



COUNTRY PROGRAMME ACTION PLAN

BETWEEN

THE COUNCIL OF MINISTERS OF BOSNIA AND HERZEGOVINA

AND

THE UNITED NATIONS POPULATION FUND

2010. – 2014.

Sarajevo, Bosnia and Herzegovina

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
AKAZ	Agencija za kvalitet i akreditaciju u zdravstvu u FBH – Agency for Healthcare Quality and Accreditation, Federation of Bosnia and Herzegovina
AWP	Annual Work Plan
BiH	Bosnia and Herzegovina
CA	Child abuse
CCM	Country Commodity Mechanism
CDS	Country Development Strategy
CEDAW	Convention on the Elimination of All forms of Discrimination Against Women
CP	Country Programme
CPAP	Country Programme Action Plan
CSOs	Civil Society Organisations
DB	United Nations Declaration on Elimination of Violence Against Women
DEVAW	Declaration on the Elimination of Violence against Women
EU	European Union
FBH	Federation of Bosnia and Herzegovina
FLD	Fund for Local Democracy
FPH	Foundation Partnership in Health Bosnia and Herzegovina
GBV	Gender-based violence
CA	Child Abuse
GDI	Gender Development Index
GEM	Gender Equality Mechanisms
GFATM	Global Fund to fight HIV/AIDS, Tuberculosis and Malaria
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (German Agency for Technical Cooperation)
HBS	Household Budget Survey
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ISRHYBH	Improving the sexual and reproductive health of youth in BH
IDP	Internally displaced person
IDU	Intravenous drug user
IPs	Implementation partners
IRC	International Rescue Committee
LMIS	Logistics Management Information System
MDG	Millennium Development Goal
MIPAA	Madrid International Plan of Action on Ageing
MoCA	Ministry of Civil Affairs
MSM	Men having sex with men
MTR	Mid-Term Review
NGO	Non-Governmental Organization
NGRO	Non-Governmental Research Organization
PDS	Population and Development Strategy
PES	Peer education standards
PGPD	Parliamentarian Group on Population and Development
PPHCBH	Project Population and Housing Census in BH
RH	Reproductive health
RHCSM	Reproductive health commodity security mechanism
RS	Republika Srpska
SBAA	Standard Basic Agreement
SIS	Social Inclusion Strategy
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children’s Fund
UNFPA	United Nations Population Fund

UNHCR	United Nations High Commissioner for Refugees
UNTG	UN Theme Group
VCCT	Voluntary Counselling and Testing Centre(s)
YAP	Youth Advisory Panel
YERP	Youth Employment and Retention Programme
YFSRHC	Youth Friendly Sexual and Reproductive Health Centre
YFSRHIC	Youth Friendly Sexual and Reproductive Health Information Centre
YFSRHMC	Youth Friendly Sexual and Reproductive Health Medical Centre
Y-PEER	Youth Peer Education Electronic and NGO Resource Network
ZE-DO	Zenica-Doboj Canton
MIPAA	Madrid International Plan on Action on Ageing
RIS	Regional Implementation Strategy
VAW	Violence Against Women

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CPAP Framework

The Council of Ministers of Bosnia and Herzegovina (hereinafter referred to as the Council of Ministers of BiH) and the United Nations Population Fund (hereinafter referred to as UNFPA) are in mutual agreement on the content of this document and on their responsibilities in the implementation of the country programme

Furthering the mutual agreement and cooperation for the fulfilment of the Programme of Action of the International Conference on Population and Development (ICPD, 1994); The Millennium Declaration; the Convention on Elimination of All Forms of Discrimination against Women (CEDAW, 1979); the UN General Assembly Special Session on HIV/AIDS (2001), and the World Summit on Sustainable Development (WSSD, 2002);

Building upon the experience gained and progress made during the implementation of the previous Assistance and Cooperation;

Entering into a new period of cooperation (2010-2014) as described in the United Nations Development Assistance Framework for Bosnia and Herzegovina (31.03.2009.);

Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation;

The Council of Ministers of BiH and the United Nations Population Fund have agreed as follows:

Part I. Basis of Relationship

The Standard Basic Agreement (SBAA) between the Government of Bosnia and Herzegovina and United Nations Development Programme, dated 07 December 1995 is the legal basis for the relationship between the Government and UNFPA.

Part II. Situation Analysis

II.1. Country overview

Bosnia and Herzegovina presents a unique development context for the work of the UN. The country has emerged from a post-conflict phase into a period of more stable development, with the long-term aim of becoming a member of the European Union.

Bosnia and Herzegovina is a potential candidate for EU membership. The Stabilisation and Association Agreement (SAA) between Bosnia and Herzegovina and the EU was signed in June 2008. The Interim Agreement, which focuses on trade-related areas, has been in force since July 2008. However, constitutional elements established by the Dayton/Paris peace agreement have been frequently challenged by key political leaders in both entities, and EU-related reforms have stagnated in recent months. There has been little consensus on the main reform priorities. A shared vision on the direction of the country remains necessary for a smooth operation of institutions, for creating more functional and efficient state structures, and for speaking with one voice on EU and international matters.

An international presence under UN auspices has been in place in Bosnia and Herzegovina since 1995. It will be terminated once the Office of the High Representative (OHR) is phased out. However, the closure of the OHR depends on Bosnia and Herzegovina's progress in addressing specific objectives and conditions, which have been determined by the Peace Implementation Council.

II.2 Political Context

Bosnia and Herzegovina's constitution, which is contained in Annex IV to the Dayton/Paris Peace Agreement (DPA), establishes a complex institutional architecture. The DPA put an end to the war and brought peace and stability to Bosnia and Herzegovina. Although progress has been made under the current constitutional structure, it still prevents swift decision-making and therefore hinders reform and the capacity to make rapid progress towards the EU.

Bosnia and Herzegovina consists of two Entities within the State, the Federation of Bosnia and Herzegovina with ten cantons (the Federation) and the Republika Srpska (RS), and Brcko District. The Federation has a Bosniak and Croat majority, while the RS has a Serb majority. As stipulated in the 1995 peace agreement (the Dayton Accords), a State-level Constitution provides for a democratic state with a bicameral parliamentary assembly but assigns many governmental functions to the two entities. The tripartite presidency consists of Croat¹, Serb² and Bosniak³. In 2006, the country held general elections that international observers deemed free and fair. Municipal elections held during the 2008 were similarly evaluated by independent local observers. Civilian authorities generally maintained effective control of the security forces.⁴ Complex political and administrative structures mean that consensus building and decision making is complex and time consuming. This is a major obstacle to Bosnia and Herzegovina's development progress.

As a result of the failure to reform the constitution, elections continue to be conducted under provisions that are in violation of the European Convention on Human Rights (ECHR). The election of Bosnia and Herzegovina's tripartite presidency continues to be in contravention of Protocol 12 of the ECHR, as it does not allow citizens not belonging to the three constituent peoples to stand as candidates and it determines the ethnicity of each candidate elected from the entities.

¹ currently Zeljko Komsic, Social Democratic Party (SDP)

² currently Nebojsa Radmanovic, Alliance of Independent Social Democrats (SNSD)

³ currently Haris Silajdzic, Party for Bosnia and Herzegovina (SBiH)

⁴ US State Department: Bureau of Democracy, Human Rights and Labor. 2008 Human Rights Report: Bosnia and Herzegovina, 2008 Country Reports on Human Rights Practices February 25, 2009

The delays in constitutional reform must also be interpreted in light of an increasingly difficult political situation in the country. While both the Council of Ministers of BiH and the citizens share a vision of future EU membership, challenges exist toward a common agreement on how such a vision will be achieved.

Due to the concerns over political stability in Bosnia and Herzegovina and in the region, the closure of the OHR has been further postponed. In February 2008, the Peace Implementation Council decided to make the closure conditional on Bosnia and Herzegovina's progress on addressing five specific objectives and two specific conditions (signing of the SAA and a stable political situation).⁵

Many of the challenges in terms of governance and development in Bosnia and Herzegovina today are related to the recent past. The conflict contributed to a significant loss of social capital – the ties and relationships that bound pre-war Bosnia and Herzegovina society together. It is in this context that Bosnia and Herzegovina currently struggles with the challenges of three major transitions: the post-conflict reconstruction phase is being superseded by the long-term development phase; a one-party communist political rule has been replaced by a pluralist system and parliamentary democracy with a very short adjustment time for the politicians and citizens. A market-based economy has been implemented in place of the previous mixed planned socialist/market system. Bosnia and Herzegovina clearly faces a unique set of development challenges.

The administrative structures remain cumbersome, and in some cases fragmented, and prone to duplication and unclear division of powers, both between institutions at the same level and vertically, between different levels of government.

Another serious handicap for policy planning in Bosnia and Herzegovina as a whole is the lack of proper statistics, including an up-to-date population census. Major reforms are still based on the 1991 census, which does not reflect the current situation on the ground.

II.3 Economy

In recent years the economy has grown annually an average of 6 per cent.⁶ The average per capita gross domestic product was 6,435 BAM in 2008.⁷ However, the benefits of economic growth have been uneven, with 18.4 per cent of the population living below the poverty line.⁸ Although officially extreme poverty is considered non-existent in Bosnia and Herzegovina, there are certainly unrecorded cases of population facing this level of poverty. According to the Living Standards Measurement Survey of 2008, the poverty headcount ratio is 18.2 per cent. Two key factors contributing to the high poverty level in Bosnia and Herzegovina are the high unemployment rate and weak social protection systems.⁹

The already high rate of registered unemployment further increased in the first half of 2009 to 41.6 per cent in June from 40.6 per cent at end-2008. Sectors with the highest annual growth of employment were financial intermediation, public administration, health and education, while employment decreased in manufacturing, mining, agriculture and trade. According to the Labour Force Survey following ILO methodology, unemployment increased to 24.1 per cent in 2009 from 23.4 per cent in 2008. The discrepancy between the two measurement methods points to a high importance of informal activities.

Youth unemployment is estimated at 58.5 per cent, which is four times higher than the average among EU countries.¹⁰ Young people often lack skills to match the demands of the economy coupled with insufficient opportunities for employment.

⁵ The objectives are: 1) Acceptable and sustainable resolution of the issue of apportionment of property between State and other levels of government; 2) Acceptable and sustainable resolution of defense property; 3) Completion of the Brčko final award; 4) Fiscal sustainability (promoted by an agreement on a permanent coefficient methodology on distribution taxation revenues and establishment of a National Fiscal Council); and 5) Entrenchment of the rule of law (demonstrated by adoption of a National War Crimes Strategy, of a Law on aliens and asylum and of a National Justice Sector Reform Strategy).

⁶ In 2008, real GDP growth fell to 5.4% from 6.8% recorded in 2007.

⁷ Bosnia and Herzegovina Agency for Statistics, 2009

⁸ Household Budget Survey 2007

⁹ Common Country Assessment for BiH 2008, UNCT

¹⁰ Analysis of the position of youth and youth sector in BiH, CCYI/GTZ, 2008.

A significant trade deficit and low productivity are further challenges. Poor coordination among different levels of government on economic policy is one of the reasons why these economic challenges persist. The State government has not been able to shape its employment policy objectives over the past years of the transition period, and it has not been able to derive strategies by which the employment policy objectives would be achieved. It is not yet clear how severe the global economic crisis impact will be on Bosnia and Herzegovina, but any stagnation in growth will further aggravate already poor employment rates. As a direct impact of global economic crisis, the general government deficit widened to 4 per cent of GDP from a near-balance in 2007. In July 2009, Bosnia and Herzegovina qualified for the International Monetary Fund Stand-by Arrangement (SBA) assistance of USD 1.01 billion for the period July 2009 - June 2012 to stabilize the economy and prepare for entry into the European Union. As a pre-condition, the State, entities and District Brcko were expected to develop a comprehensive joint strategy of economic recovery, mainly based on public budget cuts, including reviewing of the social benefits scheme, and reducing social benefits significantly, particularly for the war veterans and civilian victims. The idea is that this reform will lead to more equitable division of resources. However, it is yet to be seen what impact this strategy will have on the other aspects of social inclusion and the other population groups.

II.4 Demography

The lack of reliable and comprehensive demographic data represents one of the challenges for the planned development of the country. In the absence of a recent population census, the estimates of population size vary from 3.3 million to 3.8 million. According to the Labour Force Survey of 2007, population is estimated at 3.3 million, (51.4 per cent female and 48.6 per cent male). The same source estimates that 17.8 per cent of the population under the age of 15; 67 per cent aged 15-64 and 14.8 per cent aged over 64. Age dependency ratio in the country is assessed to be 14.8 per cent for male and 20.2 per cent for female population.¹¹

Bosnia and Herzegovina has an ageing population with low fertility rates which has major implications for future economic sustainability. Natural growth rate, according to the European Commission Progress Report for Bosnia and Herzegovina of 2008, is negative at -0.2, indicating a difference between births and deaths per 1,000 inhabitants. According to the estimates of the Bosnia and Herzegovina Agency for Statistics, the total fertility rates (TFR) are declining: in 1996 TFR was 1,647; in 2005 1,217; and in 2006 1,176.¹² In 2007, at 0.90, the TFR in the Republika Srpska is below the BiH average.¹³ Although sufficient evidence is lacking, underlying causes could be the perception of a bleak economic situation and the lack of government policies to encourage fertility rate increase and family friendly policies.

About 46 per cent of the population currently lives in urban areas. Life expectancy at birth is 74 years (72.1 for men and 77.3 for women), which is five years higher than the average in Eastern Europe and Central Asia.¹⁴ Infant mortality stands at 13 per 1000 live births (compared to 14/1,000 for Europe overall).

II.4.1 Migration

Massive population movements accompanied the 1992-1995 war and immediate post-war period, during which approximately 40 per cent of the population was displaced within or outside the borders of Bosnia and Herzegovina.¹⁵ There are currently 41,013 displaced families in Bosnia and Herzegovina, including 125,072 displaced persons (of whom 45 per cent are located in Federation of Bosnia and Herzegovina, 54.1 per cent in RS and 0.9 per cent in BD).¹⁶ The war, therefore, significantly altered the pre-war demographic map in ways which are not yet entirely understood in the absence of census data.

