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UNFPA — Country programmes and related matters

UNITED NATIONS POPULATION FUND

Country programme document for Bosnia and Herzegovina

Proposed indicative UNFPA assistance: \$3.4 million: \$2.4 million from regular resources and \$1.0 million through co-financing modalities and/or other resources

Programme period: Five years (2015-2019)

Cycle of assistance: Second

Category: Pink

Proposed indicative assistance (in millions of \$):

Strategic plan outcome area		Regular resources	Other	Total
Outcome 1	Sexual and reproductive health	0.8	0.2	1.0
Outcome 2	Adolescents and youth	0.7	0.2	0.9
Outcome 3	Gender equality and women's empowerment	0.3	0.4	0.7
Outcome 4	Population dynamics	0.3	0.2	0.5
	Programme coordination and assistance	0.3	-	0.3
	Total	2.4	1.0	3.4



I. Situation analysis

1. Bosnia and Herzegovina is a middle-income country with extensive social agenda advancement challenges that impede its progress towards European Union membership. The leading politicians lack a common vision on the future of the country; the complex governance structures and legacy of war frequently lead to institutional deadlock and political crises. The country's constitution, drawn up as part of the 1995 Dayton Peace Agreement, guarantees the protection of human rights and freedom from discrimination; it also established an intricate governing structure for the State, with a tripartite rotating presidency, a council of ministers and a bicameral parliamentary assembly. Although Bosnia and Herzegovina is a States party to all nine major international human rights conventions and most of their additional protocols, the reports on implementation of these treaties indicate there are systematic problems and delays with regard to the State realizing the rights of its citizens.

2. Bosnia and Herzegovina has made little progress towards a functioning market economy. After a series of recession years, the country's gross domestic product recorded a growth of 0.8 in 2013. However, in May 2014, floods and landslides caused extensive damage across the country. Social inclusion and geographic inequalities persist in a country where every sixth household is poor. Unemployment is on the rise; in 2012, it reached 28 per cent for the general population, particularly affecting youth, with an unemployment rate of 63 per cent for young people aged 15-24 years. The country lacks coherent human rights-based or evidence-based sectoral policies, notably in health, education and population, including ageing, youth and migration.

3. According to preliminary data from the 2013 census, the population has decreased to 3.79 million. In 2010, the country entered a period of negative population growth due to declining birth rates, increasing mortality rates and continued migration. The total fertility rate decreased from 1.4 children per woman in 2002 to 1.2 children per woman in 2011, and is projected to stabilize at that level for the period until 2015.

4. Coherent youth policies and strategies are not in place although youth aged 10-24 years constitute one quarter of the population. Moreover, young people face high unemployment (64 per cent of females and 62.3 per cent of males); rural and Roma youth as well as those with poor schooling or youth with disabilities are more severely affected. Lacking income or job opportunities, many young people are forced to stay longer with their parents and postpone marriage. Near 50 per cent of Roma women and 20 per cent of Roma men marry before the age of 18, while 15 per cent of Roma girls and 4 per cent of Roma boys marry before they are 15 years old. One of three Roma girls will give birth before the age of 18. Youth and adolescents have a poor knowledge about sexual and reproductive health. Gender-sensitive life skills or comprehensive sexuality education does not exist in schools, with the exception of a recent initiative in the Sarajevo canton.

5. Over 15 per cent of the population over the age of 65; this figure is projected to reach 40 per cent by 2050. A coherent policy framework for older persons needs to be developed in

line with the Madrid International Plan of Action. In particular, the pension and social protection systems require extensive overhaul since they are neither well targeted nor socially equitable.

6. The complex structure of the country also affects the organization, financing and delivery of health care, which is the responsibility of each district while the Ministry of Civil Affairs is responsible for coordination at the state level. Despite achievements in health care reform, challenges remain; this is due to a number of reasons: limited institutional capacity; fragmentation; weak human resources management; duplication of functions; inefficient health promotion and disease prevention programmes; uncertain financial sustainability; and inequalities in access to health care. Poor social determinants of health and low awareness of healthy lifestyles and illness prevention result in high levels of morbidity. The health systems response to the recent natural disaster was inconsistent and lacked preparedness for the massive floods and landslides.

7. The maternal mortality ratio has dropped from an estimated 18 deaths per 100,000 live births in 1990 to 8 per 100,000 live births in 2010. However, the quality of service provision, equitable access to care and accountability need improvement. The contraceptive prevalence rate among women aged 15-49 years is 46 per cent, including 12 per cent for modern contraceptives (with a male condom use of 6 per cent and a female condom use of 0.2 per cent). For Roma women, the contraceptive prevalence rate is 25 per cent, including 8 per cent for modern contraceptives (with condom use of 4 per cent). The total unmet need for family planning is 9 per cent for women aged 15-49 years and over 28 per cent for Roma women. While the unmet need seems low for the general population, abortion continues to be the main method for fertility regulation. The adolescent birth rate is 145 births per 1,000 Roma women, compared to 8 per 1,000 women for the overall population. Cervical cancer is the second leading cause of death from malignant diseases among women, after breast cancer.

8. The HIV prevalence is below 0.1 per cent; however, a number of factors – the post-conflict environment; long-term economic problems; high youth unemployment; high migration flows; human trafficking; sex work; drug use and other risky behaviours – may lead to an increase in the epidemic. The main path of HIV transmission is heterosexual sex (52 per cent), mostly in key affected populations.

9. Despite the progress made in developing institutional capacities and legal provisions guaranteeing the rights of women and promoting gender equality, traditionally set gender roles and resultant gender inequalities persist. Inequalities are less evident in education; however, women are less represented at decision-making political levels. Violence against women, especially domestic violence, continues to be widespread and underreported, with almost half of the surveyed women having experienced at least one form of violence. The legacy of physical and sexual abuse during the war, especially against women, still needs to be addressed.

II. Past cooperation and lessons learned

10. The first country programme (2010-2014) was implemented in a complex political environment, and focused on three key areas: (a) sexual and reproductive health, including youth; (b) gender equality and gender-based violence, including conflict-related sexual violence; and (c) development of evidence-based population strategies.

11. An independent final evaluation of the country programme in 2013 highlighted a number of key achievements: (a) a situation analysis on cervical cancer screening; (b) an assessment of family planning needs; (c) a comprehensive study on prevalence and characteristics of violence against women; (d) mechanisms for prevention of gender-based violence and support to victims of gender-based violence; (e) national consultations on the development of a policy for older people; and (e) coordination and technical assistance in establishing a migration database.

12. The evaluation provided a number of recommendations for the next programme: (a) renew the focus on sexual and reproductive health; (b) increase the focus on marginalized groups; (c) support evidence-based population policies addressing emerging issues; (d) build upon the previous results in prevention of gender-based violence; and (e) expand the implementation of project activities at the cantonal level. The recommendations of the evaluation are fully reflected in the proposed programme.

III. Proposed programme

13. Upon the request of the Council of Ministers, the United Nations adopted a 'Delivering as one' approach for the new programming cycle, seeking to increase effectiveness and impact, strengthen coherence among the agencies through joint programming and reduce transaction costs.

14. The country programme is aligned with national priorities, in line with the United Nations Development Assistance Framework (UNDAF), the UNFPA strategic plan, 2014-2017 and the country's aspiration for European integration. UNFPA will continue to support its governmental and institutional partners, civil society organizations and will partner with United Nations system agencies and other development actors in implementing evidence-based policies and programmes. Applying a human rights-based approach in all interventions, the programme will be guided by four key principles: (a) access to affordable, integrated sexual and reproductive health services that are high-quality and meet human rights standards; (b) strengthened accountability in order to eliminate all forms of discrimination; (c) empower marginal groups, with an emphasis on women, adolescents and youth (particularly girls); and (d) human rights-based population policies. The programming strategies include advocacy; policy dialogue and advice; capacity building; generating evidence for policy development; and knowledge management.

Outcome 1: Sexual and reproductive health

15. Output 1: Increased national capacity at state and entities' level to deliver integrated sexual and reproductive health services, with focus on Roma and vulnerable populations. In line with 2012 national policy on sexual and reproductive health, UNFPA interventions will focus on reducing inequities, increasing equal access to high-quality maternal care and addressing unmet need for family planning through advocacy as well as technical support for the following: (a) evidence-based policy and administrative frameworks setting up high standards of care for all; (b) technical support to strengthening capacity, quality and community acceptance of service providers; (c) improving population knowledge and skills for safe behaviour and increasing demand for relevant information and equitable services; (d) strengthening reproductive health commodity security; (e) advancing policy work on cervical cancer screening programmes; (f) generating evidence on sexual and reproductive health needs and the health sector response; and (g) integrating Minimum Initial Service Package for reproductive health in crisis in the emergency preparedness plans.

Outcome 2: Adolescents and youth

16. Output 1: Increased national capacity to conduct evidence-based advocacy for incorporating the human rights and needs of adolescents and youth in national laws, policies, programmes, including in humanitarian settings. The programme will focus on advocacy, policy advice and technical support for: (a) development and implementation of gender-sensitive sexual and reproductive health and rights-related policies and strategies on youth, with focus on disadvantaged groups, including the Roma, migrants and other key populations at risk of HIV and sexually transmitted infections; (b) establishment of participatory advocacy platforms for increased investment in marginalized adolescents and youth; (c) strengthening youth peer education programming; (d) development and revision of teaching content on life skills and comprehensive sexuality education; (e) generation of evidence on the sexual and reproductive health needs of youth; and (g) addressing early marriage and early onset of sexual life among Roma girls and boys, including Roma teen pregnancies.

Outcome 3: Gender equality and women's empowerment

17. Output 1: Increased capacity of state and entities' institutions and civil society to prevent gender-based violence and enable the delivery of multisectoral services, including for conflict-related sexual violence. In line with the Concluding Observations of the United Nations Committee on the Elimination of Discrimination against Women, the programme will promote gender equality and empowerment of women by: (a) generating evidence and analysing the effects of gender-based violence on the reproductive health, well-being and social and economic participation of women and girls; (b) strengthening the capacity of the health sector and civil society to address gender-based violence and deal with the legacy of conflict-related sexual violence; (c) advocating for a conducive human rights environment for empowerment of survivors of gender-based or conflict-related sexual violence; and (d) introducing gender-transformative approaches and strengthening the capacity of civil society organizations to engage men and boys on gender equality and gender-based violence, including the legacy of conflict-related sexual violence.

Outcome 4: Population dynamics

18. Output 1: Strengthened institutional capacity for the formulation and implementation of rights-based policies that integrate evidence on emerging population issues (low fertility, ageing and migration) and their links to sustainable development. This output will be achieved through advocacy, policy advice and technical support to: (a) strengthen national capacities for population data collection, analysis, dissemination and use for informed policy development; (b) strengthen partnerships for the development of comprehensive rights-based and evidence-based population policies; and (c) help the Government and civil society to formulate comprehensive programmes, in line with the Madrid International Plan of Action on Aging, and promote intergenerational solidarity.

IV. Programme management, monitoring and evaluation

19. The programme will build on achievements in health, education and other social sectors, creating strategic links and partnerships with the European Union, the World Bank and relevant bilateral donors' initiatives, aimed at institutionalizing strategic and sustainable measures to protect women's rights, especially their sexual and reproductive rights, and to promote gender equality and universal access to sexual and reproductive health services, with due consideration for the complex political and administrative environment. Programme implementation will be guided by the standard operating procedures of the United Nations Development Group for 'Delivering as one'. The resource mobilization strategy will consider the strategic approach to financing, based on an analysis of the external environment and potential partners, co-financing opportunities for funding gaps and the United Nations country team approach.

20. National execution will be the preferred implementation arrangement. UNFPA will select implementing partners based on their strategic position and ability to deliver high-quality programmes, and will monitor their performance, strengthen their programming and financial accountability, periodically adjust implementing arrangements and follow up on audit recommendations. The country office will develop a monitoring and evaluation plan and related tools for periodic progress reviews and a continued partnership with the Ministry of Civil Affairs, the entity ministries of health, public health institutes, civil society, United Nations partner organizations and other development partners, such as the Regional Cooperation Council and the South-eastern European Health Network, and will promote South-South cooperation.

21. UNFPA will undertake joint planning, monitoring and evaluation activities based on the monitoring and evaluation plan, in line with 'Delivering as one', and will actively participate in joint programmes and projects on reproductive health, youth, gender-based violence and data collection. The UNFPA Representative will oversee programme implementation. The country office includes staff funded by the integrated budget who perform management and development effectiveness functions. UNFPA will allocate programme resources to recruit national project personnel for technical and programme support who have the required skill sets for advocacy and policy dialogue. The country office will seek technical support from the regional office and technical units at UNFPA headquarters or other sources, as appropriate.

RESULTS AND RESOURCES FRAMEWORK FOR BOSNIA AND HERZEGOVINA, 2015-2019

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<p>National priorities: Enhancing promotion of health and prevention of diseases. UNDAF outcome: By 2019, provision of targeted health and public health policies and services, including management of major health risks, and promotion of targeted health seeking behaviours, is enhanced.</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>Outcome 1: Sexual and reproductive health (Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access)</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Modern contraceptive prevalence rate Baseline: 12%; Target: 15% • Proportion of unmet needs for contraception decreased among Roma women Baseline: 27%; Target: 20% 	<p><u>Output 1:</u> Increased national capacity at state and entities level to deliver integrated sexual and reproductive health services, with focus on Roma and vulnerable populations</p>	<ul style="list-style-type: none"> • Number of guidelines, protocols and standards for healthcare workers developed for delivery of quality SRH services (including adolescents and youth) Baseline: 0; Target: 4 • Percentage of service delivery points at primary health-care level providing at least three integrated reproductive health services Baseline: 0%; Target: 25% • Mechanism for maternal death surveillance and response system established at state and entities levels Baseline: No; Target: Yes • Elements of Minimum Initial Service Package for reproductive health in crisis situations integrated into state emergency preparedness plans Baseline: No; Target: Yes 	Ministry of Civil Affairs; Entity ministries of health; public health institutes; civil society; United Nations partner organizations; other development partners	\$1.0 million (\$0.8 million from regular resources and \$0.2 million from other resources)
<p>National priorities: Improved reproductive health status, especially for young people, through increased access to high-quality services. UNDAF outcome: By 2019, targeted legislation, policies, budget allocations and inclusive social protection systems are strengthened to pro-actively protect the vulnerable.</p>				
<p>Outcome 2: Adolescents and youth (Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health)</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> • Number of policies in place addressing sexual and reproductive health needs of youth and adolescents, including marginalized youth. Baseline: 0; Target: 3 	<p><u>Output 1:</u> Increased national capacity to conduct evidence-based advocacy for incorporating the human rights and needs of adolescents and youth their in national laws, policies and programmes, including in humanitarian settings</p>	<ul style="list-style-type: none"> • Number of policies or programmes at state and entities level that address or include marginalized adolescents and youth needs Baseline: 0; Target: 2 • Percentage of secondary schools that introduce comprehensive sexuality education aligned with international standards Baseline: 0; Target: 13% • Number of country-wide civil society initiatives addressing adolescent girls at risk of child marriage Baseline: 0; Target: 2 	Ministry of Civil Affairs; Ministry of Human Rights and Refugees; Entity line ministries; civil society, United Nations partner organizations; other development partners	\$0.9 million (\$0.7 million from regular resources and \$0.2 million from other resources)

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<p>National priorities: Enhance gender equality, reduce gender-based violence, improve services for survivors of gender-based violence, including conflict-related sexual violence.</p> <p>UNDAF outcome: By 2019, coordinated multisectoral platforms prevent and timely respond to gender-based violence and provide comprehensive care and support to survivors.</p>				
<p>Outcome 3: Gender equality and women's empowerment (Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth)</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Proportion of the Universal Periodical review accepted recommendations on reproductive rights from the previous reporting cycle implemented or action taken Baseline: 0; Target: 60% 	<p><u>Output 1:</u> Increased capacity of state and entities' institutions and civil society to prevent gender-based violence and enable the delivery of multisectoral services, including for conflict-related sexual violence</p>	<ul style="list-style-type: none"> Tracking and reporting mechanism to follow up on the implementation of reproductive rights recommendations and obligations established at state and entities level Baseline: No; Target: Yes Gender-based violence prevention, protection and response integrated into national sexual and reproductive health programmes Baseline: No; Target: Yes Number of civil society initiatives involving men and boys in addressing Gender based violence Baseline: 1; Target: 3 	<p>National Authority on Gender Equality; Entity line ministries; civil society, UN-Women; United Nations partner organizations</p>	<p>\$0.7 million (\$0.3 million from regular resources and \$0.4 million from other resources)</p>
<p>National priorities: Population data available for evidence-based sustainable development.</p> <p>UNDAF outcome: By 2019, economic, social and territorial disparities are being addressed by national and subnational actors</p>				
<p>Outcome 4: Population dynamics (Strengthened national policies and international development agendas through integration of evidence-based analysis of population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality)</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Number of national household survey conducted that allows the estimation of key population and reproductive health Baseline: 0; Target: 1 	<p><u>Output 1:</u> Strengthened institutional capacity for the formulation and implementation of rights-based policies that integrate evidence on emerging population issues (low fertility, ageing and migration) and their links to sustainable development.</p>	<ul style="list-style-type: none"> Population situation analysis conducted to identify priorities and formulate policies and programmes Baseline: 0; Target: 1 Number of policies developed at state and entities level using secondary analysis of census data Baseline: 0; Target: 3 	<p>National statistical agency, Ministry of Human Rights and Refugees, Ministry of Civil Affairs; Entity line ministries; civil society; United Nations partner organizations</p>	<p>\$0.5 million (\$0.3 million from regular resources and \$0.2 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.3 million from regular resources</p>