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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Draft country programme document for Bosnia and Herzegovina**

Proposed indicative UNFPA assistance: \$6.9 million: \$2.8 million from regular resources and \$4.1 million through co-financing modalities and/or other, including regular resources.

Programme period: Five years (2010-2014)

Cycle of assistance: First

Category per decision 2007/42: B

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	1.2	2.5	3.7
Population and development	1.0	0.9	1.9
Gender equality	0.3	0.7	1.0
Programme coordination and assistance	0.3	-	0.3
<b>Total</b>	<b>2.8</b>	<b>4.1</b>	<b>6.9</b>



## **I. Situation analysis**

1. Bosnia and Herzegovina is taking concrete steps towards stability after experiencing political and economic turmoil in the 1990s. UNFPA has supported these steps as well as the second United Nations Development Assistance Framework (UNDAF).

2. The government structure, comprised of two political entities (the Federation of Bosnia and Herzegovina and the Republika Srpska), stems from the 1995 Dayton Peace Accords. There is also a self-administered district, Brčko. The government structure is cumbersome and expensive. The national government controls foreign policy, trade, customs policy and monetary policy. The weakness of the national government and the existence of parallel government structures affect the delivery capacity of the health and education sectors.

3. The economy has grown at an estimated annual rate of 6 per cent in recent years. The average per capita gross domestic product was \$3,802 in 2007. However, the benefits of economic growth have been uneven, with 24 per cent of the population living below the poverty line. Sixty per cent of the poor live in households where at least one family member has a job. This indicates an inability to meet economic and development challenges.

4. The population was estimated at 3.32 million in 2007. However, population information is limited, as the last census was carried out before the war, in 1991. The lack of population-related information hampers many aspects of planning and development, including reproductive health care.

5. Since the last census there has been substantial internal and external migration. Immigrants represent about 38 per cent of the population. The fertility rate is low, at 1.0 children per woman. Bosnia and Herzegovina has an ageing population. Eighteen per cent of the population is younger than 15, and 15 per cent are 65 or over.

6. Social exclusion is a problem. Unemployment is high, at 23 per cent. Levels are even higher for women (27 per cent) and for youth (48 per cent).

Vulnerable groups include the elderly, people with disabilities, displaced persons, unemployed people, migrants and minorities, including Roma.

7. A fragmented administrative structure, inadequate financing and inefficiency hamper health services. Access to and the quality of basic reproductive health care are poor, and the availability of reproductive health commodities is limited. Sexual and reproductive health education is a sensitive subject, which limits access to information.

8. The population has high levels of ill health and morbidity as a result of the previous conflict as well as lifestyle factors. Risky sexual behaviour is common in all population groups. Although HIV prevalence is considered to be low, the real prevalence rate cannot be properly assessed in the absence of a nationwide, systematic surveillance system.

9. Gender-based discrimination is common throughout Bosnian society. Three issues are of particular concern: (a) exclusion from political processes; (b) access to employment and the labour market; and (c) gender-based violence.

10. The national Government, the two entities and Brčko District require assistance to implement social, economic, civil and political rights, particularly for women, the elderly and youth.

## **II. Past cooperation and lessons learned**

11. UNFPA support to Bosnia and Herzegovina began in 1995. Until 2004, UNFPA operated on a project basis. Past UNFPA assistance concentrated on improving the reproductive health status of women and adolescents and on improving access to, and the quality of, reproductive health and health education. UNFPA and the United Nations Children's Fund (UNICEF) helped to establish referral systems for women affected by gender-based violence. In the absence of health education in the school curriculum, UNFPA supported peer education and counselling for youth on sexual and reproductive health.

12. In 2004, in accordance with United Nations

reform, UNFPA participated in joint programming as part of the first UNDAF. The previous assistance sought to improve the quality of life of youth and women through gender-sensitive, community-based, youth-friendly services in four geographical areas that were selected on the basis of poverty, reproductive health and gender indicators.

13. Lessons learned from past UNFPA support included the need to: (a) harmonize activities at national, district and community levels; (b) provide high-quality and timely technical assistance in areas such as census and survey design and implementation; (c) concentrate support on disadvantaged groups such as the elderly or on issues such as gender-based violence; (d) enhance national capacity at policy and implementation levels to achieve results; (e) integrate reproductive health, population and development, and gender issues at all levels; (f) replicate the participatory approach used with youth peer education; (g) use a multidisciplinary approach for issues such as gender-based violence; and (h) develop programme monitoring and evaluation plans. The country programme action plan will incorporate these lessons.

