome. As demonstrated in the analysis of this focus area, this evaluation has found important progress in all three activities that have contributed to the partial achievement of both the Output and Outcome.

Figure 17 Logic Model for Gender Equity - One Outcome, One Output and three activities:



### Relevance

The questions: For all 3 Focus areas – 1) Do the UNFPA country programme activities reflect your needs or the needs of target populations? Do the UNFPA CP activities reflect national BiH needs and priorities? 2) Is the UNFPA CP designed in such a way that it responds well to current and future political, economic and social challenges in BiH? 3) Has UNFPA applied the right programming strategy within the specific political, economic and social context of the country?

Comparison of data for two subsequent assessments for Gender Inequality Index and Gender Development Index for BiH, as well as the analysis of responses from the interviewed stakeholders on gender equality situation, point to gender-based differentiation in the country that is more strongly expressed seventeen years after the conflict than during the pre-conflict period, mainly due to the effect of the conflict itself and additionally due the explosion of radical nationalism in the subsequent period. Due to the lack of data, a GII was not measured for 2012/2013 for BiH, however the previous GDI for 2004 was 0.801 (placing BiH low on the HDI list of High Human Development countries-just above the Russian Federation, Albania, Macedonia and Brazil). This shows gender inequality is still articulated, especially in education and economic activities.

Although there is a strong legal framework supporting work on Gender Equality, including the BiH Gender Equality Law (2003), BiH Gender Action Plan (2014-2017)<sup>50</sup> and entity level laws and strategies addressing GBV and Domestic Violence (DV), due to limited resources the implementation of these laws has not been as successful as initially anticipated. Within this context and having in mind the findings of the recent Prevalence Survey on VAW in BiH<sup>51</sup> more attention is needed on the issue of advancing gender equality and reproductive rights through advocating and implementation of laws and policies on preventing in particular

<sup>50</sup> Draft Gender Action Plan for 2014-2017 is finalized but not yet adopted.

<sup>51</sup> According to the recent prevalence survey more than half of the women surveyed (47.2% in BiH, 47.2% in the FBiH and the RS, 47.3%) experienced at least one form of violence from the age of 15 (during the 12 months preceding the survey, 11.9% of women in BiH had experienced some form of violence - FBiH 12.7% and 10.6% in RS) with prevalence of domestic violence higher in rural than in urban areas (49.2% vs. 44.3%).



violence against women, and supporting and strengthening of access to services for women. In addition to GBV prevalence, BiH has been faced with the specific issue of physical and sexual abuse, especially against women, during the war in Bosnia and Herzegovina. The work on improving the status of this category of victims has lagged behind, and has hardly been addressed in systematic way despite the passage of 17 years since the commission of the crimes.

UNFPA's intervention under this component has been viewed as highly relevant by stakeholders in particular as the UNFPA focused its support on addressing key gaps in policy and service provision as it relates to Gender Equality, GBV and CRSV. Prior to the UNFPA BiH CPAP there were no definitive data on GBV, which was a major gap in developing evidence-based GBV programming. The UNFPA BiH CPAP addressed the need for further strengthening of the state, entity and local capacities for collection and analysis of relevant data for evidence policy making, as well as strengthening of the existing capacities for the establishment of coherent Referral Mechanisms (RM) for provision of rights and services for the target population.

In addition to focusing on strengthening institutional capacities for implementation of relevant national strategies and enhancing capacities of stakeholders at local levels to provide services, this UNFPA programme component has supported work of CSOs. This work with CSOs has been focused on provision of immediate and very much needed psychosocial and economic empowerment assistance to ensure that the needs of this target group are addressed whilst the work on establishment of relevant institutional mechanisms is underway. This component of the CP has managed to overcome barriers arising in the complex political, social and fiscal context of BiH by implementing project activities at multitude of levels and working with large number of relevant stakeholders at all levels utilizing cross-sectorial cooperation.

#### Effectiveness

The questions: For all 3 Focus areas – 1) Were the desired results achieved? If Yes, to what degree? 2) What was the intervention coverage – were the planned geographic areas and target groups successfully reached? 3) What were the constraining and facilitating factors and the influence of context on the achievement of results?

For Gender Equality Focus area, Output 4. 1) Has country programme contributed to strengthening national capacity to address gender based violence? 2) Has country programme contributed to strengthening national capacity to address conflict related sexual violence?

As stated above, out of the three activities one was achieved and others partially implemented. All activities show promise for completion or substantial progress by the end of UNFPA BiH CPAP 1 in 2014.

The effort to support the GBV survey has recently resulted in publishing of data on Prevalence of VAWG in BiH, the first of its kind in BiH and in the Western Balkan region. This survey, together with the activities initiated through the UNDP/UNFPA Project "Preventing and Combating Sexual and Gender-based Violence in BiH" on collection of data relating to the occurrence of violence in local communities, have been viewed by all interviewed stakeholders as highly effective way of introducing the importance of collection and analysis of relevant social data for the whole of the BiH, in particular for improved policy planning and service design. The CRSV survey has not been implemented yet due to a cut in external funding. Fundraising is on-going and there are indications that the survey on

perception of CRSV, with an amended focus, might take place once the funding is secured at the later part of 2013 or at the beginning of 2014.

The activity on establishment of the functioning mechanisms for prevention and support to victims of GBV, their scaling up and institutionalization at the local level has been viewed by the stakeholders as successful in terms of the number of local communities involved in signing up the protocols. However, there are diverging opinions on the ability of these protocols to fulfil and address the needs of the beneficiaries, as they are still not fully functioning at all localities where UNFPA supported their implementation. They depend on individual persistence of RM Coordination Board members<sup>52</sup>. Similar achievements are not found systematically in all geographic areas where the UNFPA activities were implemented. The activity on establishing additional five new RM protocols was partially achieved. Two were signed in 2013; the third is to be signed in summer 2013 and the remaining two are to be implemented with potential new funding. Creation of CRSV referral mechanisms, or building of relevant capacities in already established referral mechanisms has been delayed due to the cut in external funding under the joint UNFPA, UNICEF, UNDP and UN Women Armed Violence Prevention Programme. However, the work might continue if the fundraising with the UK FCO reaches successful closure. If the funding is secured, there is high probability that with strengthened focus on further developing the individual aspects of RMs at the local level, and in particular ensuring adequate M&E, the desired result under this GE component element might be achieved.

Activities of the FLD were deemed fairly successful, namely in terms of provision of information and psycho-social services, but in particular in creating a successful income generation scheme for GBV beneficiaries and socially marginalised groups of women. Stakeholders view FLD's initiative on promotion of non-violence in schools as a significant input in addressing the question of GBV and DV prevention among the youth. During the evaluation process a decision was made on the basis of research ethical reasons not to interview CRSV beneficiaries and proposed interviews did not take place<sup>53</sup>. Furthermore due to lack of reporting on utilization of FLD services or referral mechanisms by CRSV beneficiaries, the team was not able to ascertain the uptake of those services by this particular target group.

The activity on CRSV development and the finalization of a programme for support of victims of conflict related sexual violence has been viewed as highly effective in terms of ensuring that the voices and the needs of this population are included in the policy design. However, the activity is deemed only partially achieved as the programme has not been officially adopted and is not costed and budgeted for at the moment.

Overall there is an agreement that some capacity has been developed for both the CRSV and GBV. Detailed information on capacity development is given in the Sustainability section for this component.

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<sup>52</sup> Where the implementation has started and members of referral mechanisms are more proactive, as is the case in Bosansko Podrinjski Canton Gorazde, there are initial signs that referral mechanisms have impact on both referring the beneficiaries to relevant service providers as well as an increase in processing of cases in line with the entity laws on DV.

<sup>53</sup> The evaluation team decided that it was not feasible to obtain valid informed consent for victims of CRSV and therefore was not able to interview this group of client/beneficiaries.

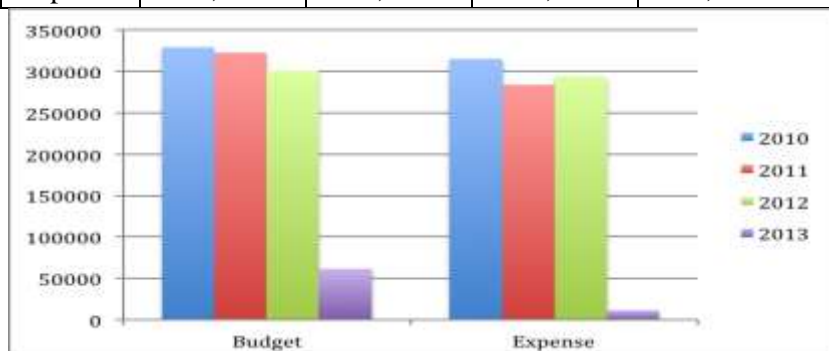
## Efficiency

The questions: For all 3 Focus areas – 1) For the resources spent, were the outputs achieved reasonable? 2) What was the quality of the output(s) achieved in relation to the expenditures and resources used? 3) Were the inputs timely? Were the outputs timely? 4) Is the activity and/or the UNFPA CP narrow enough in focus to produce significant results? 5) UNFPA Corporate mandate Issues: a) Qualifications and capacity of the UNFPA BiH staff. b) How well has UNFPA partnered with other donors and implementing agencies?

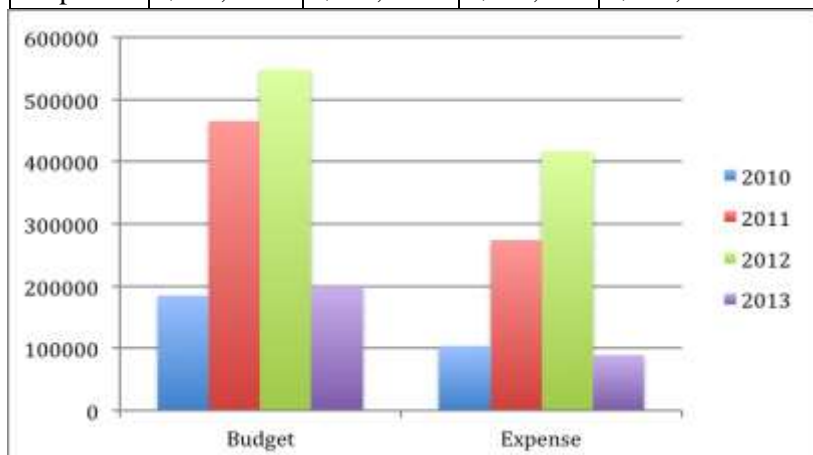
Many activities originally planned under this component have been implemented with some delay, in particular during the first and second year of UNFPA BiH CPAP 1, mainly due to establishing and initiating of agreements for establishment of referral mechanisms. Additionally, during the 2011, half a year delay on implementation of prevalence survey occurred in hiring research experts and in particular in developing of the sampling framework due to the intense work of statistical institutions on the census, which is reflected in spending of non-core resources for this period (as visible in figure 4.4). Under spending in core funding is visible to the lesser degree, due to understaffing for Gender Equity component and delay in recruiting of project staff in 2010 and 2011 respectively.

Figure 18 Financial Data and Tables for GE component

Core	2010	2011	2012	2013
Budget	\$329,740	\$322,521	\$300,519	\$61,710
Expense	\$314,893	\$283,476	\$294,432	\$ 11,195

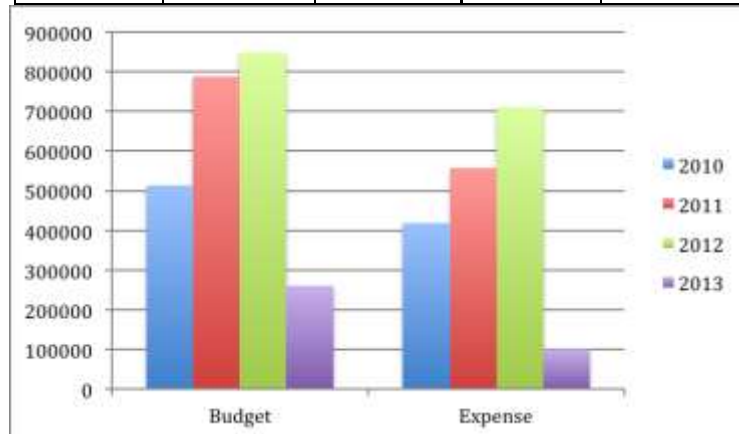


Noncore	2010	2011	2012	2013
Budget	\$184,701	\$465,824	\$547,559	\$199,888
Expense	\$104,382	\$274,520	\$416,774	\$ 88,798



Total	2010	2011	2012	2013
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GRB				
Budget	\$514,441	\$788,345	\$848,078	\$261,598
Expense	\$419,274	\$557,996	\$711,205	\$ 99,993



Although disbursements have been allocated in coherence with programme priorities, they were generally done with considerable delay, as stated above, either due to political reasons of establishment of the new governments, after general and local elections, or due to delays in attainment of appropriate expertise for implementation of proposed activities. However, it is important to state that these delays did not impact the quality of results; indeed in terms of Prevalence survey on VAW in BiH the delays were acceptable as they insured the high quality of the results and consequent analysis. Within the expenditure on CRSV it is important to state that a significant percentage was utilized for PR and advocacy purposes, which had noteworthy influence on raising the issue in political arena and in getting the interest of wider international public and donors. On the other hand, so far the PR has not had an equally strong, direct and immediate impact on improvement of services and rights for these target groups. Without knowing who the audience for such PR work is, and for what purpose was the PR undertaken, other than fundraising for potential new activities, it's hard to ascertain the efficiency of the funds spent on such activities.

Furthermore, efficient implementation of the programme was ensured by embedding AWP in the appropriate institutions and utilizing NEX approach in many cases. Co-funding with other UN agencies and national GEMs shows promising results in terms of efficiency and is viewed by interviewed stakeholders as a good model for pooling national resources and international development aid. Although sometimes problematic in terms of conflicting procedures between national and UN procedures, NEX is deemed as a good way to cooperate, ensuring transparency and value for money, as GEMs and national partners can use existing mechanisms to build on the proposed work on. Interviewed stakeholders stated that in cases where DEX funding was utilized the efficiency was not as high as desired. However it allowed stronger leverage for UNFPA in terms of inputs on standards and quality of M&E, in particular as it regards functioning of the referral mechanisms.

#### Sustainability

The questions: For all 3 Focus areas – 1) To what extent has UNFPA BiH been able to help its partners and the beneficiaries to: a) Develop Capacities? b) Establish ownership? c) Continue having positive effects? 2) Is national capacity sufficient so that UNFPA can gradually discontinue its support without jeopardizing existing programs (Should UNFPA discontinue its support now, later, or continue)?

3) Donor Policy Issues: a) To what extent has the CP responded to the aid effectiveness agenda? b) To what extent has the CP responded to sector reform initiatives?

The main positive factor regarding sustainability of UNFPA support in GE component has been the carefully established partnership with GEMs and relevant institutions that has taken place during the implementation phase. The responsiveness of UNFPA to government needs has secured a high level of ownership although there are different opinions as to the extent to which the UNFPA BiH has been successful in development of capacities, in particular for GBV. Most of the key stakeholders felt that UNFPA initiative employed existing capacities rather than developed additional new capacities and competencies. In order to strengthen and develop new capacities, many respondents pointed to the need of addressing the development of specific institutional capacities (as per respective institutional mandates) to ensure effective and full functioning of the established mechanisms. Whilst some of the stakeholders credit UNFPA BiH for an increase in awareness for CRSV overall, there is an overall feeling that there is lack of capacity on all levels needed for implementation of the CRSV programme drafted at the state level.

Greater support from UNFPA BiH will be required in order to increase the attention given to the GBV component within the governments and utilization of statistical data for evidence based policymaking and implementation of actions at the local level. Furthermore, there is a clear need for addressing SRH issues related to GBV especially as it regards data collection, policy planning and work with Y-Peer and prevention in order to ensure cohesive approach and lasting effects on combating gender violence.

Another important element in ensuring sustainability and enduring positive effects is the need for continuous support to key actors for long-term strategic planning across successive programming cycles, which is something that all respondents commented on. While there is an overall agreement that UNFPA has been supportive of GBV and CRSV, and has worked continuously in raising the issues of GBV and CRSV within the BiH policy agenda, there is a critique as to the timely communication of their annual plans and programmes. More timely communication would ensure even better synergy and cooperation between different partners in these processes.

UNFPA has been supportive of donor coordination with the GE Focus area, at least among the UN agencies. However, more focus in the following period should be given to involving larger number of donors working on similar issues around Gender Equity to ensure even greater aid effectiveness. In terms of addressing sectorial issues related to work supported by CP, better focus and more informed approach to ensure the project activities are in line with the on-going reforms is needed.

#### Gender

The questions: For all 3 Focus areas – 1) To what extent have UNFPA BiH's programs integrated gender as a cross-cutting theme and promoted gender equity and gender sensitivity? 2) Where does the UNFPA BiH and/or the focus area activities fall along continuum of approaches for the integration of gender into public health programs: a) Gender Exploitative, b) Gender Accommodating, or C) Gender Transformative

As per review of relevant documents, reports as well as according to the interviews with the key stakeholders in the GE component, the UNFPA BIH programmes have been only partially successful in integrating gender as a cross cutting theme. While all of the

components have addressed some aspects of gender within their work, they have not been consistent as to the extent of gender mainstreaming needed to address gender equality and women's empowerment as essential preconditions to achieving reproductive health and sustainable development.

Based on the respondent interviews and the review of existing documents, the UNFPA BiH CPAP Gender Equity Focus Area, falls between “gender accommodating” and “gender transformative” within the gender continuum scale. There were a small number of key stakeholders who felt that better linkages between the GE focus area and other two focus areas (PD and SRH) could have enabled better advocacy for the importance of streamlining gender issues in sectorial policies.