The three year period between 1992 and 1995 was marked by war-related migrations. In addition to those who left during the war, another 110,000 Bosnia and Herzegovina citizens have emigrated since, of whom

¹¹ Study: Pension Reform and Social Protection System Reform in BiH, UNDP, 2007

¹² BiH Agency for Statistics. Bulletin Demography. 2007.pg. 37

¹³ Ministry of Family, Sports and Youth of RS. Analysis of Demographic Situation and Implementation of pro-natality measures and activities in the RS. 2008. Pg. 28.

¹⁴ World Bank report, 2007.

¹⁵ ORI and UNDP, 2007, The Silent Majority Speaks, p.19.

¹⁶ BiH MoHRR, "Revised Strategy of Bosnia and Herzegovina for the Implementation of Annex VII of the Dayton Peace Agreement, Sarajevo June 2008" - DRAFT.

43,000 have changed their citizenship permanently.¹⁷ The post-war period continues to be marked by migrations caused by low labour demand and underpaid employment in Bosnia and Herzegovina.

An accurate estimate of the Roma population, a minority and the group most vulnerable to socio-economic exclusion, is lacking. The information gaps are due to a lack of census data coupled with gaps in civic and birth registrations.

Establishing effective migration system management is one of the key pre-requisites for Bosnia and Herzegovina's accession to the EU. A state level strategy on migration has been developed with support from IOM, which focuses on immigration.

The adoption of the necessary bylaws regarding the Law on Movement and Stay of Aliens and Asylum¹⁸ has been completed. A national asylum and migration strategy and action plan for 2008-2011 were adopted in November 2008. As regards the implementation of the strategy and action plan, a coordination body was appointed by the BiH Council of Ministers. The migration information system, including the visa module for electronic data storage and transfer between consular offices and the central administration in Bosnia and Herzegovina, became fully operational in September.

Based on situation assessment from 2008, there is no policy in place aimed at harmonising migration related client service, data collection and processing approaches of stakeholders. Responsibility for policy on immigration and emigration theoretically rests at state-level, as per the Constitution of Bosnia and Herzegovina. However, the procedures and capacities normally utilized to create policy are not in place.¹⁹ Coordination mechanisms are weak and there are gaps in migrant referral procedures. A uniform methodology for the collection of migration related data is lacking. For policy makers and actors within the field of development, the major challenge remains the lack of information available and the non-existence of a functioning migration surveillance system.

II.5 Social Exclusion

UN Convention on the Rights of Persons with Disabilities has been signed. The fragmented legal and financial framework does not provide the same social protection for all citizens throughout the country. Many groups of the population continue to be excluded from social protection and assistance benefits. The inadequacies in the social welfare systems continue to adversely affect the conditions of the persons with disabilities, including the mentally ill, who remain particularly vulnerable to social exclusion. The Council for Disabled Persons has not yet been established.

It is estimated that over 50 per cent of the population is socially excluded in some way. Twenty two per cent of the population experiences some form of extreme exclusion and 47 per cent are at risk of long-term social exclusion²⁰.

Among the most vulnerable groups are:

- The elderly, who face the highest risk of poverty due to the lack of policies guiding their rights, with more than half of those 65 years old and over are excluded from the pension system. Absence of elderly sensitive policies at all levels of government, an outdated pension system and the changing structure of the family in comparison to the pre-war family structures are the primary causes. Both qualitative and quantitative research is lacking in this area.
- Persons with disabilities, who face significant vulnerability to poverty, as well as high levels of exclusion from education and health services;
- Displaced persons, 37 per cent of whom are below the poverty line, especially among those still living in Collective Accommodation. The displaced and returnee children often experience exclusion due to

¹⁷ United Nations Common Country Assessment of 2008, pg. 38

¹⁸ The Law on movement and stay of foreigners and asylum ("Official Gazette of FBiH, nr. 29/03 i 4/04)

¹⁹ Common Country Assessment 2008

²⁰ UNDP, 2007, *NHDR*.

stigmatisation, segregated school curricula, lack of transportation to school or barriers to accessing basic services²¹;

- The Roma, 76 per cent of whom are without primary education and 92 per cent of whom are unemployed or working in the informal economy (the highest unemployment level among Roma in the South Eastern European region); Many Roma children are not being registered at birth and are denied many human rights as a result. Some 27 per cent of Roma live in poverty, and two-thirds of school-age Roma children do not attend school²².
- Families with two or more children who face high risks of poverty due to high unemployment and lack of social protection measures; There is a high correlation between the economic status of households with children and low social and health indicators, including decreased attendance in secondary schools, decreasing developmental opportunities and lower access to basic health services such as immunization²³;
- Unemployed youth without sufficient levels of education to enter the job market; and,
- Low-skilled youth who are either unemployed or engaged in the informal economy.

Overall, these groups are not only at the highest risk of income poverty and unemployment, but also have far more difficulty accessing public services and participating in political life. Children, women and people living with disabilities remain particularly vulnerable to multiple forms of exclusion or multiple barriers from the realisation of their respective human rights. Increasing levels of violence against, amongst and by young people, as well as increasing drug use, are some of major concerns in Bosnia and Herzegovina.

While there is little data available on the prevalence of drug use in the population, research among users suggests that drug use starts at a relatively young age in Bosnia and Herzegovina (15 to 17 years). Among young drug users there is a fairly rapid progression to injection at the age of 20²⁴.

Despite the efforts to improve the status of persons with disabilities, the indicators on educational attendance, access to employment and adequate social services remains low. In addressing all of the above-mentioned challenges, particular emphasis is placed on the gendered dimensions of discrimination and exclusion. Women, as a disadvantaged group, often face double discrimination, reinforced by the processes of post-conflict and economic transition in the country.

II.6 Gender

II.6.1. Gender disparities

Gender-based inequalities in Bosnia and Herzegovina are particularly pronounced in three areas: political participation, labour force participation and gender-based violence. The Gender Development Index (GDI) for 2004 was 0.801²⁵. Despite some improvement since 2003, Bosnia and Herzegovina remains ranked only 9th among 11 countries in South Eastern Europe, just above Macedonia and Albania²⁶. The Gender Empowerment Measure (GEM) of 0.496 in 2007 shows gender inequality in political and economic participation, as well as lack of power over economic resources as measured by earned income²⁷. Only 9 per cent of leading government positions is held by women. Of the 64 ministerial positions at the state and entity levels, only six are held by women. This is despite the revision of the state-level electoral law in 2006, which now requires candidate lists for elections to contain at least 30 per cent women. Women face consistently higher levels of economic insecurity and vulnerability than men. Although women make up just over half of the population, they constitute only 36 per cent of the labour force, which is among the lowest in the region.

²¹ UNHCR Preliminary Report results on Roma and DP in BiH

²² UNICEF, 2007, *Social Exclusion with a Special Focus on Roma Children in South East Europe*.

²³ UNICEF, 2007, MICS3.

²⁴ UNICEF, 2007, "Biological and Behavioral Survey among Injecting Drug Users (IDU)", Bosnia and Herzegovina.

²⁵ UNDP, 2007, *NHDR*.

²⁶ *Ibid.*

²⁷ *Ibid.*

Furthermore, the female participation rate is almost half that of the male participation rate (31.0 per cent vs. 57.7 per cent)²⁸, women face a higher unemployment rate than men (26.8 per cent vs. 21.4 per cent) and consequently women have only 35 per cent of the labour market share. The absence of coherent and reliable gender-sensitive and disaggregated data negatively impacts on the development of appropriate programmes, monitoring and evaluation systems that could address gender inequalities

II.6.2. Domestic violence and sexual gender based violence in conflict and beyond

The law on gender equality was adopted in 2003²⁹, and entities and other levels of government are required to amend all existing policies in accordance with the newly established law that protects the rights of women. A whole set of laws exist dealing with family violence, including violence against women.³⁰ However, the laws in health and social sectors³¹ are not harmonised with these laws, and there are gaps in funding and capacities to implement them.

Recent research suggests that in Bosnia and Herzegovina domestic violence is directed against women and children five times more often than against men³². Thirty five per cent of children aged 2 to 14 are subject to at least one form of psychological or physical punishment by their parents/caretakers or other household members. According to the EC's 2008 Progress Report, criminal acts of violence in the family recorded by the authorities rose by more than 50 per cent in 2007³³. It is presumed that this alleged rise can be attributed to better reporting following intensified efforts by the government and civil society to improve reporting of cases of violence. However, due to absence of reliable data on gender based violence in the years before, it is difficult to draw parallels. Studies on the root causes of violence are lacking. However, based on the various reports, gender based violence has its roots in a long tradition of gender inequality, consequences of the war, as well as psychological, social and economic factors. The CEDAW Committee has made clear recommendations to the country to improve data collection on gender based violence, to ensure de-facto applicability of the laws, and to ensure capacity building of government professionals to work on preventing and decreasing violence against women (VAW).³⁴

The "Green Line"- a telephone line for information and advice on gender based violence and sexual and reproductive health - received 354 calls in 2006. This number increased by 73 per cent in 2007 and by a further 21 per cent in 2008. The calls were placed from across BiH. Depending on the year from 2005-2008, between 65-75 per cent of the total number of callers were women. Their calls have included questions such as where to report a case of family violence - whether physical, psychological, or economic, but also to seek advice and referral regarding the symptoms of reproductive health morbidities and contraception. Male callers mostly enquired about methods of protection against sexually transmitted infections.³⁵ In 2006, through discussion-groups based research with representatives of health institutions, police, judiciary, education, social protection and non-governmental organizations in 14 municipalities of Bosnia and Herzegovina, it was evident that there are still significant gaps in reporting, recording, treatment and referral of victims of violence.³⁶

There is no common GBV data collection mechanism for the whole country. As there is no uniform data collection methodology, it is often difficult to obtain regionally or internationally comparable data. In the Federation the most frequent type of family violence reported was physical violence against women, especially among the age group from 28-45. From 2006 to 2007 there was a 30 per cent increase in reported cases of violence against youth, elderly and children.³⁷ The 'SOS' line in Republika Srpska received 1019

²⁸ Labor Force Survey 2007.

²⁹ The Law on changes and amendments of the Electoral Law of Bosnia and Herzegovina («Official Gazette BiH», nr. 7/02, 9/02, 20/02, 25/02, 4/04, 20/04, 25/05, 52/05, 65/05, 77/05, 11/06 i 24/06)

³⁰ Official Gazette FBiH, nr. 22/05; "SgRS", broj 118, _ 30. Dec 2005

³¹ Law on basic social protection, protection of civilian victims of war, and protection of families with children. Official Gazette of FBiH. nr. 36/99, 54/04 i 39/06 I zadnja izmjena broj 14/09

³² UNDP, 2007, *NHDR*.

³³ European Commission, „Bosnia and Herzegovina 2008 Progress Report“, Brussels, 5 November 2008, p. 18

³⁴ Translation of Concluding Remarks of the CEDAW Committee, 35th Session: CEDAW/SR.721 and 722, 15 May -2 June 2006. Pp 4-7

³⁵ Foundation for Local Democracy, supported by UNFPA: Bulletin "Do not just passively watch", 2008.

³⁶ Ibid

³⁷ Strategic Plan to Prevent Family Violence 2009-2010, Gender Centre of Federation of BiH, supported by UNFPA, p. 13

calls in 2005, 2657 calls in 2006 and 3513 calls in 2007, a threefold increase. Data from the SOS telephone line service shows an increase in the reporting of male against female violence.³⁸ These increases are most likely the results of intensified efforts of institutions and nongovernmental organizations to improve reporting of violence. These efforts, however, should be better coordinated and capacities of institutions which support women victims of violence should be strengthened.

In Bosnia and Herzegovina there is also a high number of women who are survivors of sexual violence including rape during the war period. Only recently were these women given the legal status of victims of war, upon the insistence of the CEDAW Committee and advocacy by women's rights groups in the country. Their right to reparations has yet to be realized.

II.7. Reproductive and Maternal Health

There is little data available on reproductive and maternal health. Even data that exists is collected at the level of Entities and District Brcko at most, not always using the same methodology, and as a result it is not always comparable. This is largely due to the fragmented competences between State-level and Entity-level institutions.

Access to essential reproductive health services for women is legally guaranteed by the public health insurance schemes, in accordance with the Entities' Laws on Health Insurance.³⁹ This includes regular checkups during pregnancy and post-partum care. However, since medical insurance is largely linked to employment, women often have to pay for this service. According to the Public Health Institute of the Federation, preventive RH programmes are conducted only in some Cantons.⁴⁰

Attaining MDG goal five – improving maternal health – will require more support. While on the one hand the country has been very successful in keeping the mortality rate low, on the other hand it has difficulties in progressing towards ensuring universal access to reproductive health, especially in increasing the usage and access to modern contraceptives among women of reproductive age. Maternal mortality ratio per 100,000 of births is 3.⁴¹ This is the same as the maternal mortality ratio of Sweden and is the lowest in South Eastern Europe, compared to the maternal mortality ratios of Albania - 92, Bulgaria - 11, Romania - 24, and Macedonia - 10. Bosnia and Herzegovina is classified under the group of countries with a generally complete civil registration system (with at least 90 per cent of deaths estimated to be registered) and good attribution of cause of death (less than 20 per cent of deaths lack accurate cause-identification).⁴² At the same time, the usage of modern contraceptive methods at 11.2 per cent by women in Bosnia and Herzegovina aged 15-49 women is low, compared to Sweden for example where 64.8 per cent of women use modern contraception. Only 4.1 per cent of married women in Bosnia and Herzegovina aged 15-49 use contraception, compared to Sweden for example, where this rate is 16.4 per cent. Adolescent birth-rate in Bosnia and Herzegovina per 1,000 women is 15.7. This is relatively high, compared to for example 6.1 in Sweden. Some evidence suggests that the causes for this lie in the non-affordability of contraception, lack of awareness about positive effects of contraception, as well as abundance of misconceptions on the negative side-effects of using contraceptives. More research is necessary to more clearly identify the underlying causes.

There are no accurate figures on the number of unwanted pregnancies and intended terminations of pregnancies. A large number of abortions are not registered in accordance with legislative prescriptions.⁴³ There are only sporadic and non-comprehensive studies on the number of abortions. Based on a cross-sectional population study conducted in 1998, it was found that among the sample aged 15-49 every third woman had at least one intentional abortion. Furthermore, fourteen per cent of women stated that they had some sort of health complications, especially depression. In response, guidelines on pre- and post-abortion counselling, including contraception counselling were developed and disseminated, with a basic training of health professionals conducted in three locations.

³⁸ Republica Srpska is providing support to victims of violence through SOS help line.

