

UNFPA Bosnia and Herzegovina
3rd Country Programme
Country
Programme
Evaluation
2021-2025



EVALUATION REPORT
April, 2025



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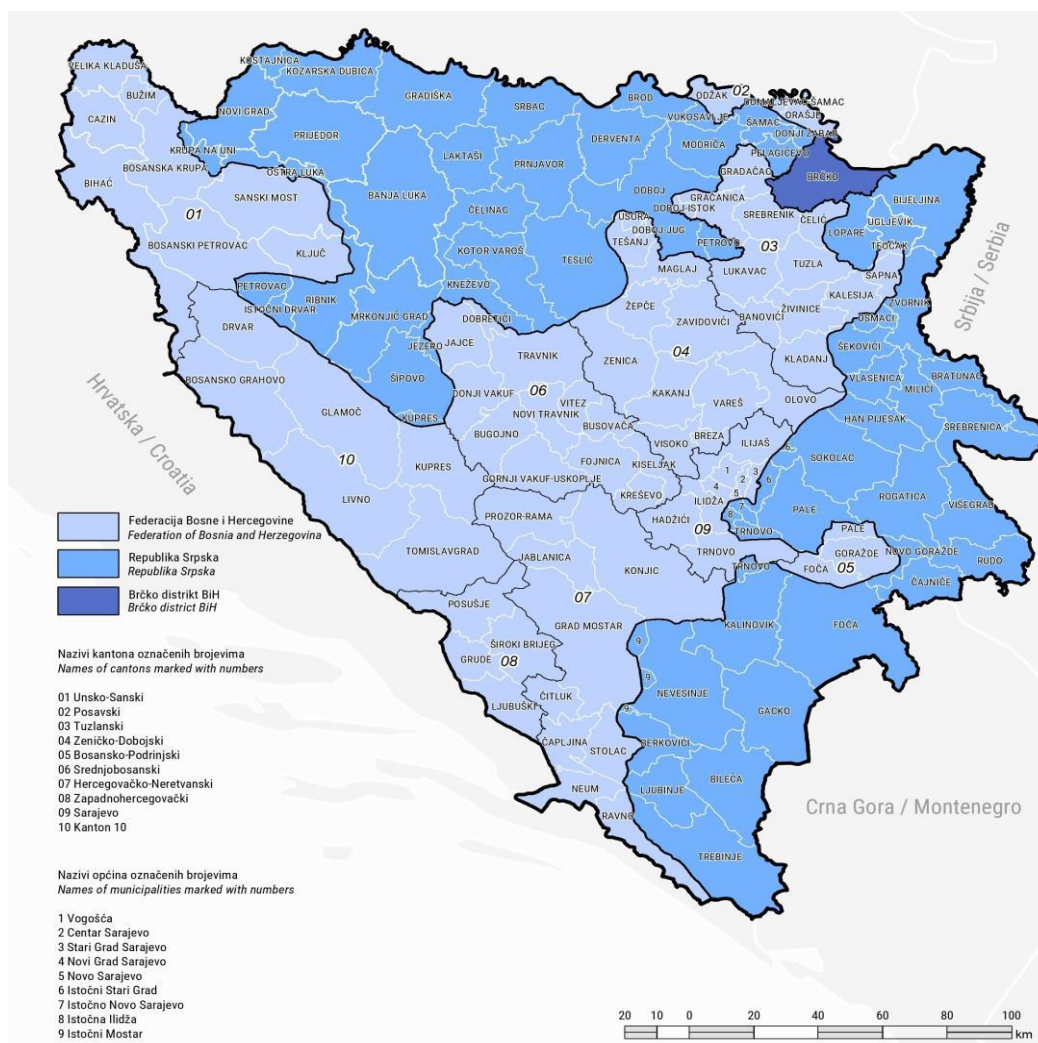


Figure 1 Administrative map of Bosnia and Herzegovina¹

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¹ Census of Population, Households and Dwellings in Bosnia and Herzegovina, 2013 - Final Results (Agency for Statistics of Bosnia and Herzegovina, 2016)