#### **Section 4.4: Results from Semi-structured Training Follow-up interviews**

As noted above, 18 individual and group training follow-up interviews were conducted with 20 former participants in various UNFPA supported training events. These included participants in training events conducted through YERP for staff concerned with Migration Statistics, Foundation for Local Democracy (FLD) related to GBV, as well as Y-Peer for Youth SRH activities. Respondents were by and large satisfied with the quality of training and in almost all of the cases reported having gained new skills and information in those training sessions. The biggest up-take of the skills and knowledge was observed among the representatives from Statistical Institutions, as well as by the trainees of the FLD economic empowerment, due to practical nature of both training initiatives. The trainees of the Y-Peer trainings gained new skills and knowledge and reported they were empowered for further work. However, due to cuts in funding they were not as able to utilize their new knowledge in their work this year as much as they hoped. Except in the case of Y-Peer, there is very little acknowledgment of gender equality promotion during the trainings. Respondents reported little or no follow up in terms of new trainings by UNFPA, except in case of FLD, where there were additional trainings on development of CVs and active job search.

#### **Section 4.5: Results from Semi-structured interviews with client/beneficiaries**

A total of 18 client/beneficiaries were interviewed during nine interview sessions. The majority of the respondents of the beneficiary questionnaires were the pensioners (beneficiaries of now discontinued UNFPA projects with the two NGOs working with elderly) and youth (beneficiaries of earlier established youth information centres). In general, information, educational support and service provision through these initiatives has been seen as highly relevant and had positive effects on changing lives of people involved in these programmes. The responses of beneficiaries of MIRNO I SIGURNO U PENZIJU and ZAR NGOs were particularly positive. They saw these activities as important both for addressing the needs of the third generation, as there are currently no such initiatives supported by local authorities and very little resources from donors available for this issue. These beneficiaries also saw themselves as important players, spreading positive messages to new generations and promoting key issues UNFPA is working such as SRH and Gender Equality. The young beneficiaries of the services provided by the Youth Information Centres, are equally positive about the information and services provided within these projects. However, they are aware that the uptake of these services is low and that more should be done in bringing such initiatives closer to young people using social networks, bringing them closer to schools in both spatial and theoretical terms so that there is less stigma and resistance to using available resources.

## Chapter 5: Strategic positioning

### Section 5.1: Corporate strategic alignment

**The questions: To what extent is the UNFPA BiH country programme aligned with UNFPA's current global Strategic Plan?**

The updated framework used as the basis for this evaluation reflects a great deal of effort by UNFPA BiH staff to re-align the UNFPA BiH CP with the UNFPA SP. For all three of the focus areas, the activities, outputs and outcomes were appropriately aligned with the UNFPA global strategic plan.

**UNFPA Corporate Mandate issues:**

**Special attention to the most vulnerable, disadvantaged, marginalized and excluded population groups:** Apart from its attention to the needs of youth, who can be considered to be marginalized from the perspective of SRH services, the SRH focus area does not give special attention to the most vulnerable populations. For example, there was no evidence of concerted effort to provide SRH services for Roma populations or internally displaced populations. The GE portfolio has special emphasis on women survivors of GBV and CRSV target group in addition to young people, Roma population and to lesser degree the elderly population. The PD portfolio has a special emphasis on the elderly with a lesser emphasis on migrants.

**Mainstreaming of young people's concerns:** The RH focus area has clearly mainstreamed young people's concerns both at the policy level, as reflected in the State level SRH Policy and in the concrete activities for peer education. There is evidence of mainstreaming youth people concern's within the FLD democracy work with elementary and secondary schools in particular on prevention of GBV. The work of the PD focus area, apart from support for the PGPD, which has been an advocate for youth SRH, shows little evidence of mainstreaming young people's concerns.

**Implemented South – South cooperation:** The UNFPA BiH CP has relied extensively on regional expertise to provide technical assistance and serve as resources for training events for SRH, including experts from Albania and Romania. Similarly, there are numerous examples of capacity building and regional cooperation for the PD activities, such as learning from census experts in Minsk concerning the challenges of multi-language census survey methods. There were also good examples of regional cooperation and sharing of expertise in GBV, in particular on implementation of surveys and within the work on CRSV through a regional conference on Ensuring Justice, Reparations and Rehabilitation for Victims of Conflict Related Sexual Violence.

**UNFPA guiding principles:**

**National ownership:** The RH focus area has clearly been successful in promoting the State level SRH policy development in a way that has ensured that it is a nationally owned initiative. The CC screening activity is on a good trajectory, but special care needs to be taken to ensure early and continuous stakeholder participation in the development of the strategy to ensure local ownership within both entities. The PD focus area has clearly encouraged and achieved national ownership for the migration data activity. Based on stakeholder interviews, there are some potential problems concerning the adequacy of consultations with local population policy stakeholders. This should be given serious attention as soon as feasible. The GE focus area has encouraged national ownership in particular for collection of GBV data

activities. Ownership of the RMs at the local level is less visible, in particular due to the multitude of actors involved in its implementation. There are, however, some examples of local ownership of RMs, especially in the more proactive local communities that have received similar support from other development agencies and local counterparts as well.

**National leadership:** The PGPD has clearly promoted national leadership in all three-focus areas, especially for the advocacy of policy development. Apart from the PGPD there was not strong evidence that leadership has been developed within the SRH and PD Focus area. While the Y-Peer activities have demonstrated genuine impact for youth leadership development, the YAP program has not met expectations. There are very positive examples of leadership development within the GE focus area, especially through UNFPA-supported positions at the MHRR. Staff at the MHRR have benefitted from UNFPA training, which has given them increased confidence in their leadership roles. At the national and entity levels there is cooperation with GEMs, which has resulted in strong national leadership; however this leadership is not as visible at the local levels.

**National capacity development:** Due to the limited nature of the SRH activities in the current UNFPA BiH CPAP, there has been limited national capacity development in the RH Focus area, apart from the UNFPA supported development of the SRH Policy and Y-Peer educator trainings. The PD focus area has clearly built capacity for migration statistics, census methods, and has strong potential for capacity development for SPFE alignment with MIPAA as well best practices in responses to low fertility through demographic policy analysis. Although there is clear consensus around the fact that the GE focus area has built capacity for data collection on GBV/VAW and its analysis, there are different opinions on the level of additional capacity developed for implementation and full functioning of RMs for GBV among the different stakeholders.

## Section 5.2: Systemic strategic alignment

**The questions: UNDAF** - Is the UNFPA CO aligned with the UN strategic framework (UNDAF)? Has UNFPA been effectively working together with other UN partners in BiH?

The recently completed UNDAF evaluation has concluded that UNFPA has clearly contributed to the implementation of UNDAF Outcomes 1 and 2<sup>54</sup>. But the evaluation found that the UNFPA did not fulfil its expected level of funding; UNFPA reached 78.9% of its projected budget<sup>55</sup> (draft UNDAF Evaluation, 2013). During stakeholder interviews it was noted that the current UNDAF is not formulated in a way that is fully compatible with implementing health related development activities. In this sense the work of UNFPA BiH in

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<sup>54</sup> Excerpts from draft UNDAF evaluation: Outcome 1. policies and planning...With regards to Output 1.1.1 Census, ...UNFPA supported the training of 45 Census technical staff from statistical agencies through workshops on the PHC on the budget, plan of action, methodology and questionnaires. However, so far these skills have not been used due to delays in the approval of the Census law, which will enable it to take place. Thus despite achieving the outputs expected, the attainment of the outcome is still not assured. Under the strengthening of statistical systems (Output 1.1.2), UNICEF with some financial support from UN-Women, UNFPA and UNHCR, supported BiH in carrying out a fourth round of Multi-Sector Indicator Survey (MICS4) .... Outcome 2 Under Output 2.1.2 UNFPA support for the development of Sexual and Reproductive Rights and Health Strategy (SRRH) ...Under Output 2.1.6 UNFPA supported the development of the BiH Social Policy for the Elderly in relation to the implementation of the Madrid International Plan of Action on Ageing. Under Output 2.3.2 UNFPA supported the establishment of GBV referral mechanisms in eight municipalities. Under Output 2.3.4 UNFPA supported ...Y-PEER BiH presentations on SRH for 885 young people in Banja Luka, Mostar and Bihac, providing counselling in their centres for 382 people, as well as referred young people to HIV VCT centres or health centres, and training 16 new peer educators in 2012. ... With the support of the UNFPA, development of a strategy for the achievement of rights of women victims of war and sexual violence is completed.

<sup>55</sup> UNCT BiH, draft UNDAF Evaluation, 2013.



SRH may not be well aligned with the UNDAF. The PD activities are clearly aligned with the UNDAF. In regards to the GE component, the UNFPA CO is aligned with UNDAF for BiH and this has enabled UNFPA BiH office to have close cooperation with other UN partners in almost all of the GE focus activities.

### Section 5.3: Responsiveness

**The questions:** 1) To what extent did UNFPA anticipate and respond to significant changes in the national development context within its 3 core focus areas? 2) What were the missed opportunities in UNFPA programming?

**Responding to significant changes in the national development context:** By working at the state, entity and, to some extent at the local levels, all of the focus areas, especially the GE component of UNFPA CP, have managed to respond to the constant changes in the national development context. In particular, the UNFPA CP has managed to sustain its work to varying degrees through the period of CPAP implementation, despite disturbances in the political, social and economic environment following the general and local elections in 2010 and 2012 respectively. Stakeholders cited UNFPA BiH responsiveness in being flexible enough to accept suggestions and recommendations especially with the YERP program and in responding to the rapidly to changing demands related to organizing time sensitive-meetings for the Census. Additionally, it was perceived that, due to good cooperation between the UNFPA BiH office staff and key stakeholders, programme activities have managed, by and large, to overcome initial barriers caused by the delay in setting up the government as well as overcome political disagreements by providing a forum to discuss contested issues and a reach much needed consensus. Some examples of this kind of cooperation can be seen in initiating the CRSV policy discussions at the state level to address the needs of the beneficiaries although this was extremely sensitive politically and it was the first time the voices of the victims of CRSV were heard in this policy arena. However, there were some less favourable views of the UNFPA's capability to respond to local level changes and needs. Some respondents reported that UNFPA is too removed therefore less responsive to their needs.

**Missed opportunities in UNFPA programming:** The UNFPA BiH RH focus area has missed the opportunity to promote youth friendly SRH services and quality of care for post abortion counselling services. UNFPA was extremely well placed to contribute to these areas prior to the CPAP in 2009. For various reasons cited above, UNFPA has lost its momentum in these areas.

UNFPA has not collaborated with the WB supported Health Reforms that aimed to shift services to primary health care using family medicine practitioners, which also means a missed opportunity to promote access to high quality family planning services. The on-going assessment of family planning should help address this gap.

Based on stakeholder interviews, missed opportunities included the concerns of LGBT and a need for greater attention to HIV screening for women as part of MCH service delivers, such as during pregnancy and FP visits. While there have been recent successful efforts to redress this missed opportunity, UNFPA has missed opportunities to adequately consult and engage senior ministry officials..

In the PD focus area, the UNFPA BiH team has been so absorbed with the time-consuming Migration data activity through YERP that it has not been able to focus as much as it should have on ensuring more rapid progress in the development of the social policy for the elderly

and for providing technical assistance and support for the development of population policies. These are not opportunities missed, but delayed. Much more time and effort is needed to catch up on these extremely important activities.

Overall there is a feeling that there were not many missed opportunities within the work implemented in GE component. However, in the next phase there should be a stronger use of opportunities to work with national Gender Equality Mechanisms (GEM) from the beginning to ensure that the work follows new national strategies and takes in account the mandates and specificity of the regions and better contact with CSOs and the end beneficiaries, to assess the real need of this population. As the first phase was focused on need to develop and establish systems of RMs, the second phase should focus on strengthening their functioning. Respondents felt there is no more need for duplication of models by UNFPA, but rather that they should be taken forward by national partners. UNFPA should focus on strengthening other specific elements of this system, like the capacity of partners for prevention of GBV, work with men and perpetrators, and work with the police and health professionals to strengthen their skills for addressing SR and GE/GBV issues.

#### Section 5.4: Added value

**The questions:** The extent to which the BiH country programme adds benefits to what would have resulted from other development actors' interventions only. To what extent has the UNFPA CP added benefits over and above what would have resulted from other development actors' interventions?

**Strategic fit of UNFPA BiH CP activities:** With few exceptions, virtually all of the activities reviewed in the three focus areas were viewed as a good fit. In the RH focus area, virtually all of the proposed activities are within UNFPA mandate and fit within its areas of comparative advantage. But it is clear that the area of SRH curricula is not an area of comparative advantage given the extensive work currently in progress by local NGOs.

All PD activities assessed in the PD focus area fit well with the UNFPA's comparative advantage and mandate with the possible exception of its support for Elderly NGOs. This work has had both positive and negative aspects. UNFPA's assistance was appreciated and did provide some impetus for expansion, but it did not develop capacity. This type of work may be better suited to other local NGOs. Most importantly, based on stakeholder interviews, this assistance appears to be viewed as somewhat expedient and token in nature, which could have negative consequences for UNFPA's reputation in this area.

All GE activities assessed in the GE portfolio fit well with the UNFPA's comparative advantage and mandate with exception of lack of work on the translation of policies and laws, which remains a major challenge globally.

In the area of CRSV the GE component of the BiH country programme has been an added value in particular through continuous support of this issue, in terms of fostering the discussion on this issue in the BiH policy arena. No other agency has supported this issue to this extent. In terms of GBV, there is a feeling that more could have been done in utilizing regional expertise and that the results could have been bigger and the value added much higher if programme staff was retained, ensuring institutional memory and continuity of activities in this focus area.

**Humanitarian Assistance:** While UNFPA has not played a role in providing humanitarian assistance in BiH in the last decade, it has supported senior State and Entity level BiH

ministry official participation in a well-received regional training on the reproductive health services in humanitarian emergencies that took place in Macedonia in May 2013.

## **Chapter 6: Cross-cutting aspects: Monitoring & Evaluation system**

### **Section 6.1: The country office monitoring and evaluation (M&E) system**

It is beyond the scope of this evaluation to do a thorough assessment of the UNFPA BiH M&E system<sup>56</sup>, but the evaluation team found important issues and concerns that merit comment. The review of project reporting documents showed that the UNFPA BiH CPAP 1 projects were collecting and reporting useful information on the implementation of project activities. But there was a larger issue related to M&E that needs to be addressed in the design of the CPAP. As drafted, UNFPA BiH CPAP 1 does not have any accountability for making improvements in key outcome measures. While the guidelines for the CP evaluation explicitly state that a CPAP cannot be expected to have an impact on outcomes, the evaluation team holds that all CPAPs should be explicitly designed with the expectation that they can and will have a measureable impact on key public health outcomes. Otherwise, without accountability for impact, the CPAPs lack a compelling basis for being funded.

- The entire UNFPA BiH CPAP 1 was focused on the implementation of activities without any attention to larger long-term outcomes. For example, in the Annex 2 the CPAP Planning and Tracking tool and in the CPAP Annex 3 the CPAP Monitoring and Evaluation Calendar, there is no mention of any baseline measures. For example, for the focus area of RH, there are no baseline estimates for rates of unwanted pregnancy, profile of contraceptive method mix, or estimated prevalence of abortion. Instead, the stated indicators in Annex 2 are actually program activities to be implemented. This means that the UNFPA BiH CPAP 1 has no accountability for making meaningful changes in public health outcomes; it is only accountable for implementing activities, regardless of whether they have impact on outcomes.
- The UNFPA BiH CPAP 1 document does not contain a logic model that explicitly outlines the pathways through which the project activities are going to lead to achievement of outputs and, in turn, achieve outcomes. The logic model presented in this evaluation is admittedly quite simplistic and is offered in lieu of a more detailed model. The next CPAP should contain a plausible logic model that outlines the pathways through which the activities will lead to improvement in public health outcomes. Ideally, this logic model should be based on a well-established theory of behaviour change or a suitable theoretical framework.
- To enhance the accountability for the next CPAP, an alternate approach would be to include specific baseline indicators for core indicators of outcomes in each of the focus areas, with clearly defined expected changes from baseline to the end of the project period. For example, as shown in the draft illustrative table below there should be explicit targets for relevant aspects for each of the three focus areas (See Table 12 below). This approach has two very important advantages. First, it enhances accountability. Second, it

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<sup>56</sup> As outlined in the UNFPA CP evaluation guidelines, this section of the evaluation report is optional.

emphasizes the importance of long-term planning to ensure the required follow-up data surveys are replicated in order to measure outcomes accurately.

**Table 12 Illustrative Hypothetical Table for CPAP 2 Outcome Accountability Indicators.**

<b>Outcome Indicator</b>	<b>Baseline result</b>	<b>Expected amount of change<sup>57</sup></b>	<b>Expected End-line result</b>
Unmet need for FP	MICS4	10% reduction	MICS5 2016/7
% of women in union reporting use of withdrawal	MICS4	10% reduction	MICS5 2016/7
% of male youth using condom at last intercourse	MICS4	10% increase	MICS5 2016/7
Reported GBV in past 6 months	2013 GBV	10% reduction	2018 GBV
Gender Equitable Men Scale scale <sup>58</sup>	2011 IMAGES	10% increase	2018 IMAGES

## **Section 6.2: Support to national partners’ capacity in terms of M&E systems**

The successful adoption of SRH policies at the State and Entity level raises important challenges for monitoring and evaluation. The Federation BiH Strategy for SRH has a developed an explicit set of indicators to be monitored to assess the progress of the SRH strategy and steps are being taken to develop a baseline measures for these indicators as of 2011. Unfortunately, the current set of indicators is somewhat haphazard without a clear logical framework linking each indicator to the proposed strategy activities. UNFPA should offer long-term technical assistance for senior M&E experts to work with the State and Entity levels to ensure that all three of their respective SRH strategies and policies have clearly defined measurable indicators that have a logical relationship to the activities being assessed.

## **CHAPTER 7 Conclusions and recommendations**

### **Section 7.1: Main conclusions**

#### **Overview of achieved results**

Even though much has been achieved during this particularly volatile CPAP 1 period, there is still a feeling that UNFPA office missed opportunities to truly engage with partners and support changes in the field. Many of the activities appear to have been “one off” with little or no follow up, even where results were positive. UNFPA needs to give more focus on reaching for and establishing key partnerships at all levels. Establishing closer working relationships with one or two champion partners at each level of government as well as key NGOs would ensure both more knowledge and visibility of UNFPA. This would not only

<sup>57</sup> The amount of change suggested here, 10%, is entirely hypothetical and should not be taken literally as a recommended target for change during CPAP 2. The actual targets for change should be determined by UNFPA BiH based on careful analysis of available data in close collaboration with local and regional stakeholders and program experts.