³⁹ Official Gazette of FBiH, nr. 29/97. Law on health protection. " Official Gazette of FBiH ", nr. 30/97 Law on health insurance. Official Gazette of RS, nr. 18/99, 51/01, 70/01, 51/03, 57/03, Law on health insurance.

⁴⁰ Ibid. p.38

⁴¹ <http://mdgs.un.org/unsd/mdg/Metadata.aspx?IndicatorId=0&SeriesId=553>

⁴² <http://mdgs.un.org/unsd/mdg/Data.aspx>

⁴³ Ministry of Family, Sport and Youth of RS. Analysis of Demographic Situation and Implementation of pro-natality measures and activities in the RS. 2008. Pg. 47.

In Tuzla Canton the rate of abortions is 97 abortions per 100 births. According to Sarajevo Clinic for Gynaecology, the most recent figure of 2005 indicates that there were 434 abortions per 3217 births in Canton Sarajevo.⁴⁴ The causes for this could be found in the resistance to the usage of contraceptives, lack of empowerment of women to negotiate safe sex practices, and extremely easy access to abortion services.

According to the Multiple Indicator Cluster Survey (MICS) carried out in 2006, adolescents up to 19 years of age, and women above 30 years of age, are the least knowledgeable about possible ways of HIV transmission, especially mother to child transmission. The survey also indicates that only about 20 per cent of pregnant women receive information on ways of HIV transmission and advice for the use of protection and prevention services during pregnancy.

Malignant neoplasm is a concerning and frequent cause of death among women. The primary cause of death among malignant diseases among women is breast cancer, while the second lead cause is cervical cancer. In 2007 the cervical cancer rate in the Federation was 17 per 100,000 inhabitants, while the mortality rate was 7.4 per 100,000 inhabitants, which represents rather high disease incidence and mortality rates. While the government in the Federation has been active in developing and piloting a breast cancer prevention and treatment programme, there is no standardized approach to cancer prevention, no database, and no established indicators in Republika Srpska or the Federation of BiH.⁴⁵

There are no State or Entity level policies on reproductive health, family planning or reproductive health commodity security. The lack of a reproductive health commodity security mechanism in the country represents an obstacle to greater access to contraception and the other reproductive health commodities by women and couples. The systematic forecasting, procurement and warehousing of reproductive health commodities is lacking. The cost of contraceptives is relatively high and in no cases subsidized by the government. UNFPA has been supplying smaller quantities of contraceptive pills and condoms for project sites. Global Fund Programme for HIV/AIDS procures condoms only. This is an impediment that needs to be addressed.

II.7.1. Young People's Reproductive Health

It is estimated that young people from 15-30 years of age account for 23 per cent of the total population of Bosnia and Herzegovina. Of those, 163,000 attend secondary schools, while 100,000 attend tertiary education. Forty four per cent of young people are unemployed, which represents one of the key factors for susceptibility to risky behaviours.⁴⁶ Some studies indicate that even close to fifty per cent of Bosnia and Herzegovina youth under the age of 15 is sexually active.⁴⁷ The health related lifestyle, such as risky sexual behaviour, tobacco, alcohol and drug consumption, additionally increase the risk factors for the health of young people.

There is an urgent need to develop youth friendly reproductive health services. Youth health data is collected from routine health statistics reports. Epidemiological data on STIs, age and sex distribution are inadequate and inaccurate. As with abortions in general, there is little data on the number of unwanted pregnancies among youth.

According to Prism Research Perception and Behaviour Baseline Study on Youth Reproductive Health, conducted in 2001/2002, young people in Bosnia and Herzegovina have little knowledge on sexual and reproductive health.⁴⁸ The lack of comprehensive SRH education in formal and non-formal education systems additionally complicates the matter. Close to 60 per cent of Bosnia and Herzegovina youth does not use any sort of contraceptive methods.⁴⁹

In response, UNFPA supported setting up of Youth Friendly Sexual Reproductive Health Information Centres (YFSRHICs). The centres work with the Y-peer Network- (through information centres) and Youth Friendly Sexual and Reproductive Health Centres (YFSRHCs) established within primary public health care facilities.

⁴⁴ Ibid, pg. 48

⁴⁵ Federal Ministry of Health Project Proposal for Cancer Prevention Programme Development, 2008, pg. 4

⁴⁶ <http://www.mladi.info/index.php?type=2&a=1&sid=1>

⁴⁷ Survey among injecting drug users, UNICEF 2008

⁴⁸ Perception and Behaviour Baseline Study on Youth Reproductive Health, 2001/2002 Prism Research/UNFPA

⁴⁹ Report on HIV and RISK, UNICEF 2007

There are 4 UNFPA supported YFSRHICs/YFSRHCs, operating on the territory of Bosnia and Herzegovina. In addition to that, there are a number of youth friendly services supported by the Canadian CIDA and the Global Fund Programme for Aids, Tuberculosis and Malaria. However, the quality of all the established services is yet to be evaluated.

Furthermore, UNFPA supported the establishment of 14 sexual and reproductive health school clubs in three different locations in 2007 through extracurricular activities, and the establishment of 10 new clubs in 2008. The number of in-school extracurricular peer education presentations by Y-Peer Network in Bosnia and Herzegovina increased from 154 in 2007 to 305 in 2008. At the same time the number of youth receiving peer presentation information almost doubled from 3211 in 2007 to 6249 in 2009. Through outreach activities in these three locations, approximately 12,680 young people were provided with information related to youth sexual and reproductive health.

There are youth health strategies in the Federation and Republika Srpska, which provide general frameworks for youth friendly services in both Entities. Both Entities' Ministries of Health have shown interest in increasing support for youth sexual and reproductive health. However, funding for comprehensive reform in this field that would have a meaningful impact on a higher number of young people is lacking.

Integration of youth friendly services into the primary health care system remains a big challenge and priority for the country, considering the young and adolescent age groups' particular vulnerability to sexually transmitted infections and HIV/AIDS caused by risky behaviour.

Other key donors in the area of youth reproductive health are GTZ and UNDP through the GFATM programme, basing large parts of their programmes on the peer education methodology. UNICEF also has some initiatives to improve youth reproductive health through life-skills based education in schools.

II.7.2. HIV/AIDS Situation

Bosnia and Herzegovina is a low HIV prevalence country with an estimated prevalence of < 0.1 per cent.⁵⁰ Due to the perceived low-level of HIV/AIDS risk, the measures in the country are predominantly focused on promotion of protective behaviour within most-at-risk population groups. To a large extent, the measures have been supported by the Programme of the Global Fund to Combat HIV and Tuberculosis in Bosnia and Herzegovina. Investing in prevention while HIV prevalence rate is low seems wise.

Sub-populations which have been identified as being at higher risk of HIV transmission are: injecting drug users (IDU), men who have sex with men (MSM), sex workers and their clients, cross-border migrants, migrant workers, internally displaced people, refugees, and prisoners. Although Roma population (marginalized group) and youth (adolescents and elementary school children in rural areas) are not referred to as target groups in the national HIV/AIDS strategy, some international non-governmental organizations, UN agencies, and the UNDP/GFATM programme have singled them out for attention.

163 cases of HIV infection and 103 cases of AIDS were registered in Bosnia and Herzegovina until the end of 2009. 77.3% of those infected with HIV are men and 20,9 % are women, for 1.8 % of the infected persons, sex is not known. The most common way of transmission of HIV is through heterosexual sex (57%). 17.2% of the infected persons are men having sex with men, 12,9 are intravenous drug users, while 1,8% of the infections are transmitted through hemophilia. 0,6% is the mother to child transmission of infection. Currently 53 persons are living with HIV. 38 of those are receiving anti-retroviral therapy. The anti-retro-viral treatment began in 2007, through the public health care system with limited funding. It is however facing a shortage of anti-retro-viral. The programme of GFATM in BiH is responding to this challenge.⁵¹

Bosnia and Herzegovina developed the "Strategy on prevention and fight against HIV/AIDS in Bosnia and Herzegovina 2004-2009", which includes a strategic goal to ensure that a legal framework exists to protect ethical principles and human rights of people living with HIV. The development of the new strategy has been delayed. The UN Joint Team on HIV/AIDS has agreed to support the Government in developing the new BiH HIV/AIDS Strategy when the drafting process is initiated.

⁵⁰ Report on the Global AIDS Epidemic, UNAIDS 2006

⁵¹ HIV/AIDS Coordinator FBIH, UNGASS Report for BiH 2008-2009

The Voluntary Confidential Counselling and Testing centres (VCCT) for HIV in Bosnia and Herzegovina, with pre-testing and post-testing counselling, have been operational since early 2005. They have been scaled up, currently there are 12 VCCT centres in the FBH and 7 in the RS⁵². VCCT centres are meant to target most-at-risk population groups in the country i.e. IDU, MSM, sex workers, and Roma population with the provision of free of cost, voluntary and confidential counselling and testing for HIV. Referral between sexual and reproductive health services and VCCTs is very weak. The BiH HIV/AIDS Strategy 2004-2009 did not link this issue with other aspects of sexual and reproductive health, especially with other sexually transmitted infections. HIV prevention and treatment are often approached separately. More research is needed for evidence on the linkages between provision of reproductive health services and HIV prevention/treatment services.

Whereas there have been valuable initiatives started in the past few years, there has also been a general lack of resources and overall political leadership to implement the HIV/AIDS Strategy in the country. With the approval of Global Fund proposal, significant portions of the HIV/AIDS Strategy 2004-2009 were been implemented. Typical of Global Fund activities, the UNDP/GFATM HIV/AIDS programme in Bosnia and Herzegovina is based on harm reduction principles, including community outreach and peer based education. However, apart from condoms the programme offers no other contraception commodities, and no medicaments for the other sexually transmitted infections.

Multi-sectoral cooperation has significantly improved resulting in more civil society involvement in the policy-making process through the Country Coordination Mechanism for GFATM Programme (CCM) and the National Advisory Board on HIV/AIDS.

The most pressing issue currently is the development of a new BiH HIV/AIDS Strategy as well as an evaluation of the achievements of the previous strategy. An assessment of the level of linkages between the prevention and treatment of HIV/AIDS and the other aspects of sexual and reproductive health in the country should also be conducted. This assessment could be valuable input for the BiH HIV/AIDS Strategy and ensuring that other aspects of sexual and reproductive health are included and linked.

Part III. Past Cooperation and Lessons Learned

UNFPA has been providing support in Bosnia and Herzegovina since 1995. From 1995 to 2000, UNFPA had supported relief efforts to improve reproductive healthcare and family planning services operating administratively on a project by project basis, through UNDP. Since 2000 UNFPA in BiH has been administering all its activities, together with the Government. From 2005 to 2009 UNFPA has implemented the first quasi-Country Programme Action Plan in BiH.

The analysis of overall status of CPAP projects through the Mid-Term Programme (MTR) Review conducted in 2007, Annual Programme Review Conference (APRC) 2008, and SRH Programme Component Evaluation of 2008 reveal that most projects are on course for successful completion in 2009 with substantial impact on improving sexual and reproductive health, establishing various data collection mechanisms and foundations to monitor and reduce gender based violence, and creating strategies for population and development in Bosnia and Herzegovina. The CPAP has proven to be a valuable tool in addressing the specific challenges in Bosnia and Herzegovina despite the complex constitutional and institutional set-up of the country. The successes have been achieved through a partnership approach with the Government and non-governmental sector through their involvement in project design, implementation and monitoring.

UNFPA programming in Bosnia and Herzegovina will continue to respond to the specific needs in the country within the scope of UNFPA's mandate adjusted to the complex governance structure. There are no state level ministries in the sectors of health, social protection and education. The Ministry of Civil Affairs of Bosnia and Herzegovina has integral sectors for health, social protection and education and the role given to it by the BiH constitution is to provide strategic frameworks and general guidance and coordination. There are limited mechanisms at the state level for implementing policies and strategies as well as limited budget allocations.

The responsibility for developing and supporting mechanisms for implementation and monitoring lies within the governance structures of two Entities and District Brcko. The governance system in Republika Srpska is centralised, while the Federation is de-centralised through 10 Cantons. UNFPA programmes will aim to

⁵² Ibid

support the creation of BiH-wide strategic frameworks as well as specific implementation frameworks at lower levels of government where the constitutional competence lies.

UNFPA advocacy efforts with Members of Parliament, BiH Ministry of Civil Affairs, and Ministry of Human Rights and Refugees of Bosnia and Herzegovina have created the foundations for the establishment of the BiH Coordination Body for the Plan of Action of International Conference on Population and Development.

UNFPA supported the establishment of youth friendly sexual and reproductive health services in 4 locations, integrating medical centres into primary public health care institutions, and providing information services through youth NGOs. The peer education programme has been evaluated by external experts, and expansion of it is highly recommended. The key evaluation, conducted by the Sustainable Research and Development Centre in Jordan in March 2008 examined the achievements of the Youth Peer Education Network. Key evaluation findings, show that 119,314 young people have been reached through peer education sessions since the establishment of the network, which is a significant number considering BiH's administrative and governance structures. During the five-year period, 1,283 peer education presentations/sessions have been conducted with respect to SRH issues, including HIV prevention. 437 events have been held in four cities (Brcko, Bihac, Banja Luka and Mostar), and 154,416 condoms have been distributed at these and similar events, presentations, workshops and street activities.

The model of youth friendly sexual and reproductive health medical service needs be evaluated jointly by the Government and UNFPA in order to identify best practices and lessons learnt. Between 2003 and 2006, 4,118 medical examinations were performed in the four youth friendly SRH medical centres; 834 young clients were referred to other medical services; and 1,222 cases of sexually transmitted infections were identified. Upon the request of public health medical professionals and youth, free access to contraceptives became one of the UNFPA's strategic decisions in providing youth friendly sexual and reproductive health services. Number of distributed contraceptives was 187,025, including male and female condoms, oral contraceptives, and emergency contraceptives. The number of young people that received contraceptives is 2,287. The Public Health Institutes have recognized the benefits of UNFPA's approach in building partnerships between governmental institutions and non-governmental organizations and voiced support for such activities.

An initial advocacy campaign for the establishment of the reproductive health commodity security mechanism has been conducted. Furthermore, a qualitative study on condom programming was carried out. The study results indicate that availability of free condoms is insufficient, and confirm the absence of policies that would support condom programming.⁵³ UNFPA BiH future programming will aim to build upon the findings of the study and proceed with advocating the establishment of reproductive health commodity security policy at BiH and/or Entity level.