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Acronyms and abbreviations

AIDS	Acquired Immunodeficiency Syndrome
AWP	Annual Work Plan
BD	Brčko District
BHAS	Agency of Statistics of Bosnia and Herzegovina
BiH	Bosnia and Herzegovina
BtN	Beyond the Numbers Methodology
BYMCs	Boys and Young Men Centres
CAT	Committee Against Torture
CEDAW	Committee on the Elimination of Discrimination against Women
CO	Country Office
COAR	Country Office Annual Report
CP	Country programme
CPD	Country programme document
CPE	Country programme evaluation
CRSV	Conflict-related sexual violence
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organizations
CMR	Clinical Management of Rape
DV	Domestic Violence
EC IPA	European Commission Instrument for Pre-accession Assistance
EECA RO	Eastern Europe and Central Asia Regional Office
EU	European Union
ERG	Evaluation Reference Group
EISE	Economic Institute of Sarajevo and East Sarajevo
FAO	Food and Agriculture Organization
FBiH	Federation of Bosnia and Herzegovina
FBOs	Faith-based organisations
FES	Friedrich-Ebert-Stiftung
GAL	Girls Advance Lab
GBViE	Gender-Based Violence in Emergencies
GBV	Gender-Based Violence
GE	Gender Equality
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GREVIO	Group of Experts on Action against Violence against Women and Domestic Violence
HACs	Healthy Ageing Centres
HIV	Human Immunodeficiency Virus
HLS	Healthy Lifestyles
HPV	Human Papilloma Virus
HTF	Humanitarian Action Thematic Fund
ICPD PoA	International Conference on Population and Development Plan of Action
ICT	Information and communication technologies
ICCPA	International Cervical Cancer Prevention Association
IOM	International Organization for Migration
IP	Implementing partner
IRC	Inter-religious Council
JP DRR for BiH	Joint Program on Disaster Risk Reduction for BiH
KIIs	Key informant interviews
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual+
LNOB	Leaving no-one behind
MHPSS	Mental Health and Psychosocial Support
MICS	Multiple Indicator Cluster Survey
MISP	Minimum Initial Service Package
MPAs	Minimum Preparedness Actions
MPRs	Minimum Preparedness Requirements
NGOs	Non-governmental organisations

NSO	National statistical office
NTA	National Transfer Accounts
OECD	Organisation for Economic Co-operation and Development
OSCE	Organisation for Security and Co-operation in Europe
OSRS	Obstetrics Surveillance and Response System
PCA	Program Coordination and Assistance
PD	Population Dynamics
PISA	OECD's Programme for International Student Assessment
PHI	Public health institute
RO	Regional Office
RRP	Resources and Results Plan
RS	Republika Srpska
RCO	Resident Coordinator's Office
RYCO	Regional Youth Cooperation Office
SDC	Swiss Development Cooperation
SDGs	Sustainable Development Goals
SFA	Service for Foreigners' Affairs
SIDA	Swedish International Development Cooperation
SOP	Standard Operating Procedures
SP	Strategic plan
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Reproductive Rights
STI	Sexually Transmitted Infection
STEM	Science, Technology, Engineering and Mathematics
TFGBV	Technology-Facilitated Gender-Based Violence
ToC	Theory of Change
ToR	Terms of reference
TRCs	Temporary Reception Centres
UHC	Universal Health Coverage
UN	United Nations
UPR	Universal Periodic Review
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNODC	United Nations Office on Drugs and Crime
UNSCR	United Nations Security Council Resolution
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNHCR	United Nations High Commissioner for Refugees
USAID	United States Agency for International Development
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WE	Women's Empowerment
WHO	World Health Organization
WEPS	Women's Empowerment Principles
WPS	Women, Peace and Security
WGCs	Women and Girls Centres
YPS	Youth, Peace and Security
YPL	Youth Peace Lab