### III. Proposed programme

14. The proposed programme is the first UNFPA country programme. It is aligned with: (a) the priorities of the Bosnia and Herzegovina Coordination Board for Economic Development and European Union Integration; (b) the national development and social inclusion strategies, 2008-2013; (c) the UNFPA strategic plan, 2008-2011; and (d) the common country assessment.

15. UNFPA and the Government will implement the programme within the existing political and economic context. 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 of the country programme are derived from the UNDAF. They will contribute to government plans and strategies to improve social inclusion and reduce poverty through good governance, social justice and participatory development approaches.

### *Reproductive health and rights component*

16. This component has three outcomes: (a) 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 the elderly, women and youth, by addressing gender equality and the rights of youth, women and the elderly; (b) service providers in reproductive health, reproductive health education and social protection ensure access to high-quality services for socially excluded youth and women; and (c) the Government, at central and local levels, develops regulatory and institutional frameworks to prevent and respond to HIV and AIDS and to sexually transmitted infections. The outputs below contribute to reproductive health and rights outcomes 1, 5 and 4, respectively, of the UNFPA strategic plan, 2008-2011 (DP/FPA/2007/17).

17. Output 1: Health ministries coordinate and develop intersectoral family planning and reproductive health commodity security policies and strategies to improve women's health. Key activities include: (a) providing technical assistance in preparing family policies, strategies and guidelines; (b) establishing a reproductive health commodity committee and security mechanisms; and (c) building the capacity of health workers in the areas of family planning and reproductive health commodity security.

18. Output 2: Local government and social-sector institutions in selected municipalities adopt standard methodologies to plan, implement and monitor local action plans for the elderly, and to ensure their participation. Key activities include: (a) providing technical assistance to develop standardized methodologies for the care of the elderly; and (b) building the capacity of local officials to implement participatory planning for the elderly.

19. Output 3: 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 decisions on nutrition and reproductive health. Key activities include: (a) establishing peer education clubs in schools and continuing support to existing clubs; (b) training peer educators; and (c) expanding the Y-PEER (youth peer education) network to cover

nutrition as well as sexual and reproductive health issues.

20. Output 4: 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.

#### *Population and development component*

21. This component has one outcome: 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. The outputs below contribute to population and development outcomes 3 and 4, respectively, of the UNFPA strategic plan, 2008-2011 (DP/FPA/2007/17).

22. Output 1: Statistical agencies have the technical knowledge and skills to conduct the 2011 census and to collect and analyse social and demographic data to develop population policies. Key activities include: (a) providing technical assistance in modern census planning, implementation, analysis and information dissemination; (b) supporting a demographic and health survey; and (c) providing technical and financial support for compiling reports on specific topics such as health, social protection and gender-based violence.

23. Output 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.

24. Output 3: Officials of the Directorate for Economic Planning have the knowledge and skills to implement the Madrid International Plan of Action on Ageing 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 and entity strategies for the elderly; and (b) advocacy with parliamentarians regarding the Madrid International Plan of Action on Ageing.

#### *Gender equality component*

25. The gender component has one outcome: 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. This outcome will be a part of efforts to operationalize United Nations Security Council resolution 1325 on women, peace and security. The outputs below contribute to gender equality outcomes 1 and 3, respectively, of the UNFPA strategic plan, 2008-2011 (DP/FPA/2007/17).

26. Output 1: National- and entity-level government officials have increased knowledge and skills to integrate gender and women's rights, including the adoption of United Nations resolution 1325, into multisectoral, inclusive social policies. Key activities include: (a) developing a sexual and reproductive rights and health strategy and advocating its endorsement; and (b) integrating mechanisms to protect women in emergency preparedness planning.

27. Output 2: Officials of entity-level ministries of justice and the interior, 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 multisectoral referral mechanisms. Major activities include: (a) multidisciplinary capacity development and sensitization training for health, education, social and law enforcement professionals; (b) a multidisciplinary approach to prevention and protection systems; and (c) training key actors in selected communities on effective interventions; and (d) establishing a community-based referral system for victims of gender-based violence.

#### **IV. Programme management, monitoring and evaluation**

28. The Ministry of Civil Affairs of Bosnia and Herzegovina will coordinate the country programme, using the national execution modality. UNFPA will support the Government in implementing the programme in collaboration with: (a) the entity ministries (health, education, youth and family, labour and social protection, and refugees and displaced people); (b) the Brčko District ministries of health, education, labour and social protection; (c) cantonal ministries of health, education, labour and social protection; and (d) municipalities in the selected areas. The involvement of media, civil society organizations, youth and the elderly will be crucial in forging community partnerships.

29. The Ministry of Security, the Ministry of Human Rights and Refugees, the Ministry of Civil Affairs, the Parliamentary Commission on Gender Equality, the Parliamentary Group on Population and Development, and gender centres will be involved in implementing activities concerned with reducing gender-based violence. The Ministry of Civil Affairs, statistical agencies and the entity statistical agencies will be responsible for implementing activities related to the 2011 population census.

30. UNFPA will support common services and the implementation of the UNDAF. UNFPA will collaborate with: (a) the International Organization for Migration on migration issues; (b) UNICEF and United Nations Volunteers on adolescent health, including counselling on nutrition; and (c) the United Nations Development Fund for Women and UNDP on gender-based violence. UNFPA will also cooperate with the European Union.

31. The programme will develop a monitoring and evaluation plan, aligned with the UNFPA strategic plan and key national frameworks. UNFPA, the Government and partner agencies will conduct joint monitoring, reviews and evaluations, using participatory methods that involve local partners. UNFPA will track programme indicators and help to monitor and evaluate the outcomes of the UNDAF. The programme will consolidate partnerships with donors, harness additional resources from international and bilateral agencies,

and seek additional opportunities for joint programming with other United Nations organizations.

32. The programme will strengthen existing programme databases and establish baseline data to provide information for monitoring. UNFPA expects to use data from the 2011 census and other surveys.

33. The UNFPA country office consists of an assistant representative, a national professional officer and several support staff. UNFPA will strengthen programme staffing and will obtain additional technical expertise from consultants. The UNFPA regional office in Bratislava, Slovakia, will provide additional technical and programme assistance.

**RESULTS AND RESOURCES FRAMEWORK FOR BOSNIA AND HERZEGOVINA**

<p><b>National priority:</b> social inclusion strategy (2008-2013)  <b>UNDAF outcomes:</b> 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  <b>Note:</b> Key results and indicators are summarized below. UNFPA and the Government will establish remaining indicators, baselines and targets during the first year of the programme.</p>				
<b>Programme component</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources by programme component</b>
Reproductive health and rights	<p><b>Outcome:</b> 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 the elderly, women and youth, by addressing gender equality, youth and the rights of youth, women and the elderly</p> <p><b>Outcome indicator:</b>  <ul style="list-style-type: none"> <li>Number of government bodies producing socially inclusive policies based on social data and evidence, adequately costed and included in the public expenditure framework</li> </ul> </p> <p><b>Outcome:</b> Service providers in reproductive health, reproductive health education and social protection ensure access to high-quality services for socially excluded youth and women</p> <p><b>Outcome indicator:</b>  <ul style="list-style-type: none"> <li>Number of municipalities with established multi-disciplinary referral mechanisms targeting socially excluded groups</li> </ul> </p> <p><b>Outcome:</b> The Government, at central and local levels, develops regulatory and institutional frameworks to prevent and respond to HIV and AIDS and to sexually transmitted infections</p> <p><b>Outcome indicator:</b>  <ul style="list-style-type: none"> <li>Gender-sensitive national HIV/AIDS strategy adopted</li> </ul> </p>	<p><b>Output 1:</b> Health ministries coordinate and develop intersectoral family planning and reproductive health commodity security policies and strategies to improve women's health  <b>Output indicator:</b>  <ul style="list-style-type: none"> <li>Family policy action plan established at entity levels</li> </ul> <b>Target:</b> family policy established at entity levels</p> <p><b>Output 2:</b> Local government and social-sector institutions in selected municipalities adopt standard methodologies to plan, implement and monitor local action plans for the elderly, and to ensure their participation  <b>Output indicator:</b>  <ul style="list-style-type: none"> <li>Number of action plans with a budget for social protection and inclusion of the elderly</li> </ul> <b>Target:</b> four by 2014</p> <p><b>Output 3:</b> 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 empower them to make decisions on nutrition and reproductive health  <b>Output indicator:</b>  <ul style="list-style-type: none"> <li>Number of peer education clubs in schools</li> </ul> <b>Baseline:</b> 24 sexual and reproductive health peer education clubs  <b>Target:</b> 34 sexual and reproductive peer education clubs</p> <p><b>Output 4:</b> 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  <b>Output indicator:</b>  <ul style="list-style-type: none"> <li>Linkages between HIV and AIDS and other sexually transmitted infections are incorporated into the national HIV/AIDS strategy</li> </ul> <b>Target:</b> The national HIV/AIDS strategy reflects linkages between HIV/AIDS with other sexually transmitted infections</p>	<p>Ministries of: Civil Affairs; Health</p> <p>Municipalities</p> <p>Cantonal ministries of: Education; Health; Labour; Social Policy; and Social Welfare</p> <p>National Advisory Board on HIV/AIDS</p> <p>Primary health-care institutions</p> <p>Civil society institutions; Youth and women's organizations</p>	<p>\$3.7 million (\$1.2 million from regular resources and \$2.5 million from other resources)</p>