Combating the spread of HIV/AIDS shall continue to figure as a high priority. Supporting activities and institutions serving to reinforce public knowledge and preventive behaviour will be of importance. The current lack of linkages between sexual and reproductive health services and HIV-related services is a weakness that shall be addressed through a more strategic approach in the CPAP 2010-2014.

UNFPA's work in building capacity of the Government, NGOs, and research organisations for producing gender based violence related data is already bearing fruit. The establishment of a gender based violence (and child abuse) referral mechanism (RM) model has been supported by UNFPA and UNICEF. UNFPA supported the governments in developing strategic plans to combat domestic violence in FBiH and RS. Future UNFPA support will target the building up of a scientific research base on gender based violence. UNFPA also supported the NGO Foundation for Local Democracy in establishing and operating the so-called Green Line, a telephone info line for gender based violence and sexual and reproductive health. Data retrieved from Green Line was instrumental in the process of developing the FBiH Strategic Plan to Combat Domestic Violence.

Despite the existence of a framework for sexual and reproductive health and gender based violence, the Government still lacks capacities and requisite financial means to fully implement the legislation. Capacity building of responsible government institutions in results based management, focusing both on targeted budgeting, as well as quantitative and qualitative measuring of progress is needed. Furthermore, additional advocacy efforts are required to establish institutional mechanisms to ensure that laws are uniformly applied throughout the country.

⁵³ Qualitative Condom Programming Report, Dervisevic, Pasalic, Serdarevic, 2006

Public campaigns addressing issues of public health - especially concerning SRH and GBV - should be scaled up as they have proven to be, in the course of the implementation, an extremely effective means of influencing public behaviours and attitudes.

A political decision to conduct a Population and Housing Census in Bosnia and Herzegovina in 2011 was made in November 2008 by the Council of Ministers of Bosnia and Herzegovina. UNFPA has repeatedly raised the issue of importance of a Population and Housing Census for Bosnia and Herzegovina. UNFPA supported the statistical institutions in preparations for the Population and Housing Census by providing a plan of action and capacity building in different areas related to the census. UNFPA is also part of the International Census Monitoring Group which began its operation on 31st August 2009.⁵⁴

A workshop organised by UNFPA and subsequent meetings on youth migration statistics have shown that the Government needs further UNFPA support to be able to establish a modern statistical system for migration management and monitoring. Within the Population and Development Strategies component, more work needs to be done to incorporate other emerging population issues in the country, such as migration and ageing. Public Health Institutes and the Bosnia and Herzegovina Ministry of Civil Affairs are in need of further capacity building to be able to develop a systematic data collection, processing, analysis and dissemination mechanism.

UNFPA supported the strengthening of NGO Network 'Elderly', which provides a medium for representatives of the elderly population to more proactively advocate for their rights and to actively link up with the Government. This should be continued and synergised more with advocacy and technical support to nationally adapt the Madrid International Plan of Action (MIPA) on Ageing and the Regional Implementation and to ensure its incorporation into the entity level policies on ageing.

Identifying potential synergies with other institutions and international organizations needs to be emphasized in the future as well as exploring potential synergies among UNFPA related activities such as including gender based violence topics in peer education programmes within secondary schools and strengthening coordination across all programmatic topics.

⁵⁴ Members are: European Commission (represented by Eurostat), Council of Europe, UNDP, UNECE, and UNFPA.

Part IV. Proposed Programme

Country Programme linkage with national development plans⁵⁵, UNDAF Bosnia and Herzegovina 2010-2014 and UNFPA Global Strategic Plan 2008-2011

The first UNFPA Country Programme (CP) for Bosnia and Herzegovina (2005-2009) was developed through a participatory approach with key UNFPA stakeholders: Government of Bosnia and Herzegovina, NGOs, Civil Society Organisations (CSOs), key donors, United Nations agencies and potential implementing partners. It conforms to: (a) the first drafts of the BiH Country Development Strategy and the BiH Social Inclusion Strategy 2008-2013 and (b) the United Nations Development Assistance Framework (UNDAF). The Programme is 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).

The Country Programme cycle has been harmonized with the programming cycles of the United Nations Development Programme (UNDP) and United Nations Children's Fund (UNICEF). It reflects the priorities of the Common Country Assessment and the outcomes of the United Nations Development Assistance Framework (UNDAF), agreed by UN Country Team (UNCT) in Bosnia and Herzegovina and approved by the Government on March 31, 2009.

The UNFPA BiH CP will contribute to the UNDAF outcomes and to the national priorities set by the Social Inclusion Strategy 2008-2013,⁵⁶ and the Country Development Strategy 2008-2013,⁵⁷ European Partnership, and European Union Integration Strategy, which, in turn, lay the groundwork for more easily achieving MDG targets in Bosnia and Herzegovina. Capacity building is at the core of UNFPA's overall approach.

The goal of the First Country Programme (2010-2014) is to support the 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, particularly with regards to reduction of gender based violence and to support the development of evidence based population and development strategies.

The Country Programme aims to contribute to the achievement of Millennium Development Goals, in particular MDG 3 – Promote gender equality and empower women, MDG 5 – Improve maternal health, MDG 6 - Combating HIV/AIDS, malaria, and other diseases, and MDG 8 – Develop a global partnership for development. The Country Programme also aims to contribute to the stronger achievement of the rights of the elderly to social inclusion.

The UNFPA BiH CP consists of three main components: “Reproductive Health”, “Population and Development Strategies” and “Gender”.

The Country Programme chain of results is based on the UNFPA Strategic Plan 2008-2011: Accelerating Progress and National Ownership of the ICPD Programme of Action. All five outcomes and eight outputs of the Programme are directly linked and contribute to the UNFPA's Global Strategic Plan 2008-2011 outcomes as well as the national priorities outlined in the Country Development Strategy, BiH Social Inclusion Strategy, Youth Health Strategies of the Entities, as well as the State and Entity Strategies to Combat Domestic Violence.

⁵⁵ (a) the priorities of the Bosnia and Herzegovina Coordination Board for Economic Development and European Union Integration; (b) the country development and social inclusion strategies, 2008-2013;

⁵⁶ Draft of BiH Social Inclusion Strategy, September 2009. Priorities: Social Policy in Function; Improving the Status of Families with Children, Improving Education, Improving Health Protection, Improving the Position of Persons with Disabilities

⁵⁷ Draft of BiH Development Strategy, September 2009. Strategic Priorities: Macroeconomic Stability, Competitiveness, Employability, Sustainable Development, EU Integration processes.

Table 1: UNFPA Bosnia and Herzegovina Country Programme Results Linkages with national and Global Development Framework

	UNFPA CP components	UNFPA Global Strategic Plan 2008-2011 outcomes	UNDAF/BiH Outcomes and Outputs	Bosnia and Herzegovina National priorities
RHCOMPONENT	<p>Outcome 1. The Government, at all levels, coordinates, monitors and revises health, health education and family planning policies so that they are evidence-based and inclusive of women and youth, by addressing gender equality, youth and the rights of youth and women.</p>	<p>Outcome 2.1: Reproductive rights and SRH demand promoted and the essential SRH package, including reproductive health commodities and human resources for health, integrated in public policies of development and humanitarian frameworks with strengthened implementation monitoring.</p>	<p>Outcome 2.1: Government coordinates, monitors, reports on and revises employment, education, housing, health, social protection and cultural policies to be more evidence based, rights based and socially inclusive.</p> <p>Output 2.1.3: State and Entity Health Ministries coordinate and develop inter-sectoral policies and strategies to improve women's and children's status and to mainstream them into ongoing social sector reforms, including in the areas of nutrition, health, integrated early childhood development, family planning and reproductive health commodity security.</p>	<p>Social Inclusion strategy (2008-2013)</p> <p>Provide more detail – which priority in particular – strengthen links between CPAP and Government priorities</p>
	<p>Outcome 2. Service providers in reproductive health, reproductive health education and social protection ensure access to high-quality services, including socially excluded youth and women.</p>	<p>Outcome 2.2: Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications.</p> <p>Outcome 2.3: Access to and utilization of quality family planning services by individuals and couples increased according to reproductive intention.</p>	<p>Outcome 2.3: Basic health and education, social protection and employment service providers are better able to ensure access to quality services for socially excluded and vulnerable groups, including marginalized rural poor.</p> <p>Output 2.3.1: Service providers in health, education, social protection and law enforcement sectors have improved knowledge and skills to increase access of socially excluded children and youth to quality social services and address specific child and youth vulnerabilities.</p>	
	<p>Outcome 3. The Government, at central and local levels, develops regulatory and institutional</p>	<p>Outcome 2.5: Access of young people to SRH, HIV and gender-based violence prevention services, and gender-sensitive life skills-based SRH education improved as part of a holistic multisectoral approach to young people's development</p>	<p>Outcome 4.1: Government at central and local level develops regulatory and institutional frameworks to mitigate</p>	

	frameworks to prevent and respond to HIV, STIs and cervical cancer.		risk and respond to disasters and outbreaks of communicable diseases, including HIV/AIDS, TB and pandemic influenza. Output 4.1.2: Ministry of Civil Affairs and the National Advisory Board on AIDS have sufficient technical knowledge to coordinate development and implementation of participatory evidence-based HIV/AIDS, tuberculosis and national health-related strategies, policies and standards.	
PD COMPONENT	Outcome 4. Governments at all levels are able to base policies on quantitative and qualitative analysis of disaggregated data, policy assessments and reviews, with focused attention to socially excluded groups and migrant populations	Outcome 1.1: Population dynamics and its inter-linkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks. Outcome 1.4 Emerging population issues – especially migration, urbanization, changing age structures (transitions to adulthood/ageing) and population and the environment – incorporated in global, regional and national development agendas.	Outcome 1.1: Government at all levels is able to base policies on quantitative and qualitative analysis of disaggregated data, policy assessments and reviews, with focused attention on socially excluded groups and migrant populations. Output 1.1.1: Statistical agencies have the appropriate technical and organizational knowledge, skills and resources to conduct the Census 2011. Output 1.1.2: Statistical Agencies, Public Health Institutes and relevant Ministries collect, analyse and use social and demographic data, including gender statistics and MDG indicators.	(a) national development strategy and social inclusion strategies; and (b) European Partnership and European Union Integration Strategy As above

GENDER COMPONENT	<p>Outcome 5.: Security sector and law enforcement sector agencies integrate gender equality issues and mainstream gender into their policies and protocols, including those on gender-based violence</p>	<p>Outcome 3.1.: Gender equality and the human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development frameworks and laws.</p> <p>Outcome 3.3: Human rights protection systems (including national human rights councils, ombudspersons, and conflict-resolution mechanisms) and participatory mechanisms are strengthened to protect reproductive rights of women and adolescent girls, including the rights to be free from violence</p> <p>Outcome 3.4: Responses to gender-based violence, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV-prevention services, including in emergency and post-emergency situations.</p>	<p>Outcome 4.4: Security and law enforcement sector agencies integrate gender equality issues and mainstreams gender into its policies and protocols and takes action to protect women against violence.</p> <p>Output 4.4.2: Entity Ministries of Justice and Interior, and police at local levels have improved knowledge and skills to put in place policies and protection systems and ensure their legal enforcement in response to gender-based violence, particularly sexual and domestic violence.</p>	<p>(a) national small arms and light weapons strategy; and (b) national law on disaster management and preparedness</p>
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The Country Programme contributes to three of the four UNDAF outcomes: (a) democratic governance; (b) social inclusion; and (c) human security. The outcomes and outputs aim to contribute to government plans and strategies to improve social inclusion and reduce poverty.

REPRODUCTIVE HEALTH AND RIGHTS COMPONENT

The reproductive health component has three outcomes to contribute to the UNDAF outcome "Social Inclusion".

The outputs below contribute to reproductive health and rights outcomes 2.1, 2.2, 2.3, and 2.5 respectively of the UNFPA [Global] Strategic Plan 2008-2011.

UNFPA BiH CP Outcome 1: The Government, at all levels, coordinates, monitors and revises sexual and reproductive health, sexual and reproductive health education and family planning policies so that they are evidence-based and inclusive of women and youth, by addressing gender equality and the rights of youth women

Output 1.1.:

Ministries of Health coordinate the development of sexual and reproductive health strategies ensuring inclusion of family planning and reproductive health commodity security policies and strategies to improve women's health. Key activities include: (a) providing technical assistance for developing comprehensive SRH and family planning policies and guidelines; (b) establishing a reproductive health commodity committee and security mechanisms; and (c) increasing the capacity of health workers in the areas of family planning and reproductive health commodity security.

There are no reproductive health policies in the Entities or at the State level, and reproductive health data is lacking. This output is aimed at filling this gap through support to the Bosnia and Herzegovina Ministry of Civil Affairs, the Entity Ministries of Health and the Health Department of District Brcko. UNFPA BiH shall support the organization of workshops on using alternative tools for data collection on reproductive health issues beyond the Demographic and Health Survey and on defining the types of data needed to fill the gaps in statistics on reproductive health in Bosnia and Herzegovina. Within this process, UNFPA BiH will aim to support more focused research on sexual and reproductive health and family policy. The research shall focus on behaviour of young people, maternal health, sexual and reproductive health of vulnerable groups (including Roma population), and regional disparities on sexual and reproductive health. UNFPA BiH aims to conduct studies on fertility, abortion, contraception, and psychosocial aspects of adolescent fertility. The

research will be made available to policy makers as an aid in formulating reproductive health policies, and creation of reproductive health strategies in Bosnia and Herzegovina.

Supporting the establishment of a Reproductive Health Commodity Security Mechanism will continue to be a priority issue for UNFPA in Bosnia and Herzegovina. Development of a long term RH Commodity Security Strategy for Bosnia and Herzegovina is key. Moreover, UNFPA BiH will support the Government in ensuring a sustainable supply of reproductive health commodities, and the development of the Logistics Management Information System (LMIS). UNFPA BiH has already raised awareness on the importance of having an established Reproductive Health Commodity Security Mechanism in BiH. UNFPA BiH will also support operationalisation of the Reproductive Health Commodity Costing Module, as a useful tool for estimating reproductive health related costs. Depending on the availability of funds, this may include UNFPA managing the procurement, importing, and distribution of condoms, contraceptive pills, intra-uterine devices, medicaments for sexually transmitted infections and the other medicaments and equipment needed for improvement of reproductive health.