Key facts table

Bosnia and Herzegovina	
Geographic location	Bosnia and Herzegovina is located in South-Eastern Europe and is a part of the geo-political region known as the Western Balkans. It borders Serbia in the east, Montenegro in the south- east and Croatia in the north and west, with a short coastline on the Adriatic Sea in the south-west.
Total area	51,197 km ²
Terrain	The terrain of Bosnia and Herzegovina is predominantly mountainous, with an average elevation of 500m and a number of peaks over 2,000m. At 2,386m above sea level, Mt Maglić is the country's highest peak, situated in the south-east. The lowland area Posavina is in the north. This rugged terrain is home to diverse natural resources and a factor of Bosnia and Herzegovina's biodiversity, with the majority of inland mountains covered by forest. Notably, Bosnia and Herzegovina is criss-crossed with several watersheds, providing water supply to population and industry and representing a strong hydro-power potential.
Demographics	
Population as of 2013 ²	3,531,159
Urban/rural population 2013	1,506,691 (42,7%) / 2,024,468 (57,3%) ⁱ
Natural Increase Rate in 2022	-4,3% ⁱⁱⁱ
Population Growth Rate (2022)	-1.2% ⁱⁱⁱ
Proportion of population aged under 14 (2013)	543,719 ^{iv}
Politics	
Type of government	Parliamentary republic
Key political events	After the signing of the Dayton Peace Agreement, the main political events focused on the reconstruction of the state after the war, the establishment of state institutions and agencies, reforms on the way to EU and NATO integration, and the official opening of accession negotiations by the Council of the European Union.
% of seats held by women in parliament (2022)	17% ^v
Economy	
GDP per capita PPP US\$ in 2023 (est.)	\$ 22,845.5 ^{vi}
GDP Real Growth rate in 2023 (est.)	1.8% ^{vi}
Inflation rate	3% ^{vii}
Main industries	Mining (coal, steel, iron ore, bauxite), metal processing, timber, energy
Social indicators	
Distribution of Family Income - Gini Index in 2011	33.8 Rank 107 out of 157 nations ^{ix}
Human Development Index Rank (2022)	0.779 ^x
Unemployment (2023)	13.2% ^{xi}
Male unemployment share (2023)	50,5% ^{xi}
Female unemployment share (2023)	49,5% ^{xi}
Youth unemployment (2023)	15,3% ^{xi}

² No new population and housing census has been conducted since 2013. However, population projections and estimates show that the country today has not more than 3 million population.

Total number of labour force (2023)	1,377,000 ^{xi}
Total number of inactive population (2023)	1,501,000 ^{xi}
Activity rate	47.8% ^{xi} (2023)
Inactivity rate	52.2% ^{xi} (2023)
Unmet need for family planning in 2012	19% of married women 15-49 ^x
Adult literacy (% aged 15 and above) in 2022	96.99% ^{xii}
Marriages by bride's age (15-19) (2022)	1,002 ^{iv}
Marriages by groom's age (15-19) (2022)	128 ^{iv}
Sustainable Development Goals (SDGs) overview (available data)	
Goal/Indicator	Value (year)
Goal 3. Ensure healthy lives and promote well-being for all at all ages	
Maternal mortality ratio (per 100,000 live births)	5.67 ^{xiii} (2020)
Infant mortality rate (per 1000 live births)	5.2 ^{xiv} (2022)
Under-five mortality rate (per 1000 live births)	6.0 [5.4-6.7] ^{xv} (2022)
Incidence of tuberculosis (per 100,000 inhabitants)	25.0 ^{xvi} (2021)
Survival of newborns who received 2 vaccines as recommended by WHO (%)	68% ^{xvii} (2021)
Subjective well-being (average score on the scale, worst 0 - 10 best)	5.9 ^{xviii} (2022)
Total fertility rate	1.18 ^{xix} (2022)
Proportion of births attended by skilled health personnel	99.9% ^{xxi} (2021)
Under-five mortality rate (per 1000 live births)	6.0 [5.4-6.7] ^{xv} (2022)
Neonatal mortality rate	4.3 ^{xxii} (2022)
Adolescent birth rate (births per 1000 women aged 15-19)	9.7 ^{xxiii} (2019)
HIV prevalence 15-49 (Male)	<0.1 [<0.1 - <0.1] ^{xix} (2023)
HIV prevalence 15-49 (Female)	<0.1 [<0.1 - <0.1] ^{xix} (2023)
% of people living with HIV, age 15 and over in 2023	< 1000 [<500 - <1000] ^{xix} (2023)
HIV incidence per 1000 population (adults 15-49)	[0.02 - 0.06] ^{xix} (2023)
Life expectancy at birth	74.8 years ^{xxiv} (2021)
Female life expectancy at birth	77.2 years ^{xxiv} (2021)
Male life expectancy at birth	72.6 years ^{xxiv} (2021)
Health expenditure (% of GDP)	9.56% ^{xxv} (2021)
Contraceptive prevalence (% of women ages 15-49)	45.8% ^{xix} (2012)
Gender Equality Index - Domain of Health (sub-domains of status and access)	89.9 ^{xxvi} (2022)
Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	