<sup>58</sup> Men and Gender Relations in Bosnia and Herzegovina-Results of International Men and Gender Equality Survey (IMAGES) Research. Prepared by Srdjan Dusanic in collaboration with Instituto Promundo. 2012.

help UNFPA to support worthwhile activities strategically, but it would help convey what UNFPA stands for, what its mandate is, and establish its added value.

#### Strategic level

**Overview:** All of the focus areas for the UNFPA BiH CPAP 1 have had to adjust to the extremely challenging and volatile social, economic and political environment in BiH. In order to function well in this context, the UNFPA BiH needs to be funded and staffed at a level that anticipates the time consuming process of working against a tide of disharmony among local governments across all the levels. This is especially true of FBiH, where additional staff would be essential in order to adequately consult and monitor Cantonal and local municipal levels on a regular basis. The UNFPA BiH needs to work more on strengthening capacity for forward planning. Overall the UNFPA BiH country office (CO) needs to establish and utilise a proper document and information sharing system (not just for storing partner information but also internal communications) to ensure better cooperation among the staff members managing different components and thus improve the institutional memory of the UNFPA programme in BiH.

The UNFPA BiH CPAP has fallen into a pattern of implementing short-term activities, such as Round Tables and regional conferences, without a planned strategic sequence and follow-up.

The UNFPA BiH CPAP has worked primarily at the State and Entity Ministerial Level and has not been able to implement and monitor project activities at the Cantonal and Municipal level. Also, during the evaluation process insufficient interaction was reported between UNFPA BiH and certain Entity level ministries, which has undermined rapport with important stakeholders..

Based on internal UNFPA constraints to expend funds in the proper time sequence, UNFPA BiH has occasionally been forced to pressure implementing partners to complete activities in an unrealistic time frame.

The UNFPA BiH CPAP has focused on vulnerable groups; however it has not reached the most at risk populations, such as Roma and internally displaced persons.

#### Programmatic level

##### **Sexual and Reproductive Health**

**Lost momentum in SRH and Youth SRH Counselling and Services:** UNFPA BiH had developed an impressive portfolio of activities related to quality of care for post abortion counselling and for high quality youth friendly SRH activities prior to the CPAP in 2009. Prior to 2009, in cooperation with State and Entity level ministries and NGOs, UNFPA had succeeded in developing important resource materials that would permit the accreditation of youth friendly SRH services and provide a basis for improved quality of post abortion counselling services. For various reasons, including a management decision to focus on GE, the award of the Global Fund support to Association XY for national network of YFMCs, with a concomitant reduction of UNFPA direct support for comprehensive services, loss of UNFPA staff, and failure to hire an NOB RH specialist, UNFPA BiH has lost its momentum in this sector.

**Basis for a renewed SRH focus on quality of care:** As a relatively small UN agency in BiH, UNFPA's ability to support quality of care in SRH is one of its most important comparative advantages. The current high quality activities related to CC screening, as well as an in-depth assessment of family planning, which is now underway, are a basis for UNFPA to renew its activities on SRH with a focus on supporting the improvement of quality of care.

**Favourable context for SRH programs:** With the adoption of SRH strategy and policy at the State and Entity Level, as a result of concerted long-term effort by many stakeholders including UNFPA BiH, the current policy context for SRH programs in BiH is relatively favourable.

**SRH Outputs and Activities were too ambitious:** The activities planned for the UNFPA BiH CPAP SRH Focus area were far too ambitious to be implemented with the available staff and budget.

**Some planned activities are no longer relevant:** Some of the planned activities in the UNFPA BiH CPAP, such as the development of SRH related curricula for use in schools, have been taken up by local BiH NGOs, who are negotiating to include them within Entity level Ministries of Education.

**RHCS efforts have not been effective but are still needed:** Despite concerted efforts and a current of anti-contraception media context, especially for hormonal contraception, UNFPA BiH has not yet generated strong stakeholder support for reproductive health commodity security. Work on this activity is urgently needed.

## **Population and Development**

**UNFPA BiH's PD activities have a strong comparative advantage in current BiH context.** Given the intensity of current national concerns for key demographic trends, (especially low fertility rates, aging population structure, and patterns of migration), UNFPA is extremely well positioned to play a constructive role in supporting rational and ethical evidenced-based population policy as well as a state level social policy for the elderly in BiH

**Migration Data Project:** The UNFPA BiH has won recognition and appreciation for work in the PD focus area as a reliable and flexible partner for State and Entity level stakeholders in BiH, especially the YERP migration data activity. Excellent follow-up and persistence by UNFPA staff has resulted in establishment of genuine inter-ministerial collaboration, a well-designed technical learning trip to Austria concerning migration data monitoring and the hiring of high quality consultants. Strong efforts are needed to obtain funding and collaborate with relevant implementing partners to complete the third phase of this project, the development and installation of software to maintain the proposed migration database.

**UNFPA support for census:** This is an excellent example of UNFPA responding quickly to disburse funds for needed activity that fits with UNFPA mandate. This work reflects well on UNFPA BiH staff. UNFPA BiH should use this as a case study of how flexibility and speed in facilitating release of funds can be achieved.

**Development of a Population Policy:** Stakeholders were favourably impressed with the contributions of a visiting UNFPA HQ staff demographer who presented the wide range of experiences of other countries in dealing with low fertility rates. Based on interviews with May 17 conference participants, however, it is urgent for UNFPA to involve stakeholders in

planning for a follow-on series of meetings and solicit their recommendations. They insist that they should be the drivers of the process, and should not be passive recipients of UNFPA planned activities.

**Development of a Social Policy for the Elderly.** After a prolonged 3.5 year process of developing support, it appears that it may finally be feasible to develop a state level policy for the elderly with external technical assistance from UN DESA.

### **Gender Equity**

**GBV/CRSV surveys:** Due to continuous work on ensuring implementation of the Prevalence survey on VAW in BiH, stakeholders perceive UNFPA BiH as a champion in this field.

There has been good cooperation between UN agencies and GEM on collection and provision of very much needed data and evidence for policy planning and service delivery.

**Mechanisms for prevention and support to victims of GBV and CSRV:** UNFPA's work on supporting establishment of mechanisms for prevention and support to victims of GBV and CSRV is seen by all stakeholders as highly relevant for efforts to address GBV and Violence Against Women (VAW). This type of work takes a long time to fully develop, particularly in BiH due to its fiscal decentralization and service fragmentation and in particular taking in consideration the need for multi-sectorial cooperation on this issue. UNFPA has been delayed in carrying out the CRSV perception survey due to lack of funding.

**Programme for victims of conflict related sexual violence:** There was significant need for addressing issues related to needs of victims of conflict related sexual violence. The team put enormous effort and considerable resources in promoting this issue at national level despite its political sensitivity.

### **Cross-cutting aspects**

**Lack of focus on meaningful public health outcomes.** As documented in Chapter 6, the design of the UNFPA BiH CPAP was based on activities rather than public health outcomes. The focus was on the completion of activities rather than the achievement of change in public health outcomes.

**Communications for Fund Raising:** As discussed in focus area analysis in Chapter 4, the quality of communications done for UNFPA BiH has been of high quality, but the UNFPA BiH CPAP 1 has primarily used marketing campaigns to raise donor and stakeholder awareness to generate fund raising opportunities rather than for the purpose of behaviour change communication. During the desk review, it became clear that there was a management decision early on to use communications for fund raising. For example, in the UNFPA BiH country annual report for 2010 it states, "UNFPA CO has invested huge efforts in raising UNFPA visibility and networking with the donor community in 2010 as an important part of the UNFPA profile raising campaign, and initiation of fund raising for the period 2011-2014. UNFPA BiH Communications Strategy was developed. A number of public events were organized with a high turnout of international organisations and donor representatives..." "Due to the previously relatively neglected PR of UNFPA CO BiH, a lot more needs to be done, although significant progress has been made in 2010. UNFPA CO BiH needs to strengthen public relations immensely. A separate budget should be allocated for

communications, including visibility items...” (See Pages 35 and 36. UNFPA BiH. 2010 Annual Report Bosnia and Herzegovina (50700). 2011)<sup>59</sup>.

## Section 7.2: Main recommendations

### Strategic level

**1. Increase staffing to permit engagement at local level: UNFPA BiH needs to move beyond State and Entity level to local-level engagement and this may require additional staff.** UNFPA BiH needs to re-engage with all pertinent ministries at State and Entity level and, where relevant, Cantonal level ministries, with care to restore close working relationships. UNFPA BiH needs to include implementing partners early on in the design of any proposed CPAP 2 project activities. This includes the establishment of a regular UNFPA presence in both Entities at minimum on a quarterly basis. There should also be a focus on most in-need areas at the local cantonal and municipal level which present characteristics that might be conducive to effective programming<sup>60</sup>. These would have to be selected jointly with other UN agencies to identify municipalities/areas where interventions should be prioritized and explore possibilities of cooperation (The upcoming UNDAF development could present a good opportunity for this). The achievement of this engagement at the local level will require additional staff and imaginative hiring approaches, such as the UN Volunteers program.

**2. UNFPA BiH should make a commitment to quality as its comparative advantage to support carefully selected best practices within each of three focus areas on a long-term basis.** UNFPA BiH should focus on activities that are sequenced as part of a planned process of strategic follow-up. UNFPA BiH should avoid tokenism in “one-off events.” For example, UNFPA should not continue to invite elderly and youth to round tables and other events unless UNFPA is a) serious about providing a genuine role for them at in the event and b) has concrete plans for useful and compelling follow-up activities.

### Programmatic level

#### Sexual and Reproductive Health:

**1. UNFPA BiH should support the implementation and monitoring of State and Entity Level SRH Strategies and Policies:** UNFPA should engage both the State and Entity level MOH to assess opportunities to assist in the monitoring and implementation of the SRH strategy and policy documents, especially for common themes across all three documents. In addition to the on-going CC screening activity and the implementation of recommendations for family planning stemming from the on-going family planning assessment, UNFPA BiH

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<sup>59</sup> In addition, the UNFPA BiH 2010 communications strategy, while it is a high quality document and well crafted, was entirely focused on public relations to increase the visibility of UNFPA BiH, with no attention given to behaviour change communication for client/beneficiaries (See UNFPA BiH. Communications Strategy 2010/2011. 2010).

<sup>60</sup> This is made with the caveat that UNFPA should not bypass the State and other constitutionally set governance structures.



should consider support for abortion reporting and post abortion counselling quality of care<sup>61</sup>, Youth Friendly SRH Services<sup>62</sup> and improved access to infertility services<sup>63</sup>.

**2. Support Y-Peer: UNFPA BiH should make a clear and unambiguous decision to support Y-Peer in 2013 and 2014 with well-defined deliverables and output indicators, subject to revision should there be a thorough Youth Assessment in 2013 or 2014.** In view of the relative inexperience of Y-Peer as an independent NGO, consider implementing this funding through the existing relationship with Partnerships in Health. Abandon further efforts with YAP until there is sufficient UNFPA staff time to adequately support this activity.

**3. UNFPA BiH should continue its support for RHCS:** It is urgent that an alternate, more strategic, locally-designed approach be implemented to counter reported anti-contraceptive media pressure to de-register hormonal contraceptives. UNFPA BiH should work with senior level stakeholders who are involved in the contraceptive regulatory and registration process. UNFPA BiH should strategically engage the pertinent institutions (AKAZ and State Agency for Pharma and Medical Commodities, State and Entity MOH, RS MFY&S) to overcome what has been described as a pronounced anti-contraceptive environment, especially toward hormonal contraception.

**4. UNFPA BiH should support the introduction of a male youth GBV SRH curriculum, Program M<sup>64</sup>, into the Ministries of Education in both Entities:** UNFPA should provide both financial support and technical support aimed at strengthening the SRH module for this curriculum. The evaluation team makes this recommendation on the basis of four key attributes of the curriculum that fit UNFPA BiH's core mandates: it is evidence-based with validated measures to assess impact, it addresses GBV among male youth at a crucial time in BiH transition from post-conflict, and it tackles both SRH and gender equality issues<sup>65</sup>. While this initiative appears to be fairly well funded in collaboration with CARE WBR, UNFPA should initiate a dialog to see if there are ways in which UNFPA has comparative advantage, such as support for and funding of a repeat of the next IMAGES Survey.

## **Population and Development:**

**1. UNFPA BiH should continue to support the development of a social policy for the elderly (SPFE).** The role of UN DESA offers a concrete opportunity for close alignment of

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<sup>61</sup> This might include support to develop budgeted implementation plans to fund AKAZ and the State and Entity MOH for a long-term (three-year) program to leverage the existing AKAZ Quality of Care Guidelines for Abortion to improve abortion reporting. Based on the outcome of the family planning assessment, consider follow-up with Tuzla Canton PHI to establish what the outcome of the training was, and possibilities for continuation.

<sup>62</sup> Based on the proposed Youth Assessment, UNFPA BiH might consider supporting best practice models for one or more centres in collaboration with other ongoing efforts to establish youth friendly medical services in BiH (D.M. Haller et al. YFHS-WHO+ Questionnaire: Validation of a Measure of Youth-Friendly Primary Care Services. *Journal of Adolescent Health* 2012).

<sup>63</sup> For example, in addition to CC screening, some respondents suggested a role for UNFPA in supporting improved access to in vitro fertilization services, starting with a review of Entity and Cantonal level health insurance fund policies.

<sup>64</sup> Program M stands for *Program Muški*, which literally translated means Male Program.

<sup>65</sup> This work has been ongoing for more than three years, adapting international approaches for working with young men to the local context of BiH (CARE International, 2012. *The Young Men Initiative: Engaging young men in the Western Balkans in gender equality and violence prevention: A Case Study*. Banja Luka, BiH: CARE International).

an SPFE with the MIPAA. UNFPA should build on the positive rapport established with the State and Entity level ministries to provide additional technical assistance, both for the SPFE as well as for the development of sound population policy. UNFPA BiH should complete the Elderly activities by 2014 with careful advance consultation to ensure inclusion of all pertinent ministries at State and Entity Level.

**2. UNFPA BiH should continue to support the development of a population policy with careful, pro-active inclusive advance planning with of all pertinent ministries and academic institutions with demographic expertise at State and Entity Level.** UNFPA needs to actively provide support on population demographic policy in a strategic manner through close collaboration with pertinent State and entity level ministries and academic institutions with strong demographic research capability. The PD team should initiate plans early, well in advance, on a consultative basis that ensures that BiH stakeholders are the drivers of the agenda. As part of this process, the Parliamentary Group for Population and Development should be reconvened more regularly and consulted during the CPAP2 Project development.

**3. UNFPA BiH should seek non-core funding to complete the YERP Phase 3 activity to install hardware and develop software for the proposed migration data base.** UNFPA BiH should build on the good will established by the YERP project to provide additional technical assistance based on consultation with the pertinent ministries, especially State, and Entity Level Institutes of Statistics. It should consolidate this good will by completing the third phase of the project, to install hardware and develop software for the proposed migration data base. Stakeholders have requested that UNFPA include them in planning for the next cycle of activities, which might include migration statistics data analysis or related issues.

**4. UNFPA BiH should use its role on the MICS Steering Group to proactively plan, negotiate and fund a more comprehensive set of SRH indicators for the MICS5.** UNFPA BiH should collaborate with the RH team to obtain a consensus on improved indicators with pertinent State and Entity level Ministries, with WHO, UNICEF, EC, and key stakeholder NGOs. Obtain long-term senior expert consultant support early on during CPAP 2 to include a more detailed pregnancy history, intended versus unintended pregnancy, comprehensive data on abortion, and sources of information and sources of obtaining methods of contraception, including EC. Ideally, this should be done on a regional basis for all MICS in the Balkan region to ensure the use of the same validated survey questions. In addition, work with pertinent BiH government and UN agencies to generate support for and resources to fund and field two additional representative surveys toward the end of the CPAP2: a repeat of 2013 GBV Prevalence survey, and a repeat of the 2011 Men and Gender Equality Survey<sup>66</sup>.

### **Gender Equality:**

**1. UNFPA BIH should continue to strengthen functioning of Referral Mechanisms by ensuring introduction of minimum standards of service provision throughout the BiH.** Future work on RMs should have stronger focus on ensuring creation of innovative solutions within the framework of minimal standards for referral mechanisms. Additional work is

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<sup>66</sup> In addition, collaborate in support of the GE team to work with pertinent BiH government and UN agencies to generate support for and resources to fund a Gender Barometer Survey. Also collaborate with the GE team to ensure that a GBV Prevalence survey is carried out under CPAP 2 in a manner compatible with the 2013 GBV Prevalence survey.

needed to ensure sustainability of RMs through development of M&E capacities at the local levels<sup>67</sup>.

**2. In order to ensure full functioning of the RMs UNFPA BiH should focus on strengthen institutional capacities for GBV at the local entity (through already established cooperation with entity level GCs) by building capacities of individual service providers (in particular in area of technical expertise of UNFPA: GBV, SRH and VAWG, involvement of men and youth in combating GBV).** In the next CP cycle support strengthening of individual institutional capacities to ensure and enable linkages to concrete service provision i.e. ensuring that the RM protocols are actually implemented. Link this work with the on-going work on Gender Responsive Budgeting at local levels to ensure financing of services and rights.

**3. UNFPA BiH should ensure that the future establishment of CRSV Mechanisms is building upon the existing systems of GBV Referral Mechanisms:** Work on establishing CRSV mechanisms should be closely related to supporting GBV referral mechanisms. Strengthen RMs to ensure they address the needs of women survivors of CRSV and avoid creation of parallel system just for CRSV survivors. The added value of UNFPA would be in promoting strengthening of the institutions and relevant RMs to ensure for provision of support and services for the CRSV victims<sup>68</sup>.

**4. UNFPA BIH should continue supporting GBV/VAW Prevalence and other Surveys in CP2:** UNFPA BIH should ensure follow up of the prevalence survey towards the end of CP2 cycle. This would enable further monitoring of GBV perceptions and changes in the trends<sup>69</sup>. The future surveys on GBV/VAWG prevalence should be enriched with data on SRH issues such as intimate partner violence and pregnancy and availability of and access to SRH services<sup>70</sup>. In addition, the GE team should cooperate with colleagues in PD and RH Focus areas to ensure the GBV prevalence has with relevant SRH issues included, and to ensure that Gender Barometer and IMAGES surveys are conducted in UNFPA BiH CPAP2.

#### Cross-Cutting Aspects

**1. Monitoring and Evaluation (M&E): As part of a commitment to outcome-oriented programming, UNFPA BiH should designate one staff person to work full time on M&E issues.** As discussed in Chapter 6, this M&E staff person would be responsible for ensuring that the next UNFPA BiH CPAP II implements outcome-oriented programming based on

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<sup>67</sup> As protocols for RM are established now in all 8 areas (including more LC than expected), the next CP should focus on strengthening of individual institutional capacities to ensure and enable linkages to concrete service provision; concrete steps to institute high quality monitoring systems for all referral mechanism based on existing best practices for M&E.

<sup>68</sup> As per AP for UNSR 1325 and CEDAW Committee, which requests the State party to protect women who were civilian victims of sexual violence during armed conflict<sup>68</sup> so that their rights and privileges are granted on the entire territory of Bosnia and Herzegovina and in a way that applies to civil victims of war and displaced persons (in order to prevent additional forms of indirect discrimination) UNFPA BiH should maintain its presence in this field, however with focus on strengthening of the institutions and relevant RM to ensure for provision of support and services for the CRSV victims and without creating additional parallel mechanisms.

<sup>69</sup> UNFPA BIH should ensure follow up of the prevalence survey towards the end of CP2 cycle. This would enable further monitoring of GBV perceptions and changes in the trends.

<sup>70</sup> Should the CRSV survey be undertaken in the future it should be focused on addressing and analysing gaps in existing service provision within the established RMs to inform further policy development and programming in this area.

existing outcome data with specified quantitative outcome targets based on MICS 4, the 2013 GBV Prevalence Survey and other available data, such as the 2011BiH IMAGES study. This would include explicit targets for improved contraceptive method mix, reduced VAW and improved youth gender attitudes as measured by 2011 Gender Equality Men attitude scales. This M&E staff person would provide support to national partners' capacity in terms of M&E systems, especially for Entity level SRH Strategy indicators. UNFPA should support government in monitoring and reporting on indicators for which they are responsible as a signatory of UN and other international conventions. The country office M&E system should place more focus on a sound and efficient procedures to track results and outcomes. A commitment to an outcomes approach could be achieved by setting baselines as well as annual targets in the CPAP2 at Outcome, Output and Activity level, and reporting on progress toward M&E framework indicators on a yearly basis. In addition, a logic model based on applicable theories of behaviour change should be developed to explain the link between the different levels and the contribution to the activities to outputs and outcomes.

**2. UNFPA BiH should revise its Communications Strategy.** UNFPA BiH communications activities have been of high quality but future communication campaigns should follow the results of UNFPA BiH programs and not precede them. UNFPA BiH should deemphasize the marketing its work and focus on communication campaigns to provide direct benefits to beneficiaries. The evaluation team supports the use of communications, however communication campaigns should be used after UNFPA BiH has accumulated hard data and evidence and has policies/strategic programmes in place. To do otherwise risks creating expectations without an ability to provide services to beneficiaries.

In future, media campaigns should be implemented after, rather than before a sector mapping and strategy design activity. Media campaigns should be budgeted with sufficient resources to permit representative replicable baseline data collection and a clear M&E plan with measurable pre-set targets for improvements in knowledge, attitudes and practice. It is especially important not to design media campaigns for behaviour change unilaterally, but to plan long-term in order to achieve a joint approach with other UN agencies and NGOs. This new approach should be launched with a national CC behavioural change communication campaign in collaboration with other UN agencies, such as UNICEF and WHO, that is closely tied to the final CC prevention strategy and is sufficiently well funded to permit meaningful baseline and follow-up measures to assess impact<sup>71</sup>.

**3. Improvements in Management: UNFPA BiH should develop a more rigorous accounting and budget planning process to improve budget and expenditure tracking.** UNFPA BiH can use improved budget planning to avoid forcing its implementing partners to complete activities purely for the purpose of disbursing UNFPA funds. In addition to better forward planning, this may require work with regional and global offices to find ways to increase flexibility in what seems to be a highly impractical budget disbursement system. UNFPA should increase accountability among implementing partners through the use of MOUs at the State and Entity Level.

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<sup>71</sup> These measures should be developed in a participatory manner through consultations with all CC screening stakeholders, informed by the recommendations of the technical consultant who has assisted in the development of the draft CC strategy document.

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## **Annex 1 Terms of Reference**

### **Terms of Reference (Final Draft 9 May 2013)**

#### **Evaluation of UNFPA BiH Country Programme Action Plan 2010-2014**

##### **Background**

UNFPA opened its Bosnia and Herzegovina (BiH) Country Office (CO) in 2000. Since then UNFPA has steadily increased its technical and financial assistance to BiH through its successive programmes of assistance.

UNFPA BiH is in its fourth year of implementation of its first official Country Programme (CP 1) 2010-2014, the goals of which are to support the BiH in its pursuit of meeting the goals of the ICPD POA and MDG's through the implementation of the United Nations Development Framework (UNDAF) 2010-2014.

UNFPA BiH focuses its assistance on three main areas: i) Population and Development; ii) Reproductive Health; and iii) Gender. The CP originally had five outcomes and eight outputs. The Country Programme chain of results is based on the UNFPA Strategic Plan 2008-2011(13) and UNDAF BiH 2010-2014. All original five outcomes and eight outputs of the Programme are directly linked and contribute to the UNFPA's Global Strategic Plan 2008-2011(13) outcomes as well as the national priorities outlined in the draft of Country Development Strategy, draft of BiH Social Inclusion Strategy, Youth Health Strategies of the Entities, as well as the State and Entity Strategies to Combat Domestic Violence. Following the Mid-term review of the UNFPA Strategic Plan 2008-2013, and guided by the revised global UNFPA vision and the revised programmatic focus, CPAP BiH was aligned to the new, revised SP outcomes and now contributes to four UNFPA SP Outcomes and has four CP outputs.

The Population and Development (PD) component contributes to the national priorities of good governance, including national capacity to use population data for planning and policy making, while the Gender programme focuses on contributing to institutional mechanisms to promote and protect the rights of women and girls and to advance gender equity. The revised Reproductive Health programme component is expected to contribute to the national priority of capacity-building in quality reproductive health, family planning and enhancing reproductive health and rights of population, particularly youth and women.

UNFPA support to programming in BiH has been expanding. UNFPA core resources annual allocations to the BiH Country Office for programming have been steadily increasing, from approximately 200,000 USD in the year 2000 to approximately 610,000 USD in 2012. Funding through non-core resources have markedly increased from 0, 00 USD annually in 2000 to almost 700,000 USD annually in 2012. A number of donors contributing to UNFPA BiH programming has been increasing, and now includes the Government of Norway with commitment of approximately 300,000 USD, MDG Spanish Achievement Fund, contributing approximately 450,000 USD, UNTF for Women, contributing approximately 500,000 USD, UN Action Fund, contributing approximately 250,000 USD etc.

Key Implementing partners under CP 1 have included The BiH Ministry of Human Rights and Refugees, the Gender Center of Federation of BiH, the Gender Centre of Republic of Srpska, NGO Foundation for Local Democracy, NGO Partnerships in Health, while UNFPA BiH partnered also with a number of various key stakeholders such as BiH Ministry of Civil Affairs, BiH Ministry of Security, BiH Agency for Statistics, BiH Gender Agency, Federal Ministry of Health, Ministry of Health of the Republic of Srpska, Institute for Statistics of the Federation of BiH, Institute for

Statistics of the Republic of Srpska and a number of other ministries and a number of NGOs active in the fields of youth, human rights of women etc.

## **Objectives and scope of the evaluation**

The paucity of reliable data in BiH has made monitoring and evaluation of previous UNFPA country programme initiatives a challenging task. As a consequence, the monitoring and evaluation of the previous programmatic initiatives has relied on sectoral or programme reviews rather than a full CP evaluation. In line with the UNFPA Evaluation Policy, which aims to reinforce accountability, oversight and enhance programme effectiveness, this evaluation intends to take stock of performance and actual achievements and provide independent recommendations for adjustments to the five-year Action Plan of the CP 1 (2010-2014) should such adjustments seem advisable, and basis for future UNFPA support in BiH. The evaluation also aims to provide an independent assessment of the future UNFPA country programmes and the continued role for UNFPA support in BiH in the context of support the Government in its commitments toward attaining the goals of ICPD and the MDGs.

The evaluation will focus on the outputs and outcomes achieved through the implementation of the CP to date. The evaluation should consider UNFPA's achievements since January 2010 against intended results and examine the unintended effects of UNFPA's intervention and the CP's compliance with UNFPA's Strategic Plan, as well as its relevance to national priorities and those of the UNDAF.

The evaluation will assess the extent to which the current CP, as implemented, has provided the best possible modalities for reaching the intended objectives, on the basis of results to date. The end-programme evaluation will provide recommendations for the five-year action plan of the CP 2 and sub-subsequent annual work plans and provide support for the design of future UNFPA operations in BiH.

The scope of the evaluation will include an examination of the relevance, effectiveness/coherence, efficiency, and sustainability of the current CP, and reviewing the country office positioning within the development community and national partners in order to respond to national needs while adding value to the country development results. In addition, the evaluation should provide feed-back regarding the contribution of CP to BiH's efforts to attain the goals of the ICPD and Millennium Development Goals (MDGs).

The main audience of the evaluation is the UNFPA CO and BiH counterparts. Both entities will benefit from findings, conclusions and recommendations aimed at improving CP 2 during its planning and implementation, and establishing guidance for future programming.

In addition, the UNFPA EECA RO/DOS will benefit from the evaluation process and resulting report. Accordingly, the report will cover relevant information on progress in terms of stated objectives, feed-back on the sustainability of current programme of assistance, and advice on the nature of future programme activities.

## **Evaluation Questions**

The analysis of results will identify challenges and strategies for future country programme interventions. A core set of criteria shown below will be applied in assessing the results (indicative evaluation questions identified below to be finalized during the Evaluation Desk Phase):

### **1. Results by focus area**

#### **Relevance**

The evaluation will assess the extent to which the objectives of country programme intervention are adapted to national needs, and are aligned with government priorities as well as programme policies and strategies of UNFPA

- How relevant was the CP to: a) the needs of target population, and b) national needs and priorities? of
- Has UNFPA applied the right programming strategy, (e.g. focusing on advocacy with key stakeholders, including the BiH Parliamentary Group for Population and Development, and being aware of the absence of the country level Committee for Population and Development) within the specific political, economic and social context of the country?
- How well did the CP's design respond to and reflect the current and future challenges and trends in the BiH context? Is there any critical gap in country programming?
- Were gender, equity and human rights dimensions effectively incorporated into the CPs design?
- Within the current institutional and policy context, advocacy on population issues is a challenging issue and the evaluation should examine the effectiveness of current approaches, focusing on advocacy with key stakeholders, including the BiH Parliamentary Group for Population and Development, and being aware of the absence of the country level Committee for Population and Development and make recommendations regarding the appropriate future mechanisms for support to this area of advocacy and programming.

### **Effectiveness**

The CP evaluation will examine the degree of achievement of the core programme outputs and progress made toward achieving programme outputs and outcomes given the changes in the global and national policy environment and identify reasons for this progress and/or discrepancies between plans and achievements.

- Were the CP's intended outputs and outcomes achieved? If so, to what degree?
- To what extent has the country programme contributed to i. increasing access to and utilization of quality family planning services, ii. improving access to SRH services and sexuality education for young people
- To what extent has the country programme contributed to strengthening national capacity to address gender based violence and conflict related sexual violence?
- To what extent are population data taken into account in developing the BiH population policy and social policy framework for elderly?
- What was the intervention coverage – were the planned geographic areas and target groups successfully reached?
- What were the constraining and facilitating factors and the influence of context on the achievement of results?

### **Efficiency**

- Were the outputs achieved reasonable for the resources spent?
- What was the quality of output and outcomes achieved in relation to the expenditures incurred and resources used?
- What was the timeliness of inputs; timeliness of outputs?
- To what extent were resources focused on a limited set of activities likely to produce significant results?

### **Sustainability**

- To what extent has UNFPA BiH been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?

- To what extent has national capacity been developed so that UNFPA BiH may realistically plan progressive disengagement?
- To what extent to has the CP responded to the aid effectiveness agenda and sector reform initiatives and identify future opportunities and entry points to advance the CP through enhanced harmonization, alignment and national ownership.

### **Strategic Positioning of BiH Country Programme**

The evaluation will assess the strategic positioning of UNFPA BiH in the country, both from the corporate perspective and the development priorities of the country. This will entail a set of analysis:

1. An analysis of the place and niche of UNFPA BiH programme within the development and policy space in BiH;
2. An analysis of the strategies used by country office to strengthen the position of UNFPA in the country's development space to create a strategic position for the organization in its core focus areas;
3. An analysis of the policy support and advocacy initiatives of UNFPA BiH country programme vis-à-vis other stakeholders. These are mainly from the perspective of the planned results of the country programme.

The evaluation will analyze a core set of criteria related to the strategic positioning of UNFPA, as shown below (indicative evaluation questions identified below to be finalized in the Desk Phase and methodology component of the exercise):

- Alignment:
  - To what extent is the country programme aligned with UNFPA Strategic Plan?
  - How is the UNFPA CO aligned with the UN strategic framework (UNDAF)?
  - How has UNFPA been effectively working together with other UN partners in BiH?
  - To what extent to have the CP responded to the aid effectiveness agenda and sector reform initiatives and identifies future opportunities and entry points to advance the CP through enhanced harmonization, alignment and national ownership.
  -
- Responsiveness:
  - To what extend did UNFPA anticipate and respond to significant changes in the national development context within its 3 core focus areas?
  - What were the missed opportunities in UNFPA programming?
- Added Value:
  - The extent to which the BiH country programme adds benefits to what would have resulted from other development actors' interventions only.

In addition to the evaluative criteria noted above, the evaluation team shall also assess the extent to which UNFPA's programs have integrated gender as a cross-cutting theme and promoted gender equity and gender sensitivity.

### **Evaluation methods**

The evaluation will be based on a) the review of documents including strategic plan/Multi-year Funding Framework, UNDAF, Country Programme Documents, Country Action Plan, AWP, standard progress reports, annual country office reports, MTR report, National Strategic Development Plan 2006-2010 and its MTR reports sector plans and their progress reports; b) site visits to UNFPA targeted areas (x number of locations, to be determined in the inception report); and c) interviews with stakeholders including national counterparts, implementing partners and development partners and

target beneficiaries. It is expected that the selection of provinces will be done in consultation with stakeholders and based on the agreed criteria.

The collection of evaluation data will be carried out through a variety of techniques that will range from direct observation to informal and semi-structured interviews and focus/reference groups, where feasible.

The analysis will build on triangulating information obtained from various stakeholders' views as well as with secondary data and documentation reviewed by the team.

The evaluation will follow the principles of the UN Evaluation Group's norms and standards (in particular with regard to independence, objectiveness, impartiality and inclusiveness) and will be guided by the UN ethics guidelines for evaluators. Evaluations for UNFPA are to be conducted legally, ethically, and with due regard for the welfare of those involved in the evaluation, especially women, children, and members of other vulnerable or disadvantaged groups, and in accordance with the UNEG's *Ethical Guidelines for Evaluation*, at [www.unevaluation.org/ethicalguidelines](http://www.unevaluation.org/ethicalguidelines).

### Evaluation Process

The process will be divided in four phases, each including several steps.

#### **Phase 1: Preparation and desk phase (home based)**

*Desk review* – The evaluation team in collaboration with the CO will identify and collect all relevant documents and data (primary and/or secondary) required for this evaluation.

*Stakeholder mapping* – The evaluation team will prepare a basic mapping of stakeholders relevant to the evaluation.

The mapping exercise will include state and civil-society stakeholders and go beyond the partners of UNFPA and will also indicate the relationships between different sets of stakeholders. This will work as a basis of drawing sample of stakeholders for data collection.

*Development of a concrete plan* in conducting this evaluation in consultation with the CO staff, including selection of data collection methods, selection of interventions for field visits and addressing logistical issues.

**Phase 1 output: Inception report.** The report will present the evaluation design, which encompasses the stakeholders mapping, evaluation questions and methods to be used, information sources and plan for data collection, including selection of project/field sites for visits, and design for data analysis.

#### Phase 2: Data collection phase (in country)

A mission of three weeks to the country will be undertaken line with the inception report to collect data for this evaluation

**Phase 2 output:** Presentation on preliminary findings to CO and validate the preliminary thoughts

#### **Phase 3: Drafting the Evaluation Report**

The information collected will be analyzed and the *draft evaluation report* will be prepared by the evaluation team within 4 weeks after the departure of the team from the country. The draft report will be submitted by the evaluation team

*Review* – Once the draft report has undergone quality assurance, it will be subject to a formal review process.

This process entails: a review by evaluation reference group focusing on factual errors and/or omissions and/or errors in interpretation. The Team Leader has the overall responsibility to address these comments in the finalization of the report.

**Phase 3 output:** The draft evaluation report

#### **Phase 4: Dissemination and Follow-up**

Management Response – the country office will prepare a management response to the evaluation recommendations in line with UNFPA evaluation procedures.

Communication and dissemination – The evaluation report will be shared with Regional Office and Division of Oversight Services at UNFPA headquarters. The evaluation report will be made available to UNFPA Executive Board by the time of approving a new Country Programme Document in 2014. The report and the management response will be published on the UNFPA website.

**Phase 4 output:** Approved management response

#### **Ethics**

The evaluation will be conducted in accordance with the principles outlined in the UNEG “ethical guidelines for evaluation”. Ethical consideration should include:

- Respect to local customs, beliefs and practices; respect to people’s right to provide information in confidence and ensuring that sensitive information cannot be traced to its source;
- Informing interviewees in advance on what the interview ground rules are and obtaining their informed consent for participation;
- Right to privacy and minimizing demands on time of the people participating in evaluation

To avoid conflict of interest and undue pressure, evaluators need to be independent, implying that members of an evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interest and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.

#### **Work Schedule and arrangements**

The evaluation is expected to be completed within 36 working days. The first tasks will include a briefing of the evaluation team at the CO and internal discussions among the evaluators on methodologies and tools. The evaluators will undertake background reading and research (including policies, strategy and programme documents, AWP, progress reports annual country office reports) for 2 weeks, and prepare an inception report to agree on design of the tools and methodology (1 week) to conduct the evaluation before travelling to the field.

The in-country evaluation process will commence in the capital, Sarajevo, and then proceed to the field visits, (in selected communities). The focus will be on visiting implementing partners, various ministries at the country and community levels, sites of GBV referral mechanisms, CSOs supporting implementation of the rights of women survivors of CRSV, members of various large projects steering

committees etc., which will provide an opportunity for interaction with target beneficiaries as well as other relevant stakeholders.

The team will return to Sarajevo for final interviews and for the drafting and presentation of a draft report, which will be disseminated to stakeholders for feedback and comments (approximately 2 weeks). A debriefing meeting will be organized for consultation with relevant stakeholders and disseminations of preliminary findings and recommendations at the end of the evaluation mission in BiH before the departure of the ICTL. Subsequently, the International Consultant/Team Leader will then produce a full final report, with inputs from team members. The report will then be finalized and submitted to UNFPA. The final product should be submitted no later than the 8.5 weeks from the commencement of the evaluation.

The evaluation team shall have no conflict of interest or any connection to the design, planning, or implementation of the current or upcoming country programme. Any such conflict should be brought to UNFPA's attention immediately.

### **UNFPA Support**

Overall guidance will be provided by the UNFPA Representative and technical supervision by the UNFPA EECA RO M&E Advisor. Evaluation will be managed and coordinated by the UNFPA Evaluation Manager (CO BiH Programme Analyst for M&E, PD and GE); UNFPA CO will provide the evaluation team with all the necessary documents and reports and refer it to web-based materials. An assistant consultant will be assigned as the evaluation team's member to provide support in terms of gathering documentation, assisting with drafting of the documents as assigned by the ICTL and providing secretarial and logistical support to ICTL as required. UNFPA Evaluation Manager will liaise with the UNFPA programme staff to ensure that the thematic component reports are provided to the evaluation team as these are critical inputs to the programme evaluation. UNFPA management and staff will make themselves available for interviews and technical assistance as appropriate. The CO will also provide necessary additional logistical support in terms of providing space for meetings, and assisting in making appointments and arranging travel and site visits, in situations where assistant consultant and ICTL may need some support of this kind. Use of office space and computer equipment may be provided if needed but this will need to be discussed further due to limited availability.

The UNFPA Eastern Europe and Central Asia Regional Office (EECA RO) will provide support at several stages. At the preparatory stage, the tools for assessment will be reviewed and approved by the Country Office (in consultation with EECA RO). Consultations will be undertaken during the course of the evaluation/key evaluation stages to provide inputs and validate findings; provide inputs during the briefing and debriefing sessions; and review the draft reports. EECA RO team will provide a combination of on-site and off-site support.

### **Team composition**

The evaluation will be carried out by a team consisting of **an International Consultant/Team Leader (ICTL), one gender expert (GE)** and one **evaluation assistant (Assistant)**.

It is envisaged that the **ICTL** will have technical expertise in at least one area among the programme component of Reproductive Health, Population and Development, or Gender. The **ICTL** shall be responsible for ensuring the timely completion of all deliverables, including a final evaluation that meets or exceeds all of UNFPA's Evaluation Quality Standards, which the country office will provide to the evaluation team. **ICTL** will have a lead role in the team, in technical and organizational sense.

**GE** will provide substantive inputs into the evaluation processes, including through participation at methodology development, meetings, interviews, analysis of documents, briefs, comments, as advised and led by the **ICTL**. The **GE** will be responsible for analysis of programmatic results from the perspective of gender equality, and including gender mainstreaming assessment to the extent possible. The modality of work of **GE** in the sense of participation at interviews/meetings and technical inputs



and reviews of the inception report, draft evaluation report and final evaluation report will be agreed by the **ICTL** and will be done under his/her supervision and guidance. Deliverables of the GE will be the same as the deliverables of **ICTL** (to be outlined below).

The assistant, led by **ICTL**, will collect information, schedule meetings, assist with interviews, provide secretarial, organizational and logistical support to the evaluation team, primarily as advised by **ICTL**. The assistant will translate at meetings where needed and will provide translations of short texts up to two pages in length for the **ICTL**. The assistant may be required to contribute in producing short summaries of various documents, and will take notes at meetings where required. The assistant will be in charge of updating the contacts list, if required upon receiving the initial stakeholders list from UNFPA. The assistant will not be required to contribute to evaluation processes technically and substantively.

The **ICTL** will be an international expert in monitoring and evaluation of development programmes with:

- At least 15 years of experience in the field of programme development and management
- Familiarity with UNFPA's work and mandate
- Good knowledge of effective capacity development and aid effectiveness
- Knowledge and experience in conducting evaluation
- Experience in the Eastern Europe and Central Asia Region (EECA) preferred
- Good management skills and ability to work with multi-disciplinary and multi-cultural teams
- Excellent writing skills in English

The assistant will have the following criteria (*Please refer to the ToR for National Consultant*):

- At least five years experience in assisting in conducting research and/or evaluation or conducting related tasks.
- Good background in at least one of the programme components – RH, population and development or gender)
- Familiarity with UNFPA's work and mandate
- Good analytical ability and writing skills in English
- Strong interpersonal skills and ability to work in a multi-cultural team

#### **Specific Outputs of the International Consultant (Deliverables)**

The **ICTL** will assume overall coordination and evaluation of the UNFPA CP evaluation and will provide appropriate guidance and support to the GE, accompanying her/him to all stakeholder meetings if necessary and providing other support as required. The **ICTL** in consultation with the Evaluation Manager (UNFPA Programme Analyst for M&E, PD and GBV) and inputs from the assistant and GE will be responsible for the following tangible outputs at an acceptable level of quality and in a timely manner:

- Inception Report
- Draft the CPE Report and compile inputs from the National Consultants following the standard evaluation approach and methodology for the CPE.
- Final CPE report

**1. Inception Report:** The **ICTL, supported by GE and assisted by Assistant** shall commence the assignment on 08 May 2013, and within three weeks of award of contract, the evaluation team shall submit an electronic copy of a draft inception report to UNFPA. The inception report should include a work plan specifying methodological and organizational aspects of its work, including any provisions for needed, meetings, interviews, travel, formal events of consultations etc., as well as the necessary working days foreseen for key components of the work plan. The inception report provides an opportunity for UNFPA and the evaluation team to ensure that their interpretations of the TOR are mutually consistent. The evaluation manager, in partnership with UNFPA CO BiH management and EECA RO, will review and approve the report, which will serve as an agreement between UNFPA and the evaluation team about how the evaluation will be conducted. This inception report shall:

- Explain the evaluation team's understanding of what is being evaluated and why;

- Describe the team’s strategy for ensuring the evaluation’s utility and applicability to the needs of UNFPA and those of key stakeholders;\*
- Describe the evaluation team’s plans to engage and involve these stakeholders in the design (e.g., questions, objectives, methods, data-collection instruments), data collection, data analysis, and development of recommendations;\*
- Explain how the evaluation questions will be addressed with respect to all evaluative criteria indicated above by way of proposed methods, evaluation designs, sampling plans, proposed sources of data, and data-collection procedures;\*

*Note: The evaluation team is encouraged to suggest refinements to the TOR and to propose creative or cost- or time-saving approaches to the evaluation and explain their anticipated value.*

- For each of the evaluative criteria, describe the measurable performance indicators or standards of performance that will be used to assess progress toward the attainment of results, including outcomes; \*
- - Discuss (a) the limitations of the proposed methods and approaches, including sampling, with respect to the ability of the evaluation team to attribute results observed to UNFPA’s efforts especially when there is no consideration of a valid counterfactual and (b) what will be done to minimize the possible biases and effects of these limitations;\*
- Explain the team’s procedures for ensuring quality control for all deliverables;
- - Explain the team’s procedures to ensure informed consent among all people to be interviewed or surveyed and confidentiality and privacy during and after discussion of sensitive issues with beneficiaries or members of the public;\*
- - Explain how the evaluation will reflect attention to and mainstreaming of gender concerns and identify the member of the evaluation team who will be responsible for doing so;\*
- Indicate familiarity with and agreement to adhere to (a) the requirements of the *Standards for Evaluation in the UN System*, especially standards 4.1 through 4.18 and (b) UNFPA’s Evaluation Quality Standards, which will be provided to the evaluation team; and
- Provide a proposed schedule of tasks, activities, and deliverables consistent with this TOR.

*Note: Items marked with an asterisk should also be discussed in the evaluation report.*

**2. Draft evaluation report:** The ICTL shall draft and submit an electronic copy of a draft evaluation report to UNFPA no later than 16 June

**3.** The draft report should be thoroughly copy edited to ensure that comments from the UNFPA and other stakeholders on content, presentation, language, and structure can be reduced to a minimum.

**3. Final report:** After UNFPA’s and stakeholders’ review of the draft report, the evaluation manager of UNFPA office will provide written comments to the evaluation team. Based on these comments, the team shall correct all factual errors and inaccuracies and make changes related to the report’s structure, consistency, analytical rigor, validity of evidence, and requirements in the TOR. The team will not be required to make changes to conclusions and recommendations unless they are regarded as qualitative improvements. After making the necessary changes, the evaluation team will submit a revised draft evaluation report, which may lead to further comments from UNFPA. After the second round of review and, if necessary, further revision to the draft evaluation report, the evaluation team can then submit the final report pending UNFPA’s approval.

The final report will follow an agreed outline and format based UNFPA Evaluation Guidelines and should not exceed 40 pages, excluding annexes. The report should capture and describe UNFPA involvement of key stakeholders in the CP. It should include a clear, concise, stand-alone executive summary that includes:

- A summary of evaluation findings
- - A summary of actionable recommendations
- Recommendations tracking matrix/management response matrix (maximum 2000 words, with the management responses). Ideally, the number of key recommendations should not exceed a dozen, although additional subsidiary recommendations may be contained in the full final report.

At a minimum, the final report shall contain the following annexes:

- List of persons interviewed (if confidentiality permits) and sites visited; - Data-collection instruments (copies of surveys, questionnaires, etc.);
- - A bibliography or list of references; and
- - The TOR for the evaluation.

UNFPA will provide the evaluation team with a recommended outline for the final report. All deliverables must be in English.

As noted above, the deadline to receive the final evaluation report is 8 weeks after the commencement of the contract. In addition to the above, a short (max. 5 pages) note should be produced for debriefing purposes and provided to the UNFPA Representative at debriefing.

**4. Evaluation brief:** a brief summary report not exceeding two pages shall provide a quick overview of the overall country programme evaluation may contain the following:

1. Context/background information
2. Development challenges
3. Main conclusions:
  - capturing key choices in programming and strategic focus
  - micro linkages in programming
  - implementation modality
  - Key recommendations

Evaluation schedule Activities	Timeframe	Nr. Of working days	Place	Responsible parties
Desk review and preparations for initial BiH evaluation mission	08 – 14 May 2013	7	Home-based	All team members
Inception report mission, including meetings with ERG, interviews, drafting of the inception report and the design of the schedule and evaluation methods	15-21 May	5	Sarajevo, and possibly other sites in BiH	Primary responsibility lies with the International Consultant/Team Leader, GE will provide technical input, assistant should provide organizational support
Preparation for evaluation mission (pre-test instruments, final schedule etc.)	22 May-24 May	3 days	BiH: Sarajevo, and possibly other sites in BiH	Primary responsibility lies with the International Consultant/Team Leader, GE will provide technical input, assistant should provide organizational support
<i>UNFPA review and comments on the inception report and instruments and preparation for evaluation</i>	27-31 May	-	BiH	UNFPA
Evaluation mission (NB: At the end of the mission, the evaluation team will make a presentation of preliminary findings and draft recommendations to senior management and reference group)	2 18 June	14	BiH	Primary responsibility lies with the International Consultant/Team Leader, GE will provide technical input, assistant should provide organizational support
Completion of the first draft evaluation report	By 24 June	4	Home-based	All evaluation team members
<i>UNFPA review and comments on the first draft report</i>	24 June – 5 July	-	BiH	UNFPA
Finalization of final draft of evaluation report, following feedback from UNFPA and counterparts, within 3 day of comments from ERG	By July 10 or within 3 days of comments from ERG	3	Home-based	International Consultant/Team Leader

**Consultations** UNFPA emphasizes meaningful stakeholder involvement in its evaluations. Such involvement can include participating in design (questions/objectives, methods, data collection instruments), collecting data, analyzing data, or developing recommendations, and other roles as appropriate for the evaluation. Participation in surveys or interviews is not the same as meaningful and effective stakeholder involvement.

#### Payment of Consulting Fees

Payment of the Consulting Team will be made in three tranches, as follows:

1. First Payment (20 percent of total) – Upon UNFPA’s approval of inception report (detailed evaluation design)
2. Second payment (40 percent of total) – Upon the submission of the first draft; and
3. Third payment (40 percent of total) – Upon UNFPA’s acceptance of the final evaluation report.

**Annexes**

1. UNFPA Department of Oversight (DOS) evaluation quality standards
2. List of key documents /background materials for CP evaluation

## Annex 2: Evaluation Site Visit Schedule

Evaluation Report Mission Appointment Calendar for II Evaluation Phase\_Final 21 June 2013

Final Schedule Framework

### Implementation Mission of UNFPA CPAP 2010-2014 Evaluation 03-19 June 2013

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>June 3</b>	<b>June 4</b>	<b>June 5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<p><b>First week in SA</b> <b>Briefing Meeting w UNFPA and ERG 9-10:30h</b></p> <p>Meeting w RCO's HiV/AIDS Advisor Mr. Mirza Musa <b>SRH</b> 10:45-11:45h</p> <p><b>Meeting w UNICEF (Ms. Sabina Zunic, Mr. Paolo Marchi, Ms. Ms. Selena Bajraktarevic) 12:00-13:00h PD, GE/SRH</b></p> <p>Meeting w Head of UN Women Ms. Amna Muharemovic <b>GE</b> 13:30 -14:30h</p> <p><b>Meeting w UN RC/RR Mr. Yuri Afanasiev ALL FA 14:45 – 15:45h</b></p> <p>M w UNFPA Ms. Nela P.I./Mr. Samid S./Ms. Danijela A./Ms. Majda P. <b>GE</b> 16:00-17:00h</p> <hr/> <p><b>31/05</b> <b>Evening skype call with UNFPA's Ms. Sara Calkic SRH (on Friday 31/05) 18h</b></p>	<p><b>Meeting w UNFPA Country Director Ms. Doina B. 9-10h</b></p> <p>M w WB – Mr. Goran Tinjak <b>SRH</b> 10:30-11:30h</p> <p><b>M w FLD Director Ms. Jasmina Mujezinovic, Ms. Selma Begic 13:15-14:15h GE</b></p> <p>M w BiH MoCA, Ass. M. Ms. Drazenka Malicbegovic (ERG) and Mr. Dalibor Pejovic <b>PD/GE/SRH</b> 14:30-15:30h</p> <p><b>M w Mr. Zeljko S./Ms. Danijela A./Ms. Nermina V.H. PD 15:45-16:45h</b></p> <p>M w M. Adi Kalasevic (former UNFPA staff) <b>SRH</b> 17 -18h</p>	<p><b>M w BiH MoHRR, Ass. M. Ms. Saliha Dzuderiya (ERG- also as trainee in UNFPA sponsored training on M&amp;E in Canada) GE 9-10:30h</b></p> <p>M w Gender Centar FBiH-Direct. Ms. Ana Vukovic, Ms. Ane Jaksic, Mr. Zlatan Hrnčić <b>GE</b> 10:45-11:45h</p> <p><b>M w Partnerships in Health Ex. Direct. Ms. Aida Kurtovic, Mr. Haris Karabegovic SRH 12:00– 13:00h</b></p> <p>M w FBiH MoLSP, Mr. Milan Mauhar <b>PD/SRH</b> 13:30-14:30h</p> <p><b>M w CRSV Consultations group for design of program framework Ms. Alma Deverovic-Espek, Ms. Selma Korjenic (not part of WG, but monitored group as NGO), Ms. Bakira Hasecic, Ms. Marina Bera (FBiH MoH) CRSV 15-16h</b></p> <p>M w Ms. Majda P. UNFPA <b>16:15 -17:15h SRH</b></p>	<p><b>M w Green Line Employees (Ms. Nermina Socivica-Salihbegovic and Ms. Natasa Mujkanovic) – also meeting with women trainees of Green Line (Ms. Adnela Softic, Ms. Fata Granulo, Ms. Edina Velicanin, Ms. Velida Mancic) GE 9-10:30h</b></p> <p>M w BH Agency for Gender Equality Director Ms. Samra Filipovic H., Mr. Zlatan Kadribasic, Ms. Kika Babic-Svetlin <b>GE</b> 10:45-11:45h</p> <p><b>M w BiH MoS, Mr. Faruk Arslanagic PD 12:15-13:15h</b></p> <p>M w FBiH AKAZ Agency for Healthcare Quality and Accreditation, Dr. Ahmed Novo (Director) <b>SRH</b> 13:45-14:45h</p> <p><b>RS Center Self help-NGO “Budućnost” Modriča and Men’s Center Modriča (unit within NGO “Budućnost”) Direct. Ms. Gordana Vidovic GE (tel. conference call) 15:15-16:15h</b></p> <p>M w UNFPA Country Director Ms. Doina B. 16:30 – 17:30h</p>	<p><b>M w BiH Stat, Ass. Direct. Slavka Popovic, Ass. Direct. Fadil Fatic, Ms. Aida Kondo (Statistician), Ms. Nora Selimovic (Head of Dep.) PD 9-10:00h</b></p> <p>M w FBiH Ministry of Health - Dr. Zlatko Cardaklija (SRG and Rights Policy) <b>SRH</b> 10:30-11:30h</p> <p><b>M w Delegation of EU Commission (Ms. Natalia Dianiskova, Head of Operations Section 3: Soc Dev, CSs, Boarder Cooper.) DA 13:30-14:30h</b></p> <p>M w Technical School BL (Ass. Director Dragica Mladenovic <b>GE</b> (tel. conference call) <b>15:00 -15:45h</b></p> <p><b>Bihac’s Ref. Mechanism Coord. Board President Ms. Jasna Topic GE 16:00-16:50h</b></p> <p><b>M w NGO Zar Director Ms. Nafa Dizdarevic and Elderly Cente Beneficiaries: Ms. Ifeta Nezirevic, Ms. Boloban Hasa, Ms. Dzemila Bacevac, Ms. Jelena, Ms. Mirsada Kovacevic PD 17:00 -18:00h</b></p> <p>M w FBiH Ministry of Health - Ass. Min. Ms. Aida Pilav <b>SRH</b> 18:30h</p>	<p><b>Document Review Data Synthesis</b></p> <p>M w YAP members – <b>SRH</b> 12-13:30h</p> <p><u>Participants:</u> Adnan Imamovic, Irma Beganovic, Ena Kunic</p>	<p><b>Document Review Data Synthesis</b></p> <p>Departure to Bihac at 16h</p>

**Implementation Mission of UNFPA CPAP 2010-2014 Evaluation 03-19 June 2013**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>June 10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>
<b>Bihac</b>	<b>BL</b>	<b>BL</b>	<b>RS BL/PR</b>	<b>SA</b>		
<p><b>Meetings with Ref. Mechanism counterparts UNA-SANA Canton GBV 11-12:30h</b></p> <p>M w Bihac Y Peer Educators (Nermina Masinovic, Almir Saracevic <b>SRH</b> 14:30-16:00h</p> <p><b><u>Departure to Bosanska Otoka at 16h</u></b></p> <p>M w Mr. Samir Halilovic (Democratic Centre "Nove Nade"-Info Centre)</p> <p><b>M w Y Peer- youth (beneficiaries of the Centre - Bosanska Otoka) SRH 17:30-19:30h</b></p> <p><u>Departue to BL at 19:45h</u></p> <p><b><u>Night in BL</u></b></p>	<p><b>M w NGO MIRUPENG Director Mr. Goran Bosancic and beneficiaries of Centre PD 12:30 -13:30h</b></p> <p>M w RS Institute for War Crimes - Mr. Milicevic Predrag and Ms. Vesna Celic <b>CRSV</b> 14:00-15:00h</p> <p><b>M w Peer to peer educators. Mr. Jovan Janjic and Ms. Dijana Odobasic NGO "Zdravo Da Ste" - Info Centre Banja Luka SRH 17:00-18:00h</b></p> <p>M w Y Peer-youth/beneficiaries BL Info Centre <b>SRH</b> 18:00-19:00h</p> <p><b><u>Night in BL</u></b></p>	<p><b>M w RS ASKVA Dr. Sinisa Stevic (Agency for Certification, Accreditation and Improvement of Quality of Health Care) SRH 9-10h</b></p> <p>M w RS Ministry of Health and Social Protection, Ass. M. Dr. Amela Lolic, Ass. M. Dr. Milan Latinovic (SRH Policy and M&amp;E, ERG), Phd.sci. Ljubo Lepir, Dr. Marina Galic (Cancer Mapping, Minimum Initial Service Package) <b>SRH</b> 10:30-12:00h</p> <p><b>M w RS Public Health Institute – Ms. Sladjana Siljak (Cancer Mapping) SRH 12:30-13:30h</b></p> <p>M w RS Gender Center Ms. Spomenka Krunic (Director), Ms. Jelena Milinovic, Ms. Tijana Arambasic Z. <b>GE</b> 13:45-15h</p> <p><b><u>Night in BL</u></b></p>	<p><b>M w RS Ministry of Family, Youth and Sports, Ass. M. Ms. Slavica Kupresanin (Popul. policies and Social Policy for Elderly) PD 9-10h</b></p> <p>M w 4 individuals from WG on migration statistics and WG on census from RS Institute of Statistics Mr. Mladen Radic, Mr. Rajko Vranjes, Dep. Direct. Mr. Radosav Stevanovic, GE Expret Ms. Aleksandra Zec <b>PD</b> 10:15 -11:30h</p> <p><b>M w BiH Agency for Pharmaceuticals and Medical Commodities, Direct. Ms. Natasa Grubisa, Ass. Director for Pharma Ms. Biljana Tubic SRH 13:30-14:30h</b></p> <p>M w NGO Perpeto Mobile (Ms. Danka Bozic, Exec. Director Mr. Ilija Trninic, Ms. Bojana) <b>SRH, GE</b> 15:00-16:00h</p> <p><u>Departure to Sarajevo 16:15h.</u></p>	<p><b>M w PGPD Secretary Phd sci. Mr. Zijad Hasic SRH 9:15-10:15h</b></p> <p>M w 3 individuals from WG on migration statistics and WG on census from FBiH Inst. of Stat. Ms. Samija Muhic and Ms. Hidajeta Colovic; BiH MoHRR Ms. Ana Judi <b>PD</b> 11-12:30h</p> <p><b>M w WO "Lara" Bijeljina (telephone conference call) GE 13:00 -14:00h</b></p> <p>M w Green Line School Director Ms. Dika Kurtagic and Ms. Elida Tahmaz "Primary School Silvije Strahimira Kranjcevic, SA) <b>GE</b> 14:15-15:15h</p> <p><b>M w FBIH Institute of Statistics, Director Ms. Hidajeta Bajramovic and Ms. Hidajeta Colovic PD</b></p>	<p><b>Document Review Data Synthesis Draft Report</b></p> <p>Skype M w Ms. Zeljka Mudrovic (former UNFPA BiH staff) 9:00h</p>	<p><b>Document Review Data Synthesis Draft Report</b></p>

**Implementation Mission of UNFPA CPAP 2010-2014 Evaluation 03-19 June 2013**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			arrival 19:30h	15:45-16:45h		
<b>June 17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>		
<p align="center"><b>SA/GO/MO/SA</b></p> <p><u>Departure to Gorazde at 8:25h, arrival 09:55h</u></p> <p><b>M w Ms. Emina Fejzic (President of Coord. B. for Ref Mech.) and meeting with Ref. Mechanism Counterparts</b> <b>GE</b> <b>10:00-12:00h</b></p> <p>M w UNFPA BiH Ass. Rep. Mr. Faris Hadrovic 18:00-19:00h</p>	<p align="center"><b>SA</b></p> <p><b>M w Dr. Nenad Babic, Executive Director of the RS Fund for Health Insurance and National Coordinator for Health (tel. conference call) SRH</b> <b>9:15-10:00h</b></p> <p>M w Country Direct. Ms. Doina B., Mr. Thomas 10:00 – 10:30h</p> <p><b>M w NGO Foundation Fami, Mr. Eldin Fisekovic, Ms. Ana</b> <b>10:40-11:45h SRH</b></p> <p>M w Mr. Mirza Emirhafizovic (Faculty of Pol Sci., SA), Ms. Aisa Telalovic (BiH MoHRR) <b>PD</b> 12:00 -13:00h</p> <p><b><u>Debriefing Meeting with UNFPA Team and ERG (2<sup>nd</sup> Floor Conf Room)</u></b> <b><u>15:30-16:30h</u></b></p>	<p align="center"><b>SA</b></p> <p><b>M w FBiH Public Health Institute - Dr. Zeljko Ler (Director), Dr A. Ramic-Catak</b> <b>SRH</b> <b>10:00-11:00h</b></p> <p>M w Ms. Gabrijela Jurela (former UNFPA staff) <b>GE</b> 11:30 – 12:30h</p> <p><b>Sam Clark Departure</b></p>	<p align="center"><b>Skype conf. call w WHO Meeting (Mr. Haris Hajrulahovic) SRH</b> <b>11:00 – 12:00h</b></p>	<p align="center"><b>Skype conference call w Mr. Sasa Petkovic (CARE Int, BL Office) SRH/GE</b> <b>13:00 -14:00h</b></p>		

### Annex 3: List of Persons Contacted.

<b>UNFPA CPAP 2010-2014 EVALUATION - IMPLEMENTATION PHASE CONTACTS</b>		
<b>INSTITUTION BiH level</b>	<b>NAME</b>	<b>POSITION</b>
Ministry of Civil Affairs	Drazenka Malicbegovic	Assistant Minister for Health
	Dalibor Pejovic	Head of Department for Planning, Human Resources and IT Systemts in Health
Ministry of Human Rights and Refugees	Saliha Duderija	Assistant Minister for Human Rights
	Alma Deverovic-Espek	UNFPA Focal Point in MoHRR
	Ana Judi	
	Aisa Telalovic	
Agency for Gender Equality	Samra Hadziabdic-Filipovic	Director
	Zlatan Kadribasic	Technical Associate
	Kika Babic-Svetlin	
Ministry of Security	Faruk Arslanagic	Secotr for Migration: Technical Advisor for Analysis and Strategic Planning
Agency fo Statistics	Slavka Popovic	Deputy Director
	Fadil Fatic	Deputy Director
	Aida Kondo	Statistician
	Nora Selimovic	Head of Department
Agency for Pharmaceuticals and Medical Commodities	Natasa Grubisa	Director
	Biljana Tubic	Assistant Diretor, Sector for Pharmaceuticals



<b>PGPD (Parliamentarian Group for Population And Development)</b>	<b>Zijad Hasic</b>	<b>Secretary of PGPD and Secretary of Constitutional and Legal Commission of BiH Parliamentary Assembly</b>
<b>INSTITUTION FBiH level</b>	<b>NAME</b>	<b>POSITION</b>
<b>Gender Centre</b>	<b>Ana Vukovic</b>	<b>Director</b>
	<b>Ane Jaksic</b>	<b>Deputy Director</b>
	<b>Zlatan Hrnčić</b>	<b>Senior Advisor for Integration of Gender in Education, Media and PR</b>
<b>Ministry of Labour and Social Protection</b>	<b>Milan Mauhar</b>	
<b>Ministry of Health</b>	<b>Marina Bera</b>	<b>Assistant Minister for Analysis, Planning and Human Resources in Health</b>
	<b>Dr. Aida Pilav</b>	<b>Assistant Minister for Public Health, Monitoring and Evaluation</b>
	<b>Dr. Zlatko Cardaklija</b>	<b>Advisor to Minister of Health/HIV-AIDS Coordinator for FBiH</b>
<b>AKAZ (Agency for Quality and Accreditation in Health Sector)</b>	<b>Dr. Ahmed Novo</b>	<b>Director</b>
<b>Government of Una-Sana Canton</b>	<b>Jasna Topic</b>	<b>President of Coordination Board for Referral Mechanism</b>
<b>Institute of Statistics</b>	<b>Hidajeta Bajramovic</b>	<b>Director</b>
	<b>Hidajeta Colovic</b>	
	<b>Senija Muhic</b>	

Primary School "Silvije Strahimira Kranjcevic", Sarajevo, FBiH	Dika Kurtagic	Director
	Elida Tahmaz	Cauncellor
University of Sarajevo, Faculty of Political Science	Emirza Emirhafizovic	Assistant Professor of Demography and Urban Sociology
Public Health Institute	Dr. Zeljko Ler	Director
	Aida Ramic-Catak	Assistant Director for Medical Affairs
<b>INSTITUTION RS level</b>	<b>NAME</b>	<b>POSITION</b>
Technical School Banja Luka, RS	Dragica Mladenovic	Assistant Director
Centre for Reseach on War Crimes	Predrag Milicevic	Head of Department for Collaboration with Judicial Institutions and NGO Sector
	Vesna Celic	Senior Technical Associate for War Research and War Crimes (Lawer)
ASKVA (Agency for Certification, Accreditation and Improvement of Quality of Health Care)	Dr. Sinisa Stevic	Director
Ministry of Health and Social Protection	Dr. Milan Latinovic	Assistant Minister for Health
	Dr. Amela Lolic	
	Ljubo Lepir	
	Dr. Marina Galic	
Institute of Public Health	Dr. Sladana Siljak	Head of Department
Gender Centre	Spomenka Krunic	Director
	Jelena Milinovic	Deputy Director

Ministry of Family, Youth and Sports	Slavica Kupresanin	Head of Department for Family
Institute for Statistics	Rajko Vranjes	Senior Technical Associate for population Cesus and Population Projections
	Radosav Stevanovic	Deputy Director
	Mladen Radic	Mayor of the Department for Development of Information Structure, Technical and Operational Support
	Aleksandra Zec	Gender Equality Expert/Techincal Associate in IT Sector
Fund for Health Insurance	Dr. Nenad Babic	Executive Director/ SRH Focal Point in RS Gov.
<b>NGO SECTOR</b>	<b>NAME</b>	<b>POSITION</b>
FLD (Foundation for Local Democracy), Sarajevo, FBiH	Jasmina Mujezinovic	Director
	Selma Begic	Program Manager
Partnerships in Health, Sarajevo, FBiH	Aida Kurtovic	Executive Director
	Haris Karabegovic	Project Coordinator
Trial, FBiH	Selma Korjenic	
Udruzenje Zena Zrtva Rata	Bakira Hasecic	
NGO "Buducnost", Modrica, RS	Gordana Vidovic	Director
NGO "Zar", Sarajevo, FBiH	Nafa Dizdarevic	Director
NGO Democratic Centre "Nove Nade"/Info Centre Bosanska Otoka	Samir Halilovic	Executive Director
NGO MiRUPENG, Banja Luka, RS	Goran Bosancic	Executive Director
NGO Perpetuum Mobile	Danka Bozic	

	<b>Ilija Trninic</b>	<b>Executive Director</b>
	<b>Bojana ?</b>	
<b>Foundation FAMI</b>	<b>Eldin Fisekovic</b>	
	<b>Ana ?</b>	
<b>Ref Mechanism Una-Sana Canton</b>		
<b>NGO "Zene sa Une"</b>	<b>Aida Behrem</b>	<b>Executive Director</b>
<b>Centre for Social Work-Sanski Most</b>	<b>Aida Hasanagic</b>	
<b>Centre for Social Work-Velika Kladusa</b>	<b>Emira Veljacic</b>	
<b>Centre for Social Work-Bosanska Krupa</b>	<b>Arijana Muzaferovic</b>	
<b>Centre for Social Work-Bihac</b>	<b>Aida Omanovic</b>	<b>Direcotr</b>
<b>Centre for Social Work- Cazin</b>	<b>Amela Toromanovic</b>	<b>Director</b>
<b>Referral Mechanism Gorazde</b>		
	<b>Emina Fejzic</b>	<b>President of Coordination Board for Referral Mechanism</b>
<b>INTERNATIONAL ORGANIZATIONS</b>	<b>NAME</b>	<b>POSITION</b>
<b>Delegation of the EU Commission in BiH</b>	<b>Natalia Dianiskova</b>	<b>Head of Operations Section 3: Social Development, CSs, Boarder Cooperation</b>
<b>CARE International</b>	<b>Sasa Petkovic</b>	<b>Regional Program Manager</b>
<b>World Bank</b>	<b>Goran Tinjak</b>	<b>Program Manager-Safety Net</b>
<b>UN AGENCIES</b>	<b>NAME</b>	<b>POSITION</b>
<b>UN RCO</b>	<b>Yuri Afanasiev</b>	<b>RR/RC</b>
	<b>Mirza Musa</b>	<b>HiV/AIDS Advisor</b>
<b>UNICEF</b>	<b>Sabina Zunic</b>	<b>M&amp;E Specialist</b>
	<b>Paolo Marchi</b>	
	<b>Selena Bajraktarevic</b>	
<b>UNWomen</b>	<b>Amna Muharemovic</b>	<b>Head of Office</b>

<b>WHO</b>	<b>Haris Hajrulahovic</b>	<b>Head of Office</b>
<b>UNFPA STAFF</b>	<b>NAME</b>	<b>POSITION</b>
<b>UNFPA BiH</b>	<b>Doina Bologna</b>	<b>Country Director, BiH, Kosovo, FYR Macedonia, Serbia</b>
	<b>Danijela Alijagic</b>	<b>M&amp;E Officer</b>
	<b>Sara Calkic</b>	<b>SRH Program Assistant</b>
	<b>Una Bolic/Biser</b>	<b>Executive Assistant</b>
	<b>Jasmin Panjeta</b>	<b>Finance and Administration Associate</b>
	<b>Majda Prljaca</b>	<b>Communication Assistant</b>
	<b>Zeljko Sikima</b>	<b>PD Program Assistant</b>
	<b>Nermina Vrbic-Huduti</b>	<b>Program Assistant</b>
	<b>Faris Hadrovic</b>	<b>Assistant Resident Rep</b>
<b>Former UNFPA Staff</b>	<b>Adi Kalasevic</b>	
	<b>Gabrijela Jurela</b>	
	<b>Zeljka Mudrovic</b>	
	<b>Nela Porobic-Isakovic</b>	
<b>YAP</b>	<b>NAME</b>	<b>POSITION</b>
<b>FBiH, Sarajevo</b>	<b>Adnan imamovic</b>	<b>Member</b>
	<b>Ena Kunic</b>	<b>Member</b>
	<b>Irma Beganovic</b>	<b>Member</b>
<b>YPEER</b>	<b>NAME</b>	<b>POSITION</b>
<b>FBiH, Sarajevo</b>	<b>Nermina Masinovic</b>	<b>Member - Peer Educator</b>
	<b>Almir Saracevic</b>	<b>Member - Peer Educator</b>
<b>RS, Banja Luka</b>	<b>Dijana Odobasic, Banja Luka, RS</b>	<b>Member - Peer Educator/ Educator of Educator</b>
	<b>Jovan Janjic, Srbac, RS</b>	<b>Member - Peer Educator/ Educator of Educator</b>

## **Annex 4: Data Collection Instruments**

### **UNFPA BiH CP Evaluation Stakeholder Interview Questionnaire**

**3 June 2013**

**Draft Stakeholder Interview Questionnaire: Introduction:** Thank you for agreeing to meet with us today. Our names are Sam Clark and Anamaria Golemac Powell are public health evaluation consultants and have been hired to conduct an end-of-project evaluation of the UNFPA CP for 2011-2014. This project began in 2010 and has been implemented by the United Nations Fund for Population Activities (UNFPA) in collaboration with several of the BiH State and Entity Level Ministries as well as non-government organization (NGOs).

**Goals and objectives of the Survey:** After more than three years since the beginning of the project, now that many of the components have been implemented, this evaluation will

A) Assess, as systematically and objectively as possible, the following six criteria: relevance, effectiveness, efficiency, sustainability of the project, as well as gender mainstreaming. In addition, we will assess the Strategic Positioning of the Country Program (CP) (its alignment with the needs of BiH and UNFPA priorities, its responsiveness, and its added value),

B) Assess the achievements of the project against its outputs, and the future needs of BIH for the three major focus areas:

Reproductive Health (RH), Population and Development (PD) and Gender Equality (GE).

C) Develop a document that will help key stakeholders, various Ministries and donors to make informed choices for current and upcoming projects.

**Ground Rules:** This interview is confidential and voluntary. Your name will not be linked to any of the findings. If you are willing to be quoted, this is appreciated. But no data will be associated with your name unless cleared in advance by you. You can end the interview at any time and have no obligation to answer any questions asked.

1. **Date and Location of Interview:** \_\_Day\_\_Mo\_\_Year **Location of Interview:**\_\_\_\_\_

2. **Name:**

3. **Contact information for clearance:**

4. **Position:**

5. **Position with respect to policy:** Does the respondent work at a level where he/she has an understanding of national donor policy issues? **Circle one:** Yes No.

6. **Number of years has worked in this position:** \_\_\_\_\_ Years

7. **Confirmation that respondent knows what the UNFPA CP is** and what is has done in at least one of the four Outcomes shown below. **Circle one:** i) Little ii) Some iii) Well informed

8. **Which of the following four outputs are you most familiar with?**

Circle the one most familiar with.

Output 1: RH – FP Strengthening national capacity for RH Commodities and FP

Output 2: RH – Youth SRH Curricula and strengthen CSOs capacity to provide SRH info/services

Output 3: PD - Establish Pop Policy Framework and improve data avail and anal on PD and FP

Output 4: GE - Strengthen national capacity to address GBV and CRSV

## **Evaluation Component I: ANALYSIS BY FOCUS AREAS**

**Introduction** “You have said that you are most familiar with Output [mention the output or outputs they are most familiar with]. We would like to ask some questions about this particular output/ these particular outputs and the UNFPA Country Program (CP) as a whole.

If you feel the question is too general or is at a policy level you are not comfortable with, this is not a problem. We will skip to the next question.”

### **9. Relevance**

**NB: The following three questions apply to all 3 Focus areas.**

**Question 9a: How relevant are these outputs and the CP to: a) the needs of target population(s), and b) national needs and priorities? Paraphrase:**

a) Do the UNFPA country programme activities reflect your needs or the needs of target populations? **Yes/No/Partially/Not Applicable/No Answer**

B) Do the UNFPA CP activities reflect national BiH needs and priorities?  
**Yes/No/Partially/Not Applicable/No Answer**

**Question 9b: How well do these outputs and the CP respond to and reflect the current and future challenges and trends in the BiH context? Paraphrase:** Is the UNFPA CP designed in such a way that it responds well to current and future political, economic and social challenges in BiH?

**Fully responds and reflects/**

**Partially responds and reflects/**

**Does not respond or reflect**

**Question 9c: Has UNFPA applied the right programming strategy within the specific political, economic and social context of the country? Yes/No/Partially/Not Applicable/No Answer**



**10. Effectiveness NB: The first three questions (10 a - 10c) apply to all 3 Focus areas.**

**Question 10a. Were the CP's intended outputs and outcomes achieved? If so, to what degree?**

**Paraphrase:** Were the desired results achieved? If Yes, to what degree? **Fully, partially, Not at all.**

**Question 10b. What was the intervention coverage – were the planned geographic areas and target groups successfully reached?**

**Fully reached, partially reached, Not reached at all.**

**Question 10c. What were the constraining and facilitating factors and the influence of context on the achievement of results? Paraphrase:**

What helped you in achieving results in general? **Qualitative response.**

Were there any constraints/barriers in achieving these results? **Qualitative response.**

**NB: Question (10d) only applies to the RH Focus area (Outputs 1 and 2).**

**Question 10d. To what extent has the country programme contributed to i. increasing access to and utilization of quality family planning services? ii. Improving access to SRH services and sexuality education for young people? Paraphrase:**

1. Have the CP/activities contributed to increasing the existing access and utilization of quality family planning services? **Yes/No/Partially/Not Applicable/No Answer**

2. Have the CP/activities contribute to improving existing access to SRH service and sexuality education for young people? **Yes/No/Partially/Not Applicable/No Answer**

**NB: Question (10e) only applies to the Gender Equality Focus area, Output 4.**

**Question 10e. To what extent has the country programme contributed to strengthening national capacity to address gender based violence and conflict related sexual violence? Paraphrase:**

1. Has country programme contributed to strengthening national capacity to address gender based violence? **Yes/No/Partially/Not Applicable/No Answer**

2. Has country programme contributed to strengthening national capacity to address conflict related sexual violence? **Yes/No/Partially/Not Applicable/No Answer**

**NB: Questions (10e and 10 f) only apply to the PD Focus area, Output 3. Question 10f. To what extent are population data taken into account in developing the BiH population policy and social policy framework for elderly? Paraphrase:**

1. Are population data taken into account in developing BiH population policy? **Yes/No/Partially/Not Applicable/No Answer**

2. Are population data taken into account in developing BiH social policy framework for elderly? **Yes/No/Partially/Not Applicable/No Answer**

**Question 10g. Has the CP promoted the International Conference on Population and Development (ICPD) Agenda? Yes/No/Partially/Not Applicable/No Answer**

## 11. Efficiency

**NB: These questions apply to all 3 Focus areas (RH, PD and GE)**

**Question 11a. Were the outputs achieved reasonable for the resources spent? Paraphrase:** 1.For the resources spent, were the outputs achieved reasonable?

**Yes/No/Partially/Not Applicable/No Answer**

**Question 11b. What was the quality of output and outcomes achieved in relation to the expenditures incurred and resources used? Paraphrase:** What was the quality of the output(s) achieved in relation to the expenditures and resources used?

**Good quality, Not good or bad, Bad quality**

**Question 11c. What was the timeliness of inputs; timeliness of outputs? Paraphrase:**

Were the inputs timely? **Yes/No/Partially/Not Applicable/No Answer**

Were the outputs timely? **Yes/No/Partially/Not Applicable/No Answer**

**Question 11d. To what extent were resources focused on a limited set of activities likely to produce significant results? Paraphrase:** Is the UNFPA CP narrow enough in focus to produce significant results?

**Yes/No/Partially/Not Applicable/No Answer**

**UNFPA Corporate mandate Issues:**

Question 11e. **Internal Capacity:** Please comment on the qualifications and capacity of the staff you work with at UNFPA BiH. **Qualitative response**

Question 11f. **Development of partnerships.** Please comment on how UNFPA has partnered with other donors and implementing agencies. **Qualitative response.**

**12. Sustainability NB: These questions apply to all 3 Focus areas (RH, PD and GE)**

**Question 12 a. To what extent has UNFPA BiH been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects? Paraphrase:** To what extent has UNFPA BiH been able to help its partners and the beneficiaries to:

a) Develop Capacities? **Fully/Partially/Not at all**

b) Establish ownership **Fully/Partially/Not at all**

c) Continue having positive effects? **Fully/Partially/Not at all**

**Question 12 b. To what extent has national capacity been developed so that UNFPA BiH may realistically plan progressive disengagement? Paraphrase:** Is national capacity sufficient so that UNFPA can gradually discontinue its support without jeopardizing existing programs?

**UNFPA should discontinue its support now?**

**It is not quite time for UNFPA to discontinue.**

**UNFPA should not discontinue.**

**Question 12c. To what extent has the CP responded to the aid effectiveness agenda and sector reform initiatives and identified future opportunities and entry points to advance the CP through enhanced harmonization, alignment and national ownership.**

**Paraphrase:**

12c.1 To what extent has the CP responded to the aid effectiveness agenda? **Fully/Partially/Not at all**

12c.2 To what extent has the CP responded to sector reform initiatives? **Fully/Partially/Not at all**

12c.3 To what extent has the CP responded and identified future opportunities and entry points to advance the CP through enhanced harmonization, alignment and national ownership?  
**Fully/Partially/Not at all**

**13. Gender NB: These questions apply to all 3 Focus areas (RH, PD and GE)**

**13a. To what extent have UNFPA’s programs integrated gender as a cross-cutting theme and promoted gender equity and gender sensitivity? Fully/Partially/Not at all**

**Explanation of the gender continuum: “This evaluation is required to explicitly assess to what extent the project has integrated gender as a cross-cutting theme. Please consider a continuum of approaches for the integration of gender into public health programs: a) Gender Exploitative, b) Gender Accommodating, or C) Gender Transformative.” NB: If this is not clear, and it probably will not be, refer to the following concrete examples:**

**Figure 1  
Continuum of Approaches for Gender Integration**

<b>Gender Exploitative</b>	<b>Gender Accommodating</b>	<b>Gender Transformative</b>
Programs that ...exploit gender inequities and stereotypes in pursuit of project outcome. Often harmful in long-term and can undermine program objectives.	....accommodate gender differences to achieve project objectives. May make fulfilling gender roles easier but does not attempt to reduce gender inequality.	...seek to transform gender relations to promote equity and achieve program objectives by encouraging critical awareness of gender roles and promoting improved women’s status.
Example: Condom social marketing campaigns that use aggressive or violent imagery to reinforce male decision-making power and control.	Example: Projects that take services to women who have limited social mobility; doorstep distribution of oral contraceptives (OCs) in Muslim society where women are in seclusion.	Example: Programs that work with young men and young women to challenge rigid gender roles.

Adapted from USAID IGWG Presentation, 2005.

**Question 13b. Overall, in which of the three categories would you place the UNFPA CP?**

1) Exploitive 2) Gender accommodating or 3) Gender Transformative

Please explain why.

Ask the same question for each of the outputs the respondent is familiar with.

**Question 13c. Output 1**

1) Exploitive 2) Gender accommodating or 3) Gender Transformative

Please explain why.

**Question 13d. Output 2**

1) Exploitive 2) Gender accommodating or 3) Gender Transformative

Please explain why.

**Question 13e. Output 3:**

1) Exploitive 2) Gender accommodating or 3) Gender Transformative

Please explain why.

**Question 13f. Output 4:**

1) Exploitive 2) Gender accommodating or 3) Gender Transformative

Please explain why.

## **Evaluation Component II: THE CP's STRATEGIC POSITIONING**

**NB: These questions should only be posed to senior level staff that are familiar with national level donor development policy level matters.**

### **14. Alignment**

**Question 14a. To what extent is the BiH country programme aligned with UNFPA current Strategic Plan? Fully/Partially/Not at all**

#### **14b: UNFPA Corporate Mandate issues**

**NB: As part of UNFPA corporate mandates, as part of this question, probing should be done for the following UNFPA mandate areas:**

**14b.1) Has the UNFPA CP given special attention to the most vulnerable, disadvantaged, marginalized and excluded population groups?**

**Yes/No/Partially/Not Applicable/No Answer**

**If yes, how?**

**14b.2) Has the UNFPA CP Mainstreamed young people's concerns?**

**Yes/No/Partially/Not Applicable/No Answer**

**If yes, how?**

**14b.3) Has the UNFPA CP implemented South – South cooperation?**

**Yes/No/Partially/Not Applicable/No Answer**

**If yes, how?**

**14b.4 Has the UNFPA CP implemented the following UNFPA guiding principles:**

**14b.4.1 National ownership? \_Yes/No/Partially/Not Applicable/No Answer**

**If yes, how?**

**14b.4.2 National leadership? Yes/No/Partially/Not Applicable/No Answer**

**If yes, how?**

**14b.4.3 National capacity development? Yes/No/Partially/Not Applicable/No Answer**

**If yes, how?**

**Question 14c. How is the UNFPA CO aligned with the UN strategic framework (UNDAF)?**

**Paraphrase: Is the UNFPA CO aligned with the UN strategic framework (UNDAF)?**

**Yes/No/Partially/Not Applicable/No Answer**

**If yes, how?**

**Question 14d. How has UNFPA been effectively working together with other UN partners in BiH?**

**Paraphrase: Has UNFPA been effectively working together with other UN partners in BiH? Yes/No/Partially/Not Applicable/No Answer**

**If yes, how?**

## **15. Responsiveness**

**Question 15a. To what extent did UNFPA anticipate and respond to significant changes in the national development context within its 3 core focus areas?**

**Fully/Partially/Not at all**

**Question 15b. What were the missed opportunities in UNFPA programming?**

**Qualitative Response**

## **16. Added Value**

**Question 16a The extent to which the BiH country programme adds benefits to what would have resulted from other development actors' interventions only.**

**Paraphrase: To what extent has the UNFPA CP added benefits over and above what would have resulted from other development actors' interventions?**

**A great deal/Some/Not at all/Not Applicable/No Answer**

**NB: As part of UNFPA corporate mandates, as part of this question attention should be paid to the area of "Humanitarian assistance."**

**Question 16b. Has UNFPA played a role in providing humanitarian assistance in BiH?**

**A great deal/Some/Not at all/Not Applicable/No Answer**

**If yes, how?**

<b>Training Follow-up Questionnaire</b>									
<b>Introduction:</b> Explain purpose of interview as part of evaluation of the UNFPA Country Program. Explain that the interview is voluntary and confidential; no data will be linked to their name.									
<b>1. Date:</b> dd/mm/yr <b>2. Name of interviewer:</b>	<b>3. Location of Interview</b> (Name Office and Town)								
4. Name of person interviewed:  5. Normal place of residence:  6. Normal place of employment:	<b>7. Telephone:</b> <b>8. E-mail:</b> <b>9. Sex: Male/Female</b>  <b>10. Age:</b>								
<b>11. Category of trainee:</b> (Indicate background, for example, Peer Educator, Police, Ministry official, Other _____									
<b>12. If nurse or doctor:</b> Level of Medical training completed _____									
<b>13. For Peer Educator or other:</b> Educational level completed: Secondary, secondary, college, post graduate.									
<b>14. What type of training did you receive?</b> (NB: <u>Probe to be sure it was funded through the UNFPA Program</u> )  <b>Circle one</b> from the following list of trainings:  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Y-Peer Youth Advocate</td> <td style="width: 50%;">5. Commodity Security</td> </tr> <tr> <td>2. Migration Statistics YERP</td> <td>6. Cervical Cancer</td> </tr> <tr> <td>3. Foundation for Local Democracy GBV</td> <td>7. Elderly Population Policy</td> </tr> <tr> <td>4. YAP</td> <td>8. Other</td> </tr> </table>		1. Y-Peer Youth Advocate	5. Commodity Security	2. Migration Statistics YERP	6. Cervical Cancer	3. Foundation for Local Democracy GBV	7. Elderly Population Policy	4. YAP	8. Other
1. Y-Peer Youth Advocate	5. Commodity Security								
2. Migration Statistics YERP	6. Cervical Cancer								
3. Foundation for Local Democracy GBV	7. Elderly Population Policy								
4. YAP	8. Other								
15. What did you find most useful from this training? _____									
16. Do you think you gained: a. New information? Yes No (please explain) _____  b. New skills? Yes No (please explain) _____									
17. What did you find the least useful from this training? _____									

18. Did the training have any relevance for your daily work? If yes how?

19. When you returned to work from your training, were you able to apply the knowledge and skills from your training on a regular basis? Yes or No. Explain your answer. \_\_\_\_\_

20. Did the training program encourage you to take actions when back to work? Yes/No

If so, what action taken. \_\_\_\_\_

21. Was there any post-training support by the UNFPA program? If Yes, Explain. \_\_\_\_\_

If no, do you think that is important? \_\_\_\_\_

22. Did you find the training improved the quality of your performance on the job? Yes/no.

Explain \_\_\_\_\_

23. Would you want to have additional training? Yes or No.

24. If yes, what kind of training would be most beneficial for you now? \_\_\_\_\_

25. If no, why not? \_\_\_\_\_

**Please Turn Over!**



**26. Does this training promote gender equality? Yes or No.**

Please explain your answer:

**27. For peer educators:**

**Do you currently provide peer educator services? Yes/No.**

If yes, how many days in the last month? \_\_\_\_\_

On average, how many hours do you provide these services per day? \_\_\_\_\_

On average, how many youth do you work with on a given day? \_\_\_\_\_

**28. For GBV Counselors:**

**Do you currently provide GBV counseling services? Yes/No.**

If yes, how many days in the last month? \_\_\_\_\_

On average, how many hours do you provide these services per day? \_\_\_\_\_

On average, how many clients do you work with on a given day? \_\_\_\_\_

**Thank you for your assistance!**

**Client/Beneficiary Questionnaire**

**Informed Consent Statement for Client/Beneficiaries**

**Hello, my name is (name of interviewer). We are here to learn about the quality of the counselling, information and services you have received from [Name of Institution in location... BiH]. We are conducting interviews with people like you who have received services from [Name of Institution in BiH]. If you agree to participate, we would ask you a few questions about your experience with [Name of Institution].**

**Before I ask you any questions we are required to explain some important ground rules for our interview. Any answers you wish to give are completely CONFIDENTIAL, meaning that no one other than me and my colleague will be able to see your answers. Your name and address will NEVER be associated with the answers you give. You have every right to refuse to participate in this interview. Whether or not you choose to answer questions will not affect the services you receive from [Name of Institution] in any way. If you do agree to answer questions for this evaluation, you may still refuse to answer any question or stop answering questions altogether.**