UNFPA will support the BiH Ministry of Civil Affairs in coordinating with the Entity Ministries of Health in the process of developing a Reproductive Health Strategy in BiH and establishing a Reproductive Health Security Commodity Mechanism in BiH.

UNFPA BiH CP Outcome 2: Service providers in reproductive health, reproductive health education and social protection ensure access to high-quality services, including socially excluded youth and women

Output 2.1.:

Service providers in the health, education, social protection and judiciary sectors have improved knowledge and skills to increase the access of youth and women to high-quality social services, and to enable them to make informed decisions regarding their reproductive health. This output will be achieved by: (a) Developing new training modules; (b) Training youth friendly sexual and reproductive health medical services staff (core) in accordance with the new training modules.

Youth Sexual and Reproductive Health is one of the priority interventions for UNFPA BiH in the First Country Programme.

The Y-Peer Network will be expanded in the country to include more NGOs working on peer education in cooperation with the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), and the United Nations Development Programme (UNDP) which administers the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria project of HIV prevention among youth. Past experience and successful results attained from peer education in select schools will serve as a basis for expanding the system of peer education in Bosnia and Herzegovina, in accordance with UNFPA Standards for Peer Education Programmes.

Encouraged by the high quality of peer education services provided through previous collaboration, UNFPA BiH aims to further build the capacities of a select NGO(s) in this area by empowering it to coordinate the provision of peer education services, including provision of trainings. It is planned that at least two trainings of trainers in peer education will be conducted per year. UNFPA BiH role would be to support, oversee and monitor the process.

Furthermore, UNFPA will support the Government in strengthening its capacities for providing peer education in schools on responsible sexual and reproductive health behaviour, including HIV prevention and treatment. Funding for this initiative will be sought from bilateral donors.

UNFPA BiH will continue in-service trainings for reproductive health providers to disseminate the Training Kit for Pre and Post Abortion Counselling. A team of peer trainers will be established. Technical assistance to the in-service training will target gynaecologists, nurses, midwives and psychologists in three public primary health care institutions. The developed training kit will be piloted through training for reproductive health service providers, followed by developing, printing and disseminating the final training kit.

UNFPA BiH will build upon its cooperation and joint advocacy initiatives with the Bosnia and Herzegovina Association of Midwives. The Programme will support the Association of Midwives in its advocacy efforts for the establishment of a tertiary-level education programme for midwives.

UNFPA BiH CP Outcome 3: the Government, at central and local levels, develops regulatory and institutional frameworks to prevent and respond to HIV, STIs, and Cervical Cancer

Output 3.1:

The Ministry of Civil Affairs and the National Advisory Board on HIV/AIDS have the technical knowledge to develop and implement participatory, evidence-based policies, strategies and standards on health and on HIV and AIDS. Key activities include developing the capacity of policymakers and programme implementers to ensure evidence-based HIV policies and linkages to other sexually transmitted infections.

UNFPA BiH will support a gap needs analysis of current policies and legislation in the country on the link between Sexual and Reproductive Health and HIV/AIDS. The Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages will be used to identify policy gaps and opportunities. Following the results of the Study, UNFPA BiH will organize workshops aimed at policy makers on these linkages (or lack thereof), including pre- and post-test HIV counselling. A special focus will be on strengthening referral between voluntary confidential counselling and testing service centres on one side and youth friendly services and women's health centres on the other side. UNFPA will support NGOs to ensure access to counselling and other services, such as medical examinations, testing for other STIs, and treatment where required of most at risk adolescents, Roma, and sex workers. The activity under this output will be implemented in cooperation with the Bosnia and Herzegovina Ministry of Civil Affairs, Entity Ministries of Health, and the Department of Health of District Brcko.

UNFPA will provide technical assistance, as needed, to the National Advisory Board on HIV/AIDS in the development of the new HIV/AIDS national strategy, ensuring that linkages between sexually transmitted infections and HIV prevention are adequately addressed.

Furthermore, UNFPA BiH will support the development of a screening policy defining the screening method for early diagnosis and treatment of cervical cancer. In addition, the needs of reproductive health providers will be identified and their in-service training will be conducted on early detection, preventive and treatment measures. UNFPA will support the BiH Ministry of Civil Affairs in coordinating these activities with the Entity Ministries of Health, and will support pilot testing of the programme in three regions.

POPULATION AND DEVELOPMENT COMPONENT

This component has one outcome which contributes to population and development outcomes 1.1, 1.2, and 1.3 respectively of the UNFPA [Global] Strategic Plan 2008-2011.

UNFPA BiH CP Outcome 4: The Government, at all levels, is able to base policies on a quantitative and qualitative analysis of disaggregated data, policy assessments and reviews, with attention focused on socially excluded groups and migrant populations.

Output 4.1:

Statistical agencies have the technical knowledge and skills to conduct the 2011 Census and to collect and analyze social and demographic data. Key activities include: (a) providing technical assistance in modern census planning, including the development of the census advocacy strategy, data analysis and dissemination; (b) supporting a Demographic and Health Survey; and data dissemination.

At the request of the Bosnia and Herzegovina Statistical Agency, UNFPA BiH will provide support to the BiH statistical institutions in further preparations for the Population and Housing Census planned for 2011. In that respect, UNFPA BiH will provide technical assistance for preparation, implementation, advocacy and data dissemination. Assistance will also cover monitoring of the trainings of enumerators, support to questionnaire design, monitoring of adherence to schedule of activities and budget, provision of advice on the issues of demography, census management, data processing, data analysis, and results dissemination. To achieve this output, UNFPA BiH will utilize independent national and international expertise on population and development as well as the UNFPA Executive Coordinating Body on Censuses. The scale of UNFPA support will depend on available funding and resource mobilization to cover the above mentioned activities.

The Demographic and Health Survey will ideally complement the data obtained through the Population and Housing Census with data in such areas as fertility and total fertility rate (TFR), reproductive health, maternal

health, child health, immunization and survival, HIV/AIDS; maternal mortality, and child mortality. UNFPA BiH will actively participate in the Demographic Health Survey working group and work in partnership with the US Centres for Disease Control and Prevention (CDC) to adapt international methodology to the country context and needs. By working with the entity Public Health Institutes, academia, and NGOs, UNFPA will provide support for the compilation of reports on specific DHS topics for policy makers.

Output 4.2.:

Government and statistical agencies have increased knowledge and skills to establish a migration surveillance system and to integrate it into the development and implementation of policies and strategies. Key activities include: (a) developing the capacity of line ministries and government statisticians to collect migration data; (b) providing technical assistance for designing and coordinating a migration surveillance system; and (c) developing a youth migration strategy.

This output will be achieved through implementation of the joint project with United Nations Development Programme, United Nations Children's Fund, United Nations Volunteers, and International Organization for Migration through Youth Employability and Retention Programme (YERP), in the frame of Millennium Development Goals Funds. The Bosnia and Herzegovina responsible state level ministries and the Bosnia and Herzegovina Agency for Statistics will be UNFPA Implementing Partners. UNFPA will provide technical assistance for conducting trainings on migration for data collection to governmental institution.

UNFPA component of the YERP project will conduct a needs analysis of the statistical agencies and relevant Ministries and Agencies for methodologies on data collection, analysis and dissemination to comply with international migration statistics standards. Furthermore, UNFPA BiH will support the statistical institutions to gather and analyze migration data, focusing on modern methodological developments in the field. Moreover, UNFPA BiH will provide support to dedicated statisticians and IT specialists in governmental institutions on the use of statistical software for migration data collection. UNFPA will provide assistance for the establishment of a statistical database on youth migration. The result of the three year assistance to the governmental institutions should be the development of a Youth Migration Strategy on a national level.

Output 4.3.:

Government officials, at all levels, have the knowledge and skills to implement the Madrid International Plan of Action on Ageing (MIPAA) through the European Regional Implementation Strategy and through strategies for the elderly. Key activities include: (a) providing technical assistance to adapt the European Regional Implementation Strategy (RIS) to BiH and transposing it into Entity Strategies for the Elderly; and (b) advocacy with parliamentarians regarding the Madrid International Plan of Action on Ageing (MIPAA).

The output will be achieved in close cooperation with the Bosnia and Herzegovina Ministry of Human Rights and Refugees and the Ministry of Civil Affairs of Bosnia and Herzegovina. UNFPA BiH will provide technical assistance for the establishment of a multi-sectoral working group on adaptation of the MIPAA RIS to the context of Bosnia and Herzegovina as a basis for further policy development. One of the potential activities is the provision of support to the RS Ministry of Health and Social Protection and FBiH Ministry of Social Policy in developing evidence based social policies for the elderly in both entities followed by a pilot test in two municipalities (one in each entity). UNFPA will also work with the NGO sector in implementing the above activities, such as the NGO Network "Ageing with Dignity" and NGO ZAR Sarajevo.

UNFPA BiH will also continue its partnership with the Parliamentarian Group on Population and Development in advocating for ICPD Agenda, including issues of the elderly, and in particular the Madrid International Plan of Action on Ageing (MIPAA).

GENDER EQUALITY COMPONENT

The gender equality related outcome 4 aims to institutionalize United Nations Security Council resolution 1325 on women, peace and security. The outputs below contribute to gender equality outcomes 3.1, 3.2, and 3.3 respectively, of the UNFPA [Global] Strategic Plan 2008-2011.

UNFPA BiH CP Outcome 5. Security sector and law enforcement sector agencies integrate gender equality issues and mainstream gender into their policies and protocols, including those on gender-based violence.

Output 5.1:

National- and entity-level government officials have increased knowledge and skills to integrate gender and women's rights, including the transposition of United Nations Security Council Resolution 1325, into multi-sectoral inclusive social policies. Key activities include: (1) integrating mechanisms to protect women in emergency preparedness planning; (2) policy development for enabling women victims of war and sexual violence to access their rights to reparations.

UNFPA BiH will aim to support the integration of women protection mechanisms in emergency preparedness planning through strengthening institutional capacities at the State-level for conducting a needs analysis and subsequently integrating women's rights, including reproductive health and rights, into the country's emergency preparedness planning documents. UNFPA will strive to achieve this in partnership with UNDP.

Furthermore, UNFPA BiH will support the development of a strategy for the achievement of rights of women victims of war and sexual violence. UNFPA BiH will strengthen technical capacities of the Ministry of Human Rights and Refugees and other relevant government institutions to conduct a needs assessment which will serve as a basis for policy development

Output 5.2:

Officials of entity Ministries of Justice and Ministries of Internal Affairs, and police at local levels have improved knowledge and skills to establish and enforce policies and protection systems for gender-based violence and to establish multi-sectoral referral mechanisms. Major activities include: (a) multidisciplinary capacity development and sensitization training for health, education, social and law enforcement professionals; (b) training key actors in selected communities on effective interventions; and (c) establishing a community-based referral system for victims of gender-based violence in selected municipalities.

Within the joint UNFPA/UNDP project "Preventing and Combating Gender Based Violence (GBV) in Bosnia and Herzegovina", UNFPA will support the establishment of a gender based violence referral mechanism in six municipalities. UNFPA will use the established referral mechanism model guidelines and training manual for service providers developed by the municipality of Modrica, NGO Buducnost Modrica and the sectoral entity level ministries. The UNFPA Guidelines and training manual for service providers will be translated, adapted and integrated for service providers and used for capacity building of health care providers. UNFPA BiH will apply a multi-disciplinary approach to support the capacity development of reproductive health care providers, policemen, education and social work professionals and NGO service providers to be able to provide counselling and referral services for women victims of violence.

Part V. Partnership Strategy

Country leadership and ownership at all levels will remain a guiding principle for UNFPA. To this end, and in line with the Paris Declaration (2005), UNFPA will apply the principles of country ownership, alignment, harmonization, results-based management and mutual accountability. For this purpose, and taking into consideration other provisions of this CPAP, UNFPA will seek engagement of a broad range of country partners, under the overall coordination of CPA/MoCA for project/programme identification, formulation, implementation, monitoring, review and evaluation. UNFPA will continue to build and strengthen strategic partnerships with Ministries and related government institutions, bilateral and multilateral agencies, civil society organizations, parliamentarians and intergovernmental organizations. In addition, UNFPA will enhance partnerships with academia, research institutions and the media.

UNFPA will continue to support the functioning of the „Bosnia and Herzegovina ICPD Coordination Body“, which is being established by the Ministry of Human Rights and Refugees and key stakeholders. The ICPD CB will serve to review laws relating to achieving ICPD PoA, make recommendations for the positive changes and establish gaps in the de-facto application of these laws to the CPAP Coordinating Authority and UNFPA.

UNFPA will contribute to these partnerships through available financial, human and technical resources and expertise.

The following are the main partners:

Government

Parliamentary Group on Population and Development Bosnia and Herzegovina

Parliamentary Commission on Gender Equality
BiH Ministry for Human Rights and Refugees
BiH Ministry of Civil Affairs
Bosnia and Herzegovina Agency for Quality and Accreditation in Education
FBiH Ministry of Health
FBiH Agency for Quality and Accreditation in Health Care
RS Agency for Quality and Accreditation in Health Care
FBiH Public Health Institute
RS Public Health Institute
RS Ministry of Health and Social Protection
FBiH Ministry of Labour and Social Policy
RS Ministry of Labour
RS Ministry of Family, Youth and Sport Bosnia and Herzegovina Agency for Statistics
FBiH Institute for Statistics
RS Institute for Statistics
Cantonal Ministries of Education & Health
FBiH Ministry of Education and Science
RS Ministry of Education and Culture
Bosnia and Herzegovina Agency for Labour & Employment
Ministry of Foreign Affairs of Bosnia and Herzegovina
Ministry of Security of Bosnia and Herzegovina
Gender Equality Agency of Bosnia and Herzegovina
FBiH Gender Centre
RS Gender Centre
FBiH Ministry of Interior
RS Ministry of Interior FBiH Ministry of Justice
RS Ministry of Justice
Commission for coordination of youth issues in Bosnia and Herzegovina
Bosnia and Herzegovina Roma Council
Municipalities
Municipal Gender Commissions

Media

Technical and Educational Institutions

Medical Faculty of University of Sarajevo
Secondary schools

Multilateral Partners

EC
UNDP
UNICEF
IOM
UNV
UNIFEM
UNHCR

UN Agencies, namely UNDP, UNICEF, UNV, IOM, UNIFEM and UNHCR, will be the key partners for the UNDAF and UNFPA CP implementation, joint programming, monitoring, and evaluation. UNFPA will use the UN Country Team Theme groups as expert resources. These working groups will be also used as opportunities for stronger UN Team impact, and as opportunities for resource mobilization for the UNCT's needs, joint programme development and support to implementation.