Net enrolment rate (primary)	85.14 % ^{xxx} (2022)
Male primary school attendance	133,629 ^{iv} (2022/23)
Female primary school attendance	126,708 ^{iv} (2022/23)
Male secondary school attendance	53,454 ^{iv} (2022/23)
Female secondary school attendance	54,482 ^{iv} (2022/23)
The ratio of average years of education between women and men (%)	86.1% ^{xxx} (2021)
Research and development expenditure as a proportion of GDP	0.2% ^{xxx} (2022)
Goal 5. Achieve gender equality and empower all women and girls	
Gender Parity Index (net enrolment ratio in primary school)	N/A ^{xxx} (2023)
Gender Equality Index - Domain of Knowledge	58.7 ^{xxx} (2022)
Gender Equality Index - Domain of Power	51.2 ^{xxx} (2022)
Gender Equality Index - Domain of Work	62.8 ^{xxx} (2022)
The ratio of the participation rate of women and men in the labour force (%)	65.3% ^{xxx} (2022)
Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation	
Rural population with access to roads throughout the season (%)	96.8% ^{xxx} (2022)
Population using the Internet (%)	75.7% ^{xxx} (2021)
Subscriptions to mobile broadband access (per 100 inhabitants)	56.1% ^{xxx} (2021)
Articles published in academic journals (per 1,000 inhabitants)	0.6 ^{xxx} (2021)
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	
Homicides (per 100,000 population)	1.0 ^{xxx} (2021)
Population who feels safe walking alone at night in their city/area (%)	68% ^{xxx} (2022)
Corruption Perceptions Index (worst 0 - 100 best)	34.0 ^{xxx} (2022)
Media Freedom Index (worst 0 – 100 best)	65.4 ^{xxx} (2023)
Access to justice and affordability (worst 0 - 1 best)	0.6 ^{xxx} (2021)
Timeliness of administrative procedures (worst 0 - 1 best)	0.4 ^{xxx} (2021)
Expropriations are legal and adequately compensated (worst 0 – 1 best)	0.6 ^{xxx} (2021)
Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development	
Statistical performance index (worst 0 – 100 best)	70.6 ^{xxx} (2022)

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Executive Summary

Purpose and scope of the evaluation, and intended audience

The Country Programme Evaluation (CPE) for the United Nations Population Fund (UNFPA) Bosnia and Herzegovina 3rd Country Programme (CP) 2021-2025 is conducted to ensure oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources, to support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming, to aggregate and facilitate sharing of good practices and credible evaluative evidence to support organisational learning on how to achieve the best results, and to empower community, country and regional stakeholders.

The main audience and primary intended users of the evaluation are: the United Nations Population Fund Country Office Bosnia and Herzegovina (UNFPA CO BiH), the authorities in BiH, implementing partners of the UNFPA CO BiH, rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth), the United Nations Country Team (UNCT), UNFPA Eastern Europe and Central Asia Regional Office (EECA RO), and donors, as well as other interested audiences.

The CPE covers the thematic areas of the UNFPA CP BiH: 1. Strengthening systemic capacities for provision of sexual and reproductive health services and reproductive rights; 2. Achieving gender equality through women's empowerment and peace building; 3. Strengthening individual capacities of adolescents and youth on family planning and gender equality through healthy lifestyles education, and 4. Strengthening systemic capacities for data collection, analysis and dissemination as well as evidence-based policy development. Geographically, the CPE covers all administrative areas across the country – Bosnia and Herzegovina (BiH), Federation of Bosnia and Herzegovina (FBiH), Republika Srpska (RS), and the Brčko District (BD), as well as some cantons where the UNFPA CO BiH worked. The CPE covers interventions planned and/or implemented in the period from January 2021 through December 2024.

Methodology

The CPE applies a contribution analysis of direct influence, which involves establishing that any expected changes within the direct influence of the UNFPA CP BiH interventions were realised, and that the CP was influential in bringing about those changes. The CPE employs a mixed-method, and participatory approach and relies on collection and analysis of both quantitative and qualitative data. The two key methods employed are documentary review and individual key informant interviews. On-site visits were also conducted to locations of UNFPA emergency actions.

The documentary review included consulting more than 80 documents relating to the UNFPA CP BiH delivery. Key informant interviews were conducted with a total of 59 stakeholders, including 37 women and 22 men. The sample ensured proportional representation of governmental and non-governmental stakeholders, as well as the UNFPA CO BiH and other UN agencies' staff, across all jurisdictions in BiH and across all UNFPA CP BiH outputs.