<p><b>National priority:</b> (a) national development strategy and social inclusion strategies; and (b) European Partnership and European Union Integration Strategy  <b>UNDAF outcome:</b> 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>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><b>Outcome:</b> 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</p> <p><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>High-quality social and demographic data integrated into policymaking processes relating to the health and social protection sectors</li> </ul>	<p><b>Output 1:</b> Statistical agencies have the technical knowledge and skills to conduct the 2011 census and to collect and analyse social and demographic data to develop population policies  <b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Technical preparations completed for the national census. <b>Baseline:</b> census project document completed  <b>Target:</b> revised and updated action plan for undertaking the national census developed by the end of 2010</li> </ul> <p><b>Output 2:</b> 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 strategies and policies  <b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Number of government and civil society professionals trained in collecting, processing and interpreting migration data disaggregated by sex and age</li> </ul> <p><b>Output 3:</b> Officials of the Directorate for Economic Planning have the knowledge and skills to implement the Madrid International Plan of Action on Ageing through the European regional implementation strategy and through strategies for the elderly.  <b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Parliamentary Assembly adopts the Madrid International Plan of Action on Ageing. <b>Baseline:</b> not adopted. <b>Target:</b> adoption of the plan</li> </ul>	<p>Agency for Labour and Employment; Agency for Statistics; Directorate for Economic Planning; Public Health Institute</p> <p>Ministries of: Civil Affairs; Foreign Affairs; Human Rights and Refugees; and Security</p> <p>Parliamentary Group on Population and Development</p> <p>Academia</p>	<p>\$1.9 million (\$1.0 million from regular resources and \$0.9 million from other resources)</p>
<p><b>National priority:</b> (a) national small arms and light weapons strategy; and (b) national law on disaster management and preparedness  <b>UNDAF outcomes:</b> (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; and (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</p>				
Gender equality	<p><b>Outcome:</b> 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><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>Percentage of women and men in security-sector management positions, and in security forces</li> </ul>	<p><b>Output 1:</b> National- and entity-level government officials have increased knowledge and skills to integrate gender and women's rights, including the adoption of United Nations resolution 1325, into multisectoral, inclusive social policies  <b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Sexual and reproductive rights and health strategy developed and adopted. <b>Target:</b> adoption of the sexual and reproductive rights and health strategy</li> </ul> <p><b>Output 2:</b> Officials of entity-level ministries of justice and the interior, and police at local levels, have improved knowledge and skills to establish policies and protection systems for gender-based violence and to establish multisectoral referral mechanisms  <b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Number of documents regulating women's rights and needs in emergency situations. <b>Target:</b> all relevant documents by 2014</li> </ul>	<p>Armed forces; national border police; gender centres; Ministries of: Civil Affairs; Human Rights and Refugees; Interior; Justice; and Security; Entity ministries; Parliamentary Commission on Gender Equality</p> <p>European Union Police Mission; European Union forces</p>	<p>\$1.0 million (\$0.3 million from regular resources and \$0.7 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.3 million from regular resources</p>