**Interviewer Probe: Do you understand what I have just explained to you? Circle one: Yes/No.**

**If no, what do you not understand? [Provide explanations as needed]**

**Do you now understand what I have just explained to you? Interviewer to Circle one: Yes/No**

**If no, Thank respondent and discontinue interview.**

**If yes, Do you agree to be interviewed? Interviewer to Circle One: Yes/No**

\_\_\_\_\_  
**Signature of Interviewer**

\_\_\_\_\_  
**Date (dd/mm/yyyy)**

\_\_\_\_\_  
**Witness (co-interviewer or translator)**

**Questions for all client/beneficiaries**

<b>Name of Interviewer :Date (dd/mm/yyyy):</b>		<b>Unique Interview Number:</b>	
<b>Telephone:</b>		<b>Name of UNFPA supported agency or facility:</b>	
<b>E-mail:</b>		_____	
<b>Sex: Male/Female</b>		<b>Type of agency: (Youth, GBV, CRSV, Elderly Services)</b>	
<b>Age: &lt;18, &gt;18 and &lt;30, &gt;=30 (circle one)</b>		<b>Circle one</b>	
		<b>Sector: (Government, Private, Other) Circle one</b>	
<b>Educational level of person interviewed:</b>		<b>Location of Interview: Town, Municipality Name</b>	
<b>&lt; secondary, secondary, college, post graduate</b>		<b>Rural, Urban</b>	
<b>Current employment if any:</b>		<b>Region:</b>	
<b>Types of services received: What types of services have you received from this agency? (List types of services, such as counselling, education, referrals, support etc.)</b> _____			
<b>Additional services recommended: Are there additional services that you feel this agency should provide? If yes, what are they?</b> _____			
<b>Respondent perception of usefulness of services:</b>			
<b>Of the services you mentioned, which ones are the most useful to you?</b> _____			
<b>Of the services you mentioned, which ones are the least useful to you?</b> _____			
<b>Respondent rating of satisfaction with services:</b>			
<b>Are you satisfied with all of the services you mentioned?</b>			
<b>Circle one: satisfied / not satisfied If yes, please explain your answer.</b>			
<b>Are you are <u>not</u> satisfied with any of the services you mentioned?</b>			
<b>Circle one: satisfied / not satisfied If yes, Please explain your answer.</b>			
<b>Quality of advice or counselling: Were you satisfied with the advice or counselling you received:</b>			
<b>Circle one: satisfied / not satisfied</b>			
<b>Please explain your answer:</b>			
<b>Respect: The understanding and respect that the staff showed to you as a person:</b>			
<b>Circle one: satisfied / not satisfied</b>			
<b>Please explain your answer:</b>			
<b>Recommendations:</b>			
<b>What would you recommend to improve the quality of services you received from this agency?</b>			
<b>Does this agency provide services in a way that promotes gender equality?</b>			
<b>Circle one: Yes/No. Please explain your answer</b>			
<b>End interview and thank participant!</b>			

## Annex 5: Evaluation Matrix

BiH UNFPA CPE Evaluation Matrix (Draft 3) 23 May 2013

Draft Only – For Internal Review

Evaluation criteria	Evaluation questions drawn from TORs	Comments	What to check/ Performance Indicators	Data Sources	Data Collection Methods
Relevance	General: To what extent are the objectives of the CP interventions adapted to national needs, and are aligned with government priorities as well as programme policies and strategies of UNFPA ?	Very broad question, which assumes a consensus, which may not exist nationally due to BiH special situation.	Degree of concurrence with country priorities. Degree of concurrence with UNFPA SP and goals stated in the CPAP	Country policy documents; regional statements; strategic briefs. MICS 3 and MICS 4 and other available data.	Document review, key stakeholder interviews, beneficiary interviews, UNFPA SP.
	How relevant was the CP to: a) the needs of target population(s), and b) national needs and priorities?	Two separate but overlapping questions.	Degree of concurrence of CPAP with sentinel indicators for target populations and national strategies.	Pertinent State and Entity level strategy documents. Key informants. Needs assessments/situation analysis, MICS 3 and MICS 4 and other available data for key indicators	Key stakeholder and beneficiary interviews, document review.
	How well did the CP's design respond to and reflect the current and future challenges and trends in the BiH context?	Need to monitor trends at the political, economic and social level, such as unemployment, fertility and political issues associated with entry to EU.	Trends in sentinel indicators for target populations and national strategies.	Key informants. MICS 3 and MICS 4, EU Progress Reports, UPR BiH and Available data for key indicators	Key stakeholder and beneficiary interviews, document review.
	Has UNFPA applied the right programming strategy, (e.g. focusing on advocacy with key stakeholders, including the BiH Parliamentarian Group for Population and Development, and being aware of the absence of the country level Committee for Population and Development) within the specific political, economic and social context of the country?	Need to document and monitor trends at the political, economic and social level. Look at the balance struck between short and long-term objectives	Trends in sentinel indicators for target populations and national strategies.	Key informants. MICS 3 and MICS 4 and Available data for key indicators	Key stakeholder and beneficiary interviews, document review.
Effectiveness	General: What was the degree of achievement of the core programme outputs and progress made	This entails three separate steps: measurement of	Level of achievement against indicators/targets	Key stakeholders at State and Entity level,	Key stakeholder interviews, document

<b>Evaluation criteria</b>	<b>Evaluation questions drawn from TORs</b>	<b>Comments</b>	<b>What to check/ Performance Indicators</b>	<b>Data Sources</b>	<b>Data Collection Methods</b>
	toward achieving programme outputs and outcomes given the changes in the global and national policy environment and identify reasons for this progress and/or discrepancies between plans and achievements.	progress, assessment of changes in policy environment and identification of causes for discrepancies.	(as outlined in CPAP monitoring framework) over time. Documentation and analysis of key stakeholder opinions on changes in policy and contributory factors.	CPAP; COARs, key stakeholder interviews. MICS 3 and MICS 4 and other available data.	review
All Focus Areas	Were the CP's intended outputs and outcomes achieved? If so, to what degree?	Per Table 5 of Evaluation Handbook page 37, concerning UNFPA corporate mandate, attention will be given to "internal capacity building" and "development of partnerships."	Level of achievement against indicators/targets (as outlined in CPAP monitoring framework) over time.	COARs, Project Reports, CPAP, Revised CPAP Framework. Stakeholders. MICS 3 and MICS 4 and other available data.	Document review, stakeholder interviews.
All FAs	What was the intervention coverage – were the planned geographic areas and target groups successfully reached?	Requires review of initial and revised CPAP work plans and a focus on four priority regions.	Check to see if there are any prioritized regions in current CPAP. Process indicators for various project activities.	COARs, Project Reports, Initial and Revised CPAP Framework, Stakeholder interviews, Site visits, MICS 3 and MICS 4 and other available data.	Document review, stakeholder interviews, site visits, training follow up interviews.
All FAs	What were the constraining and facilitating factors and the influence of context on the achievement of results?	Need to divide them in terms of internal UNFPA/external IC/EU/global etc	Contextual information related to specific activities within each of the Focus Areas.	Key informant interviews, trends in pertinent indicators. COARs, Implementing agency Reporting Documents	Document review, stakeholder interviews, site visits, client interviews.
SRH	To what extent has the country programme contributed to i. increasing access to and utilization of quality family planning services, ii. improving access to SRH services and sexuality education for young people	Need to clearly define "Access" "Use" and "Quality FP Services" as well as "SRH Services" and "Sexuality Education"	Number of FP service sites, Quality Assessment data for FP services, FP visit data, Number of Site offering SRH services and	CPAP COARs and Implementing agency reports. Entity Level Health service data. WB and EC Health Sector data. Quality of	Document review, stakeholder interviews. Site visits to FP delivery sites. Site visits to youth SRH information

<b>Evaluation criteria</b>	<b>Evaluation questions drawn from TORs</b>	<b>Comments</b>	<b>What to check/ Performance Indicators</b>	<b>Data Sources</b>	<b>Data Collection Methods</b>
			Sexuality education for youth.	Care assessment reports. MICS 3 and MICS 4 and other available data.	sites.
GE	To what extent has the country programme contributed to strengthening national capacity to address gender based violence and conflict related sexual violence?	Need to be clear on what is meant by National versus Entity, Communal or Municipality levels. This covers, "Development of national capacity" in Table 5 of Corporate Mandate review on page 37.	Process indicators for GBV and CRSV training and institution building	UNFPA COARs and implementing agency reports.	Document review, stakeholder interviews.
PD	To what extent are population data taken into account in developing the BiH population policy and social policy framework for elderly?	This is an extremely narrow question that implies the development of a BiH population policy and a BiH social policy framework for the elderly. Neither policy has been developed.	Age-specific demographic, census and social services data. Policy documents concerning population and the elderly.	Census and surveys. UNFPA implementing agency reports. Documentation on deliberations of parliamentary groups.	Document review, stakeholder interviews with demographers, BiH Parliamentary Group for Population and Development
PD	Has the CP promoted of the International Conference on Population and Development (ICPD) Agenda?	This is one of 10 issues cited in Eval Handbook related to UNFPA corporate mandate.	Number of concrete PD activities that are pertinent to ICPD agenda. Activities in other focus areas also to be considered.	ICPD Agenda. UNFPA Mid-Term Review. Updated CPAP Framework. COARs. Stakeholders	Document review, stakeholder interviews.
Efficiency	Were the outputs achieved reasonable for the resources spent?	There is an inherent subjectivity to measurement of "reasonable". CP contributed TA has improved the quality of technical support to implementing agencies?	Amount of resources used to achieve the outputs/outcomes, compared to the value of achieved outputs.	Key stakeholders; Documentation of programme inputs by category (human, financial, technical). Feedback on quality of TA provided to implementing agencies. Atlas data	Key stakeholder interviews, document review, budget review
	What was the quality of output and outcomes achieved in relation to the expenditures incurred	Requires assessment of	Qualitative and Quantitative measures of	Qualitative reports on quality based on	Key stakeholder interviews, document

<b>Evaluation criteria</b>	<b>Evaluation questions drawn from TORs</b>	<b>Comments</b>	<b>What to check/ Performance Indicators</b>	<b>Data Sources</b>	<b>Data Collection Methods</b>
	and resources used?	“quality” of outputs and outcomes.	output and outcome quality.	stakeholder interviews and reports. Quantitative data for quality specific to particular output and outcome. COARs, and implementing partner reports. Financial reports. Atlas data. Documentation of programme inputs by category (human, financial, technical)	review, budget review
	What was the timeliness of inputs; timeliness of outputs?	Timeliness is relative to stated timelines in project documents.	Verification of inputs. Months or years from start to completion of inputs. Verification of outputs. Months or years from start to completion of outputs.	Initial and revised CPAP Framework. AWP, COARs, Implementing partner reports. Stakeholder interviews.	Key stakeholder interviews, document review, budget review.
	To what extent were resources focused on a limited set of activities likely to produce significant results?	This is an important question that relates of overall CPAP portfolio. It should be discussed in the context of the revised UNFPA SP and new CPAP framework.	Number of activities planned versus number initiated. Number of activities that produced significant results.	Initial and revised CPAP Framework. AWP, COARs, Implementing partner reports. Stakeholder interviews. Atlas budget data.	Key stakeholder interviews, document review, budget review.
Sustainability	To what extent has UNFPA BiH been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?		Measures of capacity building, esp. training activities. Patterns of staffing and budgeting over time.	CPAP, COARs, AWP, Implementing agency reports. Training data. Stakeholders in management positions and beneficiaries.	Key stakeholder interviews, document review, budget review. Training follow-up interviews.
	To what extent has national capacity been developed so that UNFPA BiH may realistically plan progressive disengagement?	This covers, “Development of national capacity” in Table 5 of Corporate Mandate review. on page	Measures of implementing agency competence and autonomy and independence in designing,	COARs, Implementing Partner Reports. Stakeholders, Evaluations, Budget	Document review. Stakeholder interviews, budget review, site visits to

Evaluation criteria	Evaluation questions drawn from TORs	Comments	What to check/ Performance Indicators	Data Sources	Data Collection Methods
		37 or Evaluation Handbook. NB: need to assess national capacity for costing and budgeting for future program activities. Eg budgeting of youth and gender strategies.	implementing and evaluating interventions. Number of trainings, number of institutions created. Ability of institutions to continue functions without external support.	and staffing data for implementing agencies. Current strategic planning documents.	implementing agencies, training follow-up interviews. Financial skill development.
	To what extent has the CP responded to the aid effectiveness agenda and sector reform initiatives and identified future opportunities and entry points to advance the CP through enhanced harmonization, alignment and national ownership.	In one sense the reformulation of the CPAP framework is a response to the aid effectiveness agenda.	Reduction in redundant activities. Number of jointly funded activities. Number of collaborative projects. Finding the niche for UNFPA funding advantage. Best leverage.	CPAP. COARs. AWP. Stakeholders. EC Stability and Association Agreement 2008.	Document review, stakeholder interviews, especially senior UNDP staff.
Gender	To what extent have UNFPA's programs integrated gender as a cross-cutting theme and promoted gender equity and gender sensitivity?	This applies to all three focus areas. It cannot be assumed that all GE related activities adequately reflect gender equity and sensitivity.	Continuum of approaches for gender integration: exploitive, accommodating, transformative (USAID IGWG 2005).	CPAP. COARs, AWP. Stakeholders, Evaluations. Implementing agency reports. Stakeholder interviews.	Document review, stakeholder interviews. Budget review. Visits to service delivery sites.
<b>Strategic Positioning of BiH CP</b>					
Alignment	To what extent is the country programme aligned with UNFPA Strategic Plan? In particular with respect to: a) Special attention to the most vulnerable, disadvantaged, marginalized and excluded population groups. b) Mainstreaming young people's concerns c) South – South cooperation d) Guiding principles (National ownership, national leadership and national capacity development)	Alignment has changed over time due to a revision of the CPAP Outcomes framework. NB: Table 5 of Corporate Mandate page 37 of Evaluation Handbook shows a set of ten issues from the Strategic Plan 2008-2013 that should be analysed under the corporate dimension of the strategic alignment criterion. Four are addressed here. The remaining six are	See ten issues in Table 5. Number and types of outcomes and outputs in CPAP Outcome framework. Relative financial resources devoted to Outcomes by focus area.	Global evaluation of UNFPA SP, Current and future UNFPA SP. Initial and updated CPAP Framework. Budget and staffing information.	Document review, stakeholder interviews. Budget review.



Evaluation criteria	Evaluation questions drawn from TORs	Comments	What to check/ Performance Indicators	Data Sources	Data Collection Methods
		addressed in evaluation of the three focus areas.			
	How is the UNFPA CO aligned with the UN strategic framework (UNDAF)?	The recent UNDAF evaluation should provide insights on this question.	<p>Comparison of initial and updated CPAP Framework outcomes and outputs with UNDAF. Actual allocation of UNFPA CO budget and staffing by outcome over time.</p> <p>Check whether:</p> <ul style="list-style-type: none"> <li>a) The CPD/CPAP is in line with the UNDAF;</li> <li>b) The UNDAF reflects the interests, priorities and mandate of UNFPA;</li> <li>c) Degree of coordination between UNFPA and other UN agencies.</li> <li>D) Whether overlaps exist and whether they result in duplication of activities,</li> <li>e) Once duplications and their consequences have been identified, check whether they have - or not - been resolved and how.</li> <li>f) Pay attention to the coordination mechanisms (or lack thereof) between UNFPA and the agencies whose mandates are closely related to UNFPA focus areas -- i.e., UNICEF, UN Women, WHO, UNAIDS and UNDP.</li> </ul>	UN Stakeholders. UNDAF documents. UNDAF evaluation. UNFPA CO CPAP, AWP, project activities and budget.	Document review, stakeholder interviews, budget review.

<b>Evaluation criteria</b>	<b>Evaluation questions drawn from TORs</b>	<b>Comments</b>	<b>What to check/ Performance Indicators</b>	<b>Data Sources</b>	<b>Data Collection Methods</b>
	How has UNFPA been effectively working together with other UN partners in BiH?	This needs to be assessed from three perspectives: within UN, among other donors and from perspective of non-UN implementing partners and beneficiaries.	Degree of overlap and collaboration between UNFPA activities and other UN agencies. Perception of UNFPA activities by UN and Non UN stakeholders.	UN Stakeholders. Non UN Implementing partner stakeholders. UNDAF documents. UNDAF evaluation. UNFPA CO CPAP, AWP, project activities and budget.	Document review, stakeholder interviews,( meetings with the Resident Coordinator, the UN Country Team, several UN agencies and national government counterparts),budget review.
Responsive-ness	To what extent did UNFPA anticipate and respond to significant changes in the national development context within its 3 core focus areas?	Requires retrospective interviews with former UNFPA staff.	Identification of significant changes in national development context. Evidence of shifts in program focus over time within UNFPA CPAP.	Stakeholders, data for key sentinel indicators. Evaluation reports. Initial and revised CPAP Framework. AWP and COARs. Budget information.	Document review, stakeholder interviews, budget review.
	What were the missed opportunities in UNFPA programming?	This will be assessed for all three focus areas.	Gaps in programming as identified by stakeholders and review of project documents and contextual data.	Stakeholders, data for key sentinel indicators. Evaluation reports. Initial and revised CPAP Framework. AWP and COARs. Budget information.	Document review, stakeholder interviews, budget review.
Added Value	The extent to which the BiH country programme adds benefits to what would have resulted from other development actors' interventions only. Per Table 5 for corporate mandate on Page 37 in the evaluation handbook, some attention will be paid to the area of "Humanitarian assistance."	Requires an analysis of a) the place and niche of UNFPA BiH programme within the development and policy space in BiH and b) the strategies used by country office to strengthen the position of UNFPA in the country's development space to create a strategic position for the organization in its core focus areas	This criterion assesses the added value of UNFPA within the country development framework. This framework is composed of all the agencies and organizations that work on reproductive health, gender and population and development in the country: the government, donors, civil society	UNDAF Evaluation. COARs. Stakeholders from the government, donors, civil society organizations, national and international NGOs, other UN agencies, etc. Evaluation reports and thematic reviews.	Document review. Stakeholder interviews.

Evaluation criteria	Evaluation questions drawn from TORs	Comments	What to check/ Performance Indicators	Data Sources	Data Collection Methods
			<p>organizations, national and international NGOs, other UN agencies, etc. Under this criterion, evaluators will check whether there are any visible benefits specifically resulting from the UNFPA country programme and they will assess their magnitude.</p> <p>Page 41 Evaluation Handbook.</p>		