The CPE outlines certain limitations concerning the lack of representative samples, the lack of official and reliable statistical data in BiH, as well as limitations concerning reaching out to the final beneficiaries of the UNFPA CP BiH, especially related to UNFPA CO BiH support to migrants and refugees. The Evaluation Matrix is used as the repository of all data collected by the CPE team and key analytical tool for triangulation of data and identification of findings.

Main findings

The CPE assesses the relevance, coherence, effectiveness, efficiency, and sustainability of the UNFPA CP BiH. Additional criteria for evaluation – coverage and connectedness, are applied singularly to the UNFPA CO BiH humanitarian response.

Concerning **relevance**, in terms of addressing the needs of marginalized and vulnerable groups, it is found that while these groups are not a governmental priority, the UNFPA CO BiH has invested efforts in analysing and addressing their needs, with at least 80% of CP actions targeting groups such as gender-based violence (GBV) survivors, migrants, persons with disability, economically inactive and long-term unemployed women, and older persons.

In terms of **coherence**, the CP aligns with the UNFPA global strategic frameworks, the UNSDCF 2021-2025, and the priorities of governments in BiH, including the country's European Union (EU) accession agenda. The UNFPA CO BiH has also contributed to policy development in the country, not least in the areas of population policies, Comprehensive Sexuality Education (CSE), youth strategy, and legislation for combatting GBV. Given the multitude of other development actors' interventions, particularly in the fields of youth and gender equality, there is a need for coordination with other stakeholders to minimise the risk of duplication.

In terms of **effectiveness**, in the area of Sexual and Reproductive Health and Reproductive Rights (SRHR), the UNFPA CO BiH made notable progress by training medical students in family planning, introducing Human Papilloma Virus (HPV) immunization, and developing maternal health guidelines, though systemic integration and wider coverage remain pending. The Minimum Initial Service Package (MISP) was proposed for local preparedness plans, but its integration is lacking. CSE teaching materials were endorsed for primary schools in FBiH and RS, yet youth engagement in this policy development was minimal. The UNFPA's role in expanding essential health services and reducing unmet family planning needs is evident, but its contribution to UNSDCF targets is difficult to quantify due to lack of data.

The UNFPA CP contributed to gender equality and gender-based violence prevention through initiatives like the Girls Advance Lab (GAL), but the effects on behavioural change are unmeasured. The Bodyright Initiative resulted in assumptions for further policy development to integrate Technology-Facilitated Gender-Based Violence (TFGBV) provisions. While training for healthcare providers on GBV response was conducted, it has yet to be institutionalized. UNFPA supported conflict-related sexual violence (CRSV) survivors with psychosocial and economic empowerment programmes, and have made change at least at individual level. Broader women's economic empowerment initiatives remain at an early stage, dependent on legislative and business sector changes. Youth-led civil society organizations (CSOs) had limited engagement in gender equality and GBV prevention efforts, and it is found that the UNFPA Country Programme Document BiH (UNFPA CPD BiH) does not formulate an adequate indicator to measure the UNFPA CO BiH contribution in the area of gender equality/GBV/women's economic empowerment.

In the realm of youth and its role in social cohesion, UNFPA facilitated peacebuilding initiatives, notably through the Youth Peer Education for Peacebuilding and the Youth Peace Lab. Youth participation in civic actions was significant but largely reactive and externally driven. Systemic engagement with youth-led CSOs in peacebuilding was limited, yet UNFPA's interventions likely influenced attitudes on reconciliation and social cohesion, although measurement of the UNFPA CO BiH contribution to UNSDCF targets remains a challenge.

Regarding population development, the UNFPA CO BiH supported statistical offices in BiH in producing vital population data, leading to the establishment of demographic resilience and Sustainable Development Goals (SDGs) data portals. Research efforts and technical assistance contributed to the formulation of entity population strategies in FBiH and RS, with one city strategy already developed and adopted. Pilot initiatives aimed at women's economic empowerment have shown promising

results, yet broader systemic measures are required. While these efforts are expected to contribute to improved governance and policy development, the UNFPA CPD BiH target regarding the conduct of a population and housing census was not met.

The UNFPA CO BiH played a crucial role in providing emergency GBV and Sexual and Reproductive Health (SRH) services to migrants and refugees in Temporary Reception Centres (TRCs) in Sarajevo and Bihać, ensuring **coverage** across all centres. Services were timely and effective, demonstrating UNFPA's humanitarian response capacity, which was further confirmed by swift replication of GBV and SRH services from migrant settings to flooded areas during the October 2024 floods. Inter-agency coordination among multiple actors in mixed-migration management was instrumental in avoiding duplication and ensuring **connectedness**, and efforts have been made to transfer knowledge to local institutions for sustained GBV response.