Resource mobilization is required to cover funding gaps for a number of projects. In order to cover current funding gaps of joint projects: (a) UNIFEM, UNV and UNFPA will work on resource mobilization for Youth and Gender Programme, to include peer education methodology prevention of GBV among youth; (b) With UNICEF and UNV, UNFPA will work on resource mobilization for a project to support Early Childhood Development and Pregnancy Schools; (c) UNICEF and UNFPA will continue to work jointly on scaling up of the Gender Based Violence Referral Mechanism Model by joint mobilization of resources through the UN

Security Fund; and (d) UNHCR and UNFPA will work on resource mobilization for a project supporting Reproductive Health and Rights of young Roma and returnee populations.

Bilateral Partners

UNFPA has established relations with some of the bilateral donors in BiH such as SIDA, Swiss DEZA, Royal Norwegian Embassy, CIDA, Dutch Embassy, German Embassy, Japanese Embassy, European Commission, and USAID. UNFPA will build upon the existing partnerships and extend the network of bilateral partners.

Non Governmental Organizations

UNFPA will work with several NGOs both as implementing partners and subcontractors.

NGOs

Foundation Partnerships in Health, Bosnia and Herzegovina
Democratic Centre New Hopes, Bihać
Youth Cultural Centre “Abrasevic” Mostar
Hi Neighbour, Youth Centre “Kastel” Banja Luka
Plus Youth for Youth, Zenica
Buducnost, Modrica
Anima Goražde
ŽAR Sarajevo
Lara Bijeljina
NGO Network “Ageing with Dignity”
Women from Una River, Bihać
Association of Midwives Bosnia and Herzegovina
Associations of women, war victims of sexual violence

The list is not exhaustive and is subject to further revision and expansion.

Part VI. Programme Management

The Country Programme will be implemented primarily through the National Execution modality. **UNFPA** and the **Council of Ministers of BiH** will manage the programme using a results-based approach, in close cooperation with NGOs, various bilateral and multilateral partners, and United Nations agencies involved in population and development strategies, reproductive health and gender issues.

The Programme will be implemented by Implementing Partners (IPs). The IPs will work under the overall coordination of the Government Coordinating Authority (GCA).

Coordination

The Bosnia and Herzegovina **Council of Ministers** will act as the Government Coordinating Authority for the entire Programme. The GCA will designate the BiH Ministry of Civil Affairs and the BiH Ministry of Human Rights and Refugees as Programme component coordinators. The BiH Ministry of Civil Affairs will be responsible for coordinating projects within the Reproductive Health component, while the BiH Ministry of Human Rights and Refugees will be responsible for coordinating the PDS and GBV Programme components. The two ministries will also coordinate the work of the entity level Ministries and NGOs in the respective components.

The UNFPA Country Office currently consists of an Assistant Representative; a National Programme Officer; a Programme Assistant; a Finance and Administrative Assistant; a Secretary; and a Driver. UNFPA BiH will seek ways of expanding its human resource capacity.

Implementing Partners

The Government Coordinating Authority (Council of Ministries) and UNFPA BiH will work with Implementing Partners (IPs) whose responsibility is to manage inputs with the goal of achieving the Programme outputs.

Key responsibilities of each Implementing Partner include the following:

- Carrying out activities outlined under the Country Programme output
- Cooperation and coordination with all personnel implementing activities under the Programme outputs, as well as with other implementing partners working toward achievement of the same output, and with the Programme Component Manager;
- Establishing and operating arrangements for financial management and accountability, including preparing requests for advances and expenditure reports;
- Monitoring and evaluation of activities;
- Preparation of AWP monitoring tool, contributions to the Standard Progress Report and participation in Programme evaluation;
- Ensuring that audits are conducted in accordance with UNFPA requirements;
- Conducting annual and end-of project inventories;
- Ensuring closure of AWPs;
- Preparing financial and narrative reports.
- Participation in annual UNDAF review meeting;
- Participation at annual and mid-term Programme Review Meetings

The IPs jointly with UNFPA and PCMs, will participate in formulation of AWPs at the beginning of each year of the Programme, based on the results of the previous year AWPs' implementation, as well as based on the recommendations of the UNDAF annual review meetings.

Part VII. Monitoring and Evaluation

The Monitoring and Evaluation Strategy for the Programme will be based on the UNFPA Programme Monitoring and Evaluation Guidelines and will utilize the defined systems and tools. The use of indicators is harmonized with the UNFPA Strategic Management Plan, and UNDAF indicators.

A monitoring and evaluation plan will be developed, aligned with the UNFPA [Global] Strategic Plan and UNDAF. UNFPA, the Government and partner agencies will conduct joint monitoring, reviews and evaluations, through a participatory approach. Ensuring an existence of efficient and effective linkages and synergies between Programme components will be a priority and will be monitored through periodic evaluations and reviews. The CPAP Planning and Tracking Tool and the CPAP Monitoring and Evaluation Calendar will serve as tools for monitoring and tracking progress in Programme delivery. Review meetings will be held with UN Heads of Agencies and relevant Programme officers.

Mid-term programme review will be conducted in the third year of the Programme, while the final evaluation of the Country Programme will be conducted in the fifth year of the implementation. The review shall assess its impact, provide directions for future interventions and document best practices. The results of the evaluation will be used during the formulation of the next UNFPA Country Programme for Bosnia and Herzegovina, as well as for UNFPA's contribution to the next UNDAF.

Part VIII. Commitments of UNFPA

The UNFPA Executive Board approved a total commitment not to exceed the equivalent of the sum of USD\$ 2.8 million from regular resources, subject to the availability of funds, for the period January 2010 to 31 December 2014 in support of the Country Programme Action Plan.

The Board also authorized UNFPA BiH to mobilize an additional USD\$ 4.1 million to support the implementation of the Country Programme Action Plan, referred therein as Other Resources. The Country Programme Resource Mobilization Plan will be prepared in early 2010 and will serve as a main reference document for activities related to mobilization of additional financial resources.

In the framework of the Country Programme, UNFPA will provide the following types of support:

- Technical assistance and expertise in all the areas related to the Programme, using the resources of local and international experts; as well as the resources of the UNFPA inter-country and inter-regional Programmes;
- Support for recruitment of project personnel in accordance with the AWPs;

- Support to procurement of goods and services for Programme needs, at the request of the implementing partners. Depending on availability of funding, this may include international procurement of condoms, contraception pills, intra-uterine devices and other medicaments and equipment needed for reproductive health improvement.
- Administrative, operational, and technical support by the UNFPA Office in Bosnia and Herzegovina to the Implementing Partners as regards the implementation of UNFPA assistance to the country.

Part IX. Commitments of the Government

The Government will honour its commitments in accordance with the SBAA signed with UNDP on 7 Dec 1995 and will grant to UNFPA and its officials and the other persons serving on behalf of UNFPA such facilities and services as are granted to officials and consultants of the various funds, programmes and specialized programmes of the UN. The Government shall apply the provisions of the Convention of the Privileges and Immunities of the UN agencies to UNFPA property, funds and assets and to its officials and consultants. The Government will make in-kind contributions to the Programme in accordance with the provision of Standard Basic Agreement (SBAA). In line with this agreement the Government is committed to steady increase of budgetary allocations to the Programme priority areas, in accordance with the national priorities and National Development Plan. The Government is also committed to steady budgetary increases for evidence based policy making and establishment and functioning of the effective quality data collection mechanisms and trends monitoring in RH and demography.

The Government will support UNFPA in its efforts to raise the funds required to meet the financial needs of the Country Programme;

Furthermore, the Government will make efforts to gradually increase annual pledges to UNFPA core resources.

Funds earmarked for the Council of Ministers of BiH, through a Ministry and/or other Government Institution respectively shall be deposited into the regular bank account of the project partner, and used in accordance with agreed policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWP. The partner institution shall ensure that reports on utilization of all received cash are submitted to UNFPA on a quarterly basis, and in accordance with the preconceived dynamic of spending. Where local regulations, policies and procedures are not consistent with international standards, UNFPA regulations, policies and procedures will apply. Funds planned for the nongovernmental organisations shall be deposited to the project bank account of these NGOs.

The Government Coordinating Authority and Programme Component Managers will also organize periodic program review and planning meetings, and where appropriate, facilitate the participation of donors, civil society, and other stakeholders.

Part X. Other Provisions

This Country Programme Action Plan (CPAP) and its annexes supersede any previously signed project documents, and become effective upon signature.

The CPAP and its annexes may be modified by mutual consent of both parties based on the outcomes of annual reviews, the mid-term review or completing circumstances.

Nothing in this CPAP shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the United Nations Convention on Privileges and Immunities, to which the Government is a signatory.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day [day, month, and year] in Sarajevo, Bosnia and Herzegovina.

For the Council of Ministers of Bosnia and Herzegovina:

Mr. Nikola Špirić
Chairman

Signature

Date

For the United Nations Population Fund:

Ms. Nuzhat Eshan
Representative/Chief of Operations
for Bosnia and Herzegovina,
Bulgaria and Ukraine

Signature

Date

Annexes

Annex 1 - The CPAP Results and Recourses Framework
Country: Bosnia and Herzegovina

CP Cycle: First

UNDAF outcome 2: Social inclusion: by 2014, the Government develops and implements policies and practices to ensure inclusive and high- quality health, education, social protection									
UNFPA CP component : Reproductive health									
UNFPA Country Programme outcomes	UNFPA Country Programme outputs	Output Indicators	Implementing Partners	Indicative resources by programme component (per year, million US \$)					
				YR1	YR2	YR3	YR4	YR5	Total
<p>Outcome 1: (UNDAF Agency Outcome 2.1.) The Government, at all levels, coordinates, monitors and revises sexual and reproductive health, sexual and reproductive health education and family planning policies so that they are evidence-based and inclusive of women and youth, by addressing gender equality and the rights of youth women.</p> <p>Outcome indicator: Number of SRH related strategies developed congruent with international human rights standards.</p> <p>Baseline: no updated plan Target: Revised plan</p>	<p>Output 1.1.: (UNDAF Output 2.1.3.)</p> <p>Ministries of Health coordinate the development of sexual and reproductive health strategies ensuring inclusion of family planning and reproductive health commodity security policies and strategies to improve women's health</p>	<p>Indicator 1.1.1. SRH data gaps analysed and research conducted on RH of young people, including Roma.</p> <p><i>Baseline:</i> 0 (no comprehensive research on RH conducted)</p> <p>Target: 1 research on RH</p> <p>Indicator 1.1.2. Number of members of Ministries of Health trained on using alternative tools for data collection on reproductive health issues and developing comprehensive SRH and family planning policies and guidelines.</p> <p><i>Baseline:</i> No previous training on alternative tools for data collection on reproductive health and no SRH policies in place.</p> <p>Target: SRH policies in place</p> <p>Indicator 1.1.3. Reproductive health commodity security mechanisms established.</p> <p><i>Baseline:</i> No mechanism to coordinate and monitor Reproductive health</p> <p>Target: A national mechanism established that is functional</p> <p>Indicator 1.1.4. Number of public health sector professionals trained in family</p>	<p>BiH Ministry of Civil Affairs; Ministry of Health of FBiH; Ministry of Health and Social Protection of RS and FBiH; Ministry for Family, Youth and Sports of RS; Cantonal ministries of: Education, Health, Labour; Social Policy; and Social Welfare Municipalities;</p>	Regular Resources					
				0,13	0,1	0,09	0,09	0,07	0,48
				Other Resources					
				0,2	0,2	0,17	0,16	0,1	0,83

		<p>planning and reproductive health commodity security.</p> <p><i>Baseline:</i> 0 Target: 30 Health care professionals</p>							
<p>Outcome2: (UNDAF Agency Outcome 2.3.) Service providers in reproductive health, reproductive health education and social protection ensure access to high-quality services, including socially excluded youth and women.</p> <p>Outcome indicator:</p> <p>Number of clients utilizing newly established youth friendly reproductive health services</p> <p>Baseline: 0</p> <p>Target: 500 clients per year per each youth friendly SRH medical centre</p>	<p>Output 2.1: (UNDAF Outputs 2.3.1. & 2.3.4.) Service providers in the health, education, social protection and judiciary sectors have improved knowledge and skills to increase the access of youth and women to high-quality social services, and to enable them to make informed decisions regarding their reproductive health.</p>	<p>Indicator 2.1.1. Number of medical professionals trained on youth friendly approaches</p> <p>Baseline: 30 (trained on Pre and post abortion guidelines)</p> <p>Target: 160 (20 on youth friendly services, 60 on pre and post abortion guidelines, and 80 on early detection of cervical cancer)</p> <p><i>Indicator 2.1.2</i></p> <p>Number of UNFPA supported youth friendly medical centres providing SRH services to youth</p> <p><i>Baseline:</i> 0</p> <p><i>Target:</i> 6 youth friendly centres providing SRH services by 2014.</p>	<p>BiH Ministry of Civil Affairs; Advisory Board on HIV/AIDS; Ministry of Health of FBiH Ministry of Health and Social Protection of RS; Ministry of Education of Federation Ministry of Education and Culture of RS Cantonal Ministries of Education Institutes of Pedagogy Primary health-care institutions</p>	Regular Resources					
				0,15	0,09	0,09	0,08	0,07	0,48
				Other Resources					
				0,2	0,2	0,15	0,15	0,13	0,83
<p>Outcome 3: (UNDAF Agency Outcome 4.1.) The Government, at central and local levels, develops regulatory and institutional frameworks to prevent and respond to HIV, other sexually transmitted infections and cervical cancer.</p> <p>Outcome indicator: Linkages between HIV and other STIs are reflected in the national HIV/AIDS Strategy.</p> <p>Baseline: No HIV AIDS Strategy</p> <p>Target 1: HIV AIDS Strategy developed and incorporating linkages with SRH.</p>	<p>Output 3.1: (UNDAF Output 4.1.2.) The Ministry of Civil Affairs and the National Advisory Board on HIV/AIDS have the technical knowledge to develop and implement participatory, evidence-based policies, strategies and standards on health and on HIV and AIDS.</p>	<p>Indicator 3.1.1. Research on SRH peer education impact in schools conducted</p> <p><i>Baseline:</i> No SRH peer education related research has been completed and peer education is not institutionalized.</p> <p>Target: SRH peer education related research completed in at least 5 schools.</p> <p>Indicator 3.1.2. Number of Y-PEER network members providing quality sexual and reproductive health information services increased.</p>	<p>BiH Ministry of Civil Affairs; National Advisory Board on HIV/AIDS;</p> <p>Civil society institutions; Youth and women's organizations;</p> <p>Bilateral and multilateral donors and other relevant international organizations</p>	Regular Resources					
				0,06	0,05	0,05	0,05	0,03	0,24
				Other Resources					
				0,2	0,17	0,17	0,16	0,13	0,83

<p>Target 2: Regulatory framework that incorporates linkages of HIV with SRH is developed and operationalized.</p>		<p>Baseline: Currently 3 members and no training modules for health professionals in youth friendly approaches.</p> <p>Target: At least 3 new NGO members of Y-Peer by the end of 2010; and training modules in youth friendly approaches for health professionals developed.</p> <p>Indicator 3.1.3. Reproductive health care professionals trained on Pre and Post Abortion Guidelines, including midwives,</p> <p>Baseline: 30 professionals have been trained and no tertiary-level education programme for midwives exists.</p> <p>Target: At least 30 more professionals trained.</p> <p>Indicator 3.1.4. The Midwives assisted in developing an advocacy strategy for establishment of a tertiary-level education programme for midwives.</p> <p>Baseline: No advocacy strategy for establishing tertiary level education programme for the midwives.</p> <p>Target: Advocacy Strategy developed and implemented.</p>													
<p>UNDAF outcome 1: Democratic governance: by the end of 2014, the Government, with the participation of civil society, implements practices for more transparent and accountable governance and meets the requirements of the European Union Accession</p>															
<p>UNFPA CP component: Population and Development</p>															
<p>Outcome 4: (UNDAF Agency Outcome 1.1.) The Governments, at all levels, are able to base policies on a quantitative and qualitative analysis of disaggregated data, policy assessments and reviews, with attention focused on socially excluded groups and migrant populations.</p> <p>Outcome indicator:</p>	<p>Output 4.1: (UNDAF Outputs 1.1.1. & 1.1.2) Statistical agencies have the technical knowledge and skills to conduct the 2010 round Census and to collect and analyze social and demographic data.</p>	<p>Indicator 4.1.1: Number of census technical staff undertaking new trainings relating to census planning, implementation, evaluation and analysis and dissemination.</p> <p>Baseline: 0</p> <p>Target: 30 technical staff of BiH Statistical Institutions</p>	<p>Agency for Statistics; FBIH Institute for Statistics; RS Institute for Statistics; BiH Directorate for Economic Planning; FBIH Public Health Institute; RS Public Health Institute; Agency for Labour and Employment;</p>	<p>Regular Resources</p>						0,014	0,012	0,012	0,012	0,01	0,06
<p>Other Resources</p>						0,014	0,012	0,012	0,012	0,01	0,06				

<p>Disaggregated data available in public domain</p> <p>Baseline: No data available</p> <p>Target: Census and DHS data available in public domain (accessible by public)</p>	<p>Indicator 4.1.2:</p> <p>Demographic and health survey (DHS) conducted with inputs from UNFPA</p> <p>Baseline: DHS never conducted in BiH before.</p> <p>Target: DHS conducted by mid 2013.</p>								
	<p>Output 4.2: (UNDAF Output 1.1.4.) Government and statistical agencies have increased knowledge and skills to establish a migration surveillance system and to integrate it into the development and implementation of policies and strategies.</p>	<p>Indicator 4.2.1. Government and civil society statistician professionals trained in collecting, processing and interpreting migration data disaggregated by sex and age</p> <p><i>Baseline:</i> No professionals trained and a Youth Migration Strategy does not exist in BiH.</p> <p><i>Target 1:</i> At least 20 government and civil society professionals trained on youth migration development by the end of 2012</p> <p><i>Target 2:</i> At least 20 professionals trained on youth migration data collection by end of 2012.</p>	<p>BiH Ministry of Human Rights and Refugees; BiH Agency for Statistics; BiH Ministry of Civil Affairs; BiH Ministry of Foreign Affairs; BiH Ministry of Security; FBIH Institute for Statistics; RS Institute for Statistics; NGOs</p>	Regular Resources					
				0,014	0,012	0,012	0,012	0,01	0,06
			Other Resources						
			0,014	0,012	0,012	0,012	0,01	0,06	
<p>Output 4.3: (UNDAF Agency Outcome 2.1.; UNDAF Output 2.1.6.) Government officials, at all levels, have the knowledge and skills to implement the Madrid International Plan of Action on Ageing (MIPAA) through the European Regional Implementation Strategy and through strategies for the elderly.</p>	<p>Indicator 4.3.1. <i>Madrid</i> International Plan of Action (MIPAA) adapted to BiH.</p> <p><i>Baseline:</i> not adapted.</p> <p><i>Target 2:</i> MIPAA adapted into a BiH Action Plan by the Working Group and submitted to the BiH Council of Ministers for approval by the end of 2011.</p>	<p>BiH Ministry for Human Rights and Refugees; Parliamentary Group on Population and Development; Academia; Ministry of Health and Social Protection RS; Federal Ministry of Labour and Social Policy; BiH Ministry of Civil Affairs; NGOs</p>	Regular Resources						
			0,014	0,012	0,012	0,012	0,01	0,06	
			Other Resources						
			0,014	0,012	0,012	0,012	0,012	0,06	

UNDAF outcome 4: a) human security: by 2014, the Government adopts regulatory and institutional frameworks to address human security challenges, including threats posed by communicable diseases, disasters, landmines, small arms and light weapons, and armed violence, and also addresses issues related to migration, women, peace and security; (UNDAF outcome 2:b) Social inclusion: by 2014, the Government develops and implements policies and practices to ensure inclusive and high-quality health, education, and social protection and employment services

UNFPA CP component: Gender									
<p>Outcome 5: (UNDAF Agency Outcome 4.4.) Security sector and law enforcement sector agencies integrate gender equality issues and mainstream gender into their policies and protocols, including those on gender-based violence.</p> <p>Outcome indicator: Number of strategic documents and protocols adequately addressing problems of GBV developed.</p> <p>Baseline: 0 Target: At least 3 documents finalised:</p> <ol style="list-style-type: none"> 1. Strategy to assist the women victims of war sexual violence 2. Protocol for social service providers 3. Protocol for health service providers 	<p>Output 5.1: (UNDAF Output 4.4.2.) National- and entity-level government officials have increased knowledge and skills to integrate gender and women's rights, including the transposition of United Nations Security Council Resolution 1325, into multi-sectoral inclusive social policies.</p>	<p>Indicator 5.1.1. Development of a strategy for the achievement of rights of women victims of war and sexual violence.</p> <p><i>Baseline:</i> Strategy does not exist.</p> <p><i>Target 1:</i> Strategy developed by the end of 2014.</p> <p>Indicator 5.1.2. Number of government officials trained on applying the new strategy and protocols in service provision to the women victims of war sexual and gender based violence. Baseline: 0 Target: At least 30 by end of 2014</p>	<p>BiH Ministry for Human Rights and Refugees; BiH Gender Agency; Gender Centre of RS; Gender Centre of FBiH; BiH Ministry of Civil Affairs; BiH Ministry of Justice; Ministry of Security; Entity Ministries of Health and Social Protection; BiH Parliamentary Commission for Gender Equality; BiH Parliamentary Group for Population and Development; NGOs</p>	Regular Resources					
				0,04	0,03	0,03	0,03	0,02	0,15
				Other Resources					
				0,1	0,07	0,07	0,06	0,05	0,35
	<p>Output 5.2: (UNDAF Agency Outcome 2.3.; UNDAF Output 2.3.2.) Officials of entity Ministries of Justice and Ministries of Internal Affairs, and police at local levels have improved knowledge and skills to establish and enforce policies and protection systems for gender-based violence and to establish multi-sectoral referral mechanisms.</p>	<p>Indicator 5.2.1. Referral mechanisms for GBV scaled up.</p> <p><i>Baseline:</i> Referral mechanism for GBV developed and pilot tested in 3 municipalities.</p> <p><i>Target 1:</i> At least 120 professionals from 6 sectors trained in 6 new municipalities on GBV RM by end of 2011.</p> <p><i>Target 2:</i> GBV RM established in 6 new municipalities by end of 2012.</p>	<p>BiH Ministry for Human Rights and Refugees; BiH Gender Agency; Gender Centre of RS; Gender Centre of FBiH; Municipal Gender Commissions; BiH Ministry of Civil Affairs; BiH Ministry of Justice BiH; Ministry of Security; Entity Ministries of Health and Social Protection; BiH Parliamentary Commission for Gender equality; BiH Parliamentarian Group for Population and Development; NGOs</p>	Regular Resources					
				0,04	0,03	0,03	0,03	0,02	0,15
				Other Resources					
				0,1	0,07	0,07	0,06	0,05	0,35

Annex 2 - The CPAP Planning and Tracking Tool
Country: Bosnia and Herzegovina

CP Cycle: First

RESULTS	Indicator	MoV	Responsible party	Baseline
<p>UNDAF Outcome 2: Social inclusion: by 2014, the Government develops and implements policies and practices to ensure inclusive and high-quality health, education, social protection and employment services</p>	<p>Indicator 2a: % of poor and socially excluded reached by basic social services. Target: 20% increase Indicator 2b: Status of the implementation of the Social Inclusion Strategy.</p>	<p>Source: Annual reports on CDS and SIS implementation by DEP BiH, Statistical bulletins – state and entity, Poverty assessment (HBS reports)</p>	<p>Social Inclusion Working Groups in close cooperation with the BiH Directorate for Economic Planning</p>	<p>2a) Baseline: 2008/9 poverty assessment; HBS Survey 2b) Baseline: SIS to be finalized and priority policies and actions to be outlined in beginning of 2009.</p>
<p>Outcome 1: (UNDAF Agency Outcome 2.1.) The Government, at all levels, coordinates, monitors and revises sexual and reproductive health, sexual and reproductive health education and family planning policies so that they are evidence-based and inclusive of women and youth, by addressing gender equality and the rights of youth women.</p>	<p>Outcome indicator: Number of SRH related strategies developed congruent with international human rights standards.</p>	<p>Government Reports UNFPA BiH Programme Reports; UNFPA BiH Evaluation Reports</p>	<p>Relevant government Ministries, technical agencies, NGOs and UNFPA</p>	<p>Baseline: no updated plan</p>
<p>Output 1.1: (UNDAF Output 2.1.3.) Ministries of Health coordinate the development of sexual and reproductive health strategies ensuring inclusion of family planning and reproductive health commodity security policies and strategies to improve women's health</p>	<p>Indicator 1.1.1. SRH data gaps analysed and research conducted on RH of young people, including Roma.</p> <p>Indicator 1.1.2. Number of members of Ministries of Health trained on using alternative tools for data collection on reproductive health issues and developing comprehensive SRH and family planning policies and guidelines.</p> <p>Indicator 1.1.3. Reproductive health commodity security mechanisms established.</p> <p>Indicator 1.1.4. Number of public health sector professionals trained in family planning and reproductive health commodity security.</p>	<p>BiH Ministry of Civil Affairs Reports UNFPA BiH Programme Reports; UNFPA BiH Evaluation Reports Implementing Partners Reports</p>	<p>BiH Ministry of Civil Affairs BiH Ministry of Human Rights and Refugees; Ministry of Family, Sports and Youth RS; Ministry of Health and Social Protection RS; FBiH Ministry of Health; NGOs working on reproductive health UNFPA</p>	<p><u>Baseline 1.1.1.:</u> 0 (no comprehensive research on RH conducted)</p> <p><u>Baseline 1.1.2.:</u> No previous training on alternative tools for data collection on reproductive health and no SRH policies in place.</p> <p><u>Baseline 1.1.3.:</u> No mechanism to coordinate and monitor Reproductive health</p> <p><u>Baseline 1.1.4.:</u> 0</p>

<p>Outcome2: (UNDAF Agency Outcome 2.3.) Service providers in reproductive health, reproductive health education and social protection ensure access to high-quality services, including socially excluded youth and women.</p>	<p>Outcome indicator: Number of clients utilizing newly established youth friendly reproductive health services</p>	<p>UNFPA Programme Reports Y-Peer Reports Programme/Project Evaluation Reports School Reports Implementing Partners Reports</p>	<p>BiH Ministry of Civil Affairs; Ministry of Family, Sports and Youth RS; Ministry of Health and Social Protection RS; Ministry of Health Federation; Health Department of Brcko District; Health Ministries at the cantonal level; Public Health Institutes; Ministry of Education of RS; Ministry of Education FBiH; Education Department of Brcko District; Education Ministries at Cantonal level; Public Education institutions; Y-Peer BiH Network; Youth Reproductive Health NGOs; UNFPA Youth Advisory Panel; UNFPA</p>	<p>Baseline: 0</p>
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<p>Output 2.1: (UNDAF Outputs 2.3.1. & 2.3.4.) Service providers in the health, education, social protection and judiciary sectors have improved knowledge and skills to increase the access of youth and women to high-quality social services, and to enable them to make informed decisions regarding their reproductive health.</p>	<p>Indicator 2.1.1. Number of medical professionals trained on youth friendly approaches</p> <p>Indicator 2.1.2 Number of UNFPA supported youth friendly medical centres providing SRH services to youth</p>	<p>UNFPA Programme Reports Y-Peer Reports Programme/Project Evaluation Reports School Reports Implementing Partners Reports</p>	<p>BiH Ministry of Civil Affairs; BiH Association of Midwives; Ministry of Health and Social Protection RS; Agency for Accreditation of Healthcare in the RS; FBiH Ministry of Health; Agency for Quality and Accreditation in Healthcare in FBiH; Health Department of Brcko District; Health Ministries at the Cantonal level; Public Health Institutes; Ministry of Education of RS; Ministry of Education FBiH; Education Department of Brcko District; Education Ministries at Cantonal level; Public Education institutions Y-Peer BiH Network; Youth Reproductive Health; NGOs; UNFPA Youth Advisory Panel; RH NGOs; UNFPA</p>	<p><i>Baseline 2.1.1.:</i> Baseline: 30 (trained on Pre and post abortion guidelines)</p> <p><i>Baseline 2.1.2.:</i> 0</p>
<p>CP Outcome 3: (UNDAF Agency Outcome 4.1.) The Government, at central and local levels, develops regulatory and institutional frameworks to prevent and respond to HIV, STIs, and cervical cancer</p>	<p>Outcome indicator: Linkages between HIV and other STIs are reflected in the national HIV/AIDS Strategy.</p>	<p>Government reports Reports of UNTG on HIV/AIDS</p>	<p>Relevant Government Departments NGOs UNFPA</p>	<p><i>Baseline 3.1.1.:</i> No HIV AIDS Strategy Target HIV AIDS Strategy developed and incorporating linkages with SRH.</p> <p><i>Baseline 3.1.2.:</i> No regulatory framework in place</p>

<p>Output 3.1: (UNDAF Output 4.1.2.) The Ministry of Civil Affairs and the National Advisory Board on HIV/AIDS have the technical knowledge to develop and implement participatory, evidence-based policies, strategies and standards on health and on HIV and AIDS.</p>	<p>Indicator 3.1.1. Research on SRH peer education impact in schools conducted</p> <p>Indicator 3.1.2. Number of Y-PEER network members providing quality sexual and reproductive health information services increased.</p> <p>Indicator 3.1.3. Reproductive health care professionals trained on Pre and Post Abortion Guidelines, including midwives,</p> <p>Indicator 3.1.4. The Midwives assisted in developing an advocacy strategy for establishment of a tertiary-level education programme for midwives.</p>	<p>Government Reports; Reports of UNTG on HIV/AIDS</p>	<p>BiH Ministry of Civil Affairs (National Advisory for HIV/AIDS) Ministry of Health and Social Protection RS; FBiH Ministry of Health; Health Department of Brcko District; Health Ministries at the Cantonal level; Public Health Institutes; RH/HIV NGOs; Y-Peer BiH Network</p>	<p>Baseline 3.1.1.: No SRH peer education related research has been completed and peer education is not institutionalized.</p> <p>Baseline 3.1.2.: Currently 3 members and no training modules for health professionals in youth friendly approaches.</p> <p>Baseline 3.1.3.: 30 professionals have been trained and no tertiary-level education programme for midwives exists.</p> <p>Baseline 3.1.4.: No advocacy strategy for establishing tertiary level education programme for the midwives.</p>
<p>RESULTS</p>	<p>Indicator</p>	<p>MoV</p>	<p>Responsible party</p>	<p>Baseline</p>
<p>UNDAF Outcome 1: Democratic governance: by the end of 2014, the Government, with the participation of civil society, implements practices for more transparent and accountable governance and meets the requirements of the European Union Accession process</p>	<p>1a: Number of reforms in different sectors implemented under the Country Development and Social Inclusion Strategies that comply with EU Accession requirements. 1b: Established mechanism for active participation of civil society, including socially excluded groups and women's and children's advocates, in development and implementation of the Country Development and Social Inclusion Strategies. 1c: Progress in transparent and accountable governance through reforms in public administration, local governance and justice sectors.</p>	<p>Department for Economic Planning assessment and progress reports on the implementation and evaluation of the Country Development Strategy and Social Inclusion Strategies for 2008-2013.</p> <p>European Commission reports on BiH progress towards EU accession.</p> <p>EU accession requirements for BiH.</p> <p>Reports of international donors, the World Bank and NGOs.</p>	<p>Governance UNDAF Working Group in close cooperation with the BiH Department for Economic Planning.</p>	<p>1a). baseline to be derived from EC reports on BiH progress towards fulfilling EU accession requirements. European partnership, MIPD 2008-2010, EU Integration Strategy</p> <p>1b). baseline to be derived on the basis of assessments done by DEP</p> <p>1c). baseline to be derived on the basis of EC reports on BiH progress towards fulfilling EU accession requirements</p>
<p>CP Outcome 4: (UNDAF Agency Outcome 1.1.) The Governments, at all levels, are able to base policies on a quantitative and qualitative analysis of disaggregated data, policy assessments and reviews, with attention focused on socially excluded groups and migrant populations.</p>	<p>Outcome indicator: Disaggregated data available in public domain</p>	<p>Government and UNFPA reports</p>	<p>Relevant Government departments, UNFPA</p>	<p>Baseline: No data available</p>

<p>Output 4.1: (UNDAF Outputs 1.1.1. & 1.1.2.) Statistical agencies have the technical knowledge and skills to conduct the 2010 round Census and to collect and analyze social and demographic data.</p>	<p>Indicator 4.1.1: Number of census technical staff undertaking new trainings relating to census planning, implementation, evaluation and analysis and dissemination.</p> <p>Indicator 4.1.2: Demographic and health survey (DHS) conducted with inputs from UNFPA</p> <p>Baseline: DHS never conducted in BiH before.</p>	<p>Statistical Institutes Reports European Commission Reports UNFPA Programme and Evaluation Reports</p>	<p>BiH Agency for Statistics; RS Statistical Institute; FBiH Statistical Agency; RS Public Health Institute; FBiH Public Health Institute; UNFPA</p>	<p><u>Baseline 4.1.1.:</u> 0</p> <p><u>Baseline 4.1.:</u> DHS never conducted in BiH before.</p>
<p>Output 4.2: (UNDAF Output 1.1.4) Government and statistical agencies have increased knowledge and skills to establish a migration surveillance system and to integrate it into the development and implementation of policies and strategies.</p>	<p>Government and civil society statistician professionals trained in collecting, processing and interpreting migration data disaggregated by sex and age</p>	<p>Government Reports MDG SF "Youth Employment and Retention Project" Reports UNFPA Programme and Evaluation Reports</p>	<p>BiH Ministry for Human Rights and Refugees; BiH Agency for Statistics; RS Institute for Statistics; FBiH Institute for Statistics; BiH Ministry of Security; BiH Labour Agency; UNFPA</p>	<p><u>Baseline 4.2.1.:</u> No professionals trained and a Youth Migration Strategy does not exist in BiH.</p>
<p>Output 4.3: (UNDAF Agency Outcome 2.1.; UNDAF Output 2.1.6.) Government officials, at all levels, have the knowledge and skills to implement the Madrid International Plan of Action on Ageing (MIPAA) through the European Regional Implementation Strategy and through strategies for the elderly.</p>	<p>Indicator 4.3.1. <i>Madrid</i> International Plan of Action (MIPAA) adapted to BiH.</p>	<p>BiH Ministry of Human Rights and Refugees Reports</p>	<p>BiH Ministry Human Rights and Refugees; BiH Parliamentary Group for Population and Development; Academia; BiH Ministry of Civil Affairs; RS Ministry of Health and Social Protection; Ministry of Social Policy of Federation; NGOs</p>	<p><u>Baseline 4.3.1.:</u> not adapted.</p>

RESULTS	Indicator	MoV	Responsible party	Baseline
<p>UNDAF Outcome 2: Social inclusion: by 2014, the Government develops and implements policies and practices to ensure inclusive and high-quality health, education, social protection and employment services</p> <p>And</p> <p>UN UNDAF Outcome 4. By 2014, Government adopts policy, regulatory and institutional frameworks to address human security challenges, including threats posed by communicable diseases and disasters, landmines and small arms and light weapons, armed violence, and also addresses issues of migration and women, peace and security.</p>	<p>2a: % of poor and socially excluded reached by basic social services. Target: 20% increase</p> <p>2b: Status of the implementation of the Social Inclusion Strategy.</p> <p>4a: Existence and functionality of a state disaster management and risk reduction platform.</p> <p>4b: National and local capacities strengthened to control and manage small arms and light weapons, mine action and armed violence</p> <p>4c: The extent that migration and state border management complies with the international standards and the EU accession requirements.</p> <p>4d: Law enforcement and security sectors in BiH gender mainstreamed.</p>	<p>Source: Annual reports on CDS and SIS implementation by DEP BiH, Statistical bulletins – state and entity, Poverty assessment (HBS reports)</p> <p>Council of Ministers reports and documents. EU reports on the BiH progress towards fulfilling EU accession requirements. BHMAC reports and documents. Gender Equality Agency and Entity Gender Centres reports and analysis.</p>	<p>Social Inclusion Working Groups in close cooperation with the BiH Directorate for Economic Planning</p> <p>Human Security UNDAF Outcome Working Group</p>	<p>2a) Baseline: 2008/9 poverty assessment; HBS Survey</p> <p>2b) Baseline: SIS to be finalized and priority policies and actions to be outlined in beginning of 2009.</p> <p>4a) State level coordination on disaster management hampered due to the specifics of the political set up of the country. Lack of disaster risk reduction measures and mechanisms.</p> <p>4b).National Strategy and Action Plan for SALW control, Coordination Board for SALW and National team for Community Policing.</p> <p>4c). weak compliance</p> <p>4d).nonexistent</p>
<p>CP Outcome 5. (UNDAF Agency Outcome 4.4.) Security sector and law enforcement sector agencies integrate gender equality issues and mainstream gender into their policies and protocols, including those on gender-based violence.</p>	<p><u>Outcome indicator:</u> Number of strategic documents and protocols adequately addressing problems of GBV developed.</p>	<p>Government and UNFPA reports</p>	<p>Relevant Government Departments NGOs UNFPA</p>	<p>Baseline: 0</p>

<p>Output 5.1: (UNDAF Output 4.4.2.) National- and entity-level government officials have increased knowledge and skills to integrate gender and women's rights, including the transposition of United Nations Security Council Resolution 1325, into multi-sectoral inclusive social policies.</p>	<p><u>Indicator 5.1.1.</u> Development of a strategy for the achievement of rights of women victims of war and sexual violence.</p> <p><u>Indicator 5.1.2.</u> Number of government officials trained on applying the new strategy and protocols in service provision to the women victims of war sexual and gender based violence</p>	<p>BiH Ministry of Civil Affairs Reports; UNFPA Programme Reports; Programme and Project Evaluation Reports</p>	<p>BiH Ministry of Civil Affairs; BiH Ministry of Human Rights and Refugees; BiH Gender Equality Agency; FBiH Gender Centre; RS Gender Centre; BiH Ministry of Security; FBiH Ministry of Health; RS Ministry of Health and Social Protection; Parliamentary Commission on Gender equality; Parliamentary Group for Population and Development; Women NGOs; UNFPA</p>	<p><u>Baseline 5.1.1</u> Strategy does not exist.</p> <p><u>Baseline 5.1.2.: 0</u></p>
<p>Output 5.2: (UNDAF Agency Outcome 2.3.; UNDAF Output 2.3.2) Officials of entity Ministries of Justice and Ministries of Internal Affairs, and police at local levels have improved knowledge and skills to establish and enforce policies and protection systems for gender-based violence and to establish multi-sectoral referral mechanisms.</p>	<p><u>Output 5.2.1.</u> Referral mechanisms for GBV scaled up.</p>	<p>BiH Ministry of Civil Affairs Reports; UNFPA Programme Reports; Programme and Project Evaluation Reports</p>	<p>BiH Ministry of Human Rights and Refugees; BiH Gender Equality Agency; Gender Centres of Federation and RS; Municipality Gender Commissions; Women's NGOs (Lara Bijeljina, Anima Goražde, Women from Una Bihac, United Women Banja Luka, Foundation for Local Democracy) UNFPA Ministries of Social Protection, Health, Judiciary, Interior etc. at various levels</p>	<p><u>Baseline 5.2.1.:</u> Referral mechanism for GBV developed and pilot tested in 3 municipalities.</p>

Annex 3 - The CPAP Monitoring and Evaluation Calendar
Country: Bosnia and Herzegovina
CP Cycle: First

		Year 1	Year 2	Year 3	Year 4	Year 5
M&E activities	Surveys/studies	Survey on GBV in six municipalities Operational studies on RH of Roma population Situation analysis research on elderly	Census	Census Demographic Health Survey	Demographic Health Survey	
	Monitoring systems	Ongoing monitoring: regular progress reports, data by the State Agency for Statistics and from Public Health Institutes CPAP monitoring plan: year one establishing baselines for all outputs and outcomes & semi-annual programme performance tracking reviews. Joint monitoring (government and UNFPA) mission to assess program quality				
	Evaluations	Evaluation of Y-Peer school clubs impact on SRH Evaluation of existing youth friendly SRH services	External evaluation of MDG YERP Project External evaluation of joint UNFPA UNDP UNTF Project on Gender Based Violence	Mid-term Evaluation	UNDAF Evaluation	End of programme evaluation
	Reviews	Quarterly AWP reviews Quarterly programme component reviews Annual programme review	Quarterly AWP reviews Quarterly programme component reviews Annual programme review Audits	Quarterly AWP reviews Quarterly programme component reviews Mid-Term & Annual program review Audits	Quarterly AWP reviews Quarterly programme component reviews Annual programme review Audits	Quarterly AWP reviews Quarterly programme component reviews Annual programme review Audits
	Support activities	Regular field monitoring visits	Regular field monitoring visits;	Regular field monitoring visits;	Regular field monitoring visits;	Regular field monitoring visits;
Planning references	UNDAF final evaluation milestones	Update UNDAF M&E matrix	Update UNDAF M&E matrix	Update UNDAF M&E Matrix UNDAF Mid-term review	Update UNDAF M&E matrix	Update UNDAF M&E matrix UNDAF final review/evaluation
	M&E capacity-building	Support to Statistical Agencies to prepare for census Support to government institutions, including BiH Statistical Agency to monitor youth migration	Support to Statistical Agencies to prepare for census Support to government institutions, including BiH Statistical Agency to monitor youth migration	Support to government institutions, including BiH Statistical Agency to monitor youth migration Support to government to build capacities to monitor demographic and health status of the population		
	Use of information	COAR AWP preparations	COAR AWP preparations	COAR AWP preparations	CCA-UNDAF Preparation UNFPA CP Preparation (Nov - Dec) AWP preparations	UNFPA CP finalization (Jan.- March) CPAP Development (Sept.- December) AWP preparations
	Partner activities	Department for Economic Planning report on BiH Development Strategy and BiH Social Inclusion Strategy EC BiH progress report NAB HIV Annual Report	Department for Economic Planning report on BiH Development EC BiH Progress report NAB HIV Annual Report	Department for Economic Planning report on BiH Development EC BiH Progress report NAB HIV Annual Report	Department for Economic Planning report on BiH Development EC BiH Progress report NAB HIV Annual Report	Directorate for Economic Planning report on CDS and SIS EC BiH Progress report NAB HIV Annual Report