Efficiency assessments indicate that GBV and gender equality actions received the highest resource investment, followed by SRHR, youth and social cohesion, and population development. The UNFPA CO BiH maintained a high budget execution rate (>90%), leveraging various engagement modes, including advocacy, policy dialogue, and partnerships. External resource mobilization efforts were highly successful.

Sustainability prospects vary across interventions. Institutional capacity building in the health sector has yielded some sustainable outcomes, including endorsed CSE curricula and HPV vaccination integration. However, full institutionalization of training for healthcare professionals and integration of MISP into policies remains a work in progress. Women's economic empowerment initiatives show potential for scaling up, while the Bodyright Initiative and GBV response frameworks could be institutionalized with additional investments. The sustainability of demographic data platforms depends on continued UNFPA support for maintenance. Engagement with youth-led CSOs in gender equality and peacebuilding was minimal, limiting sustainability in these areas. However, UNFPA's policy development contributions are expected to have lasting impacts, particularly in population and youth policy frameworks. The peacebuilding training model offers significant replication potential across universities in BiH.

Conclusions

Strategic conclusions

Regarding the **CP Theory of Change**, the UNFPA CO BiH interventions are grounded in the UNFPA strategic plans and aligned with the pertinent UNSDCF in BiH. The focus is placed on Youth and Adolescents and Population Dynamics outcome areas, with SRHR and Gender equality/GBV not receiving traditional prominence. This is largely a result of lacking funding at the beginning of the CP. The selection of UNSDCF and UNFPA SP outcome indicators is not the most appropriate to demonstrate CO's results, and necessary data for measurement of achievement and results against these indicators is largely missing. The Theory of Change was changed several times to adapt to changing circumstances of the CP, mostly as result of additional funding and demonstrating the UNFPA CO BiH adaptability. However, this did not impact on the CPD output or outcome indicators.

On the other hand, activities were regularly added to the CP through annual work plans (e.g. economic empowerment of women and family-friendly labour policies), although they were not relatable to the CPD indicators. On the other hand, due to lack of targeted funding, the UNFPA CP, which had previously relied on the life-cycle method, has lost on its demographic resilience approach. This has resulted in elimination of activities relating to support to healthy ageing. Whilst agility and adaptation in implementation of the CP is welcome, it does not provide for certainty of delivery of CPD outputs, and compromises on measuring of CP effects in relation to those planned.

The majority of UNFPA's resources have been directed toward GBV/GE, followed by SRHR, youth/social cohesion, and population development. Although the **CP implementation started off without all funds secure, UNFPA was highly successful in resource mobilization**. While resource allocation has largely been proportional to effects, some interventions, such as MISP integration and youth initiatives, have not yielded anticipated results. High execution rates exceeding 90% across years affirm UNFPA's diligent financial management, ensuring timely and substantial output delivery.

The UNFPA CP BiH 2021-2025 has demonstrated **a strong alignment with the needs of vulnerable and marginalized groups**, with at least 80% of interventions dedicated to these populations. While the CP outputs primarily focus on capacity building and policy development rather than direct service provision, specific groups such as GBV survivors, migrants, persons with disabilities, and vulnerable youth and women have been targeted through various interventions, albeit not always systematically.

The **CPD's coherence with international frameworks and national policies is evident**. The CPD is aligned with the UNFPA Strategic Plans (SP), UNSDCF, the 2030 Agenda, and the ICPD Programme of Action. The CP is broadly aligned with domestic policies in the areas of SRHR, Gender equality/GBV, Youth and Adolescents, and Population Development. Also, the UNFPA CO has engaged in strategy development in the areas of youth and population development, as well as in formulation of some GBV and family-friendly labour policies.

Programmatic conclusions

In terms of effectiveness, UNFPA has played **a strong role in strengthening the capacity of BiH's health and education institutions**. The successful introduction of HPV immunization marks a major achievement, though vaccination coverage remains low. Progress has been made in integrating CSE into primary schools in FBiH and RS, but the engagement of youth in shaping SRHR policies remains unsubstantiated. Moreover, despite UNFPA's interventions in local communities, the integration of MISP into development strategies has not been formalized.

UNFPA's **efforts in gender equality (GE), GBV prevention, and social cohesion have led to some advancements**. The Bodyright initiative has set the stage for policy development against technology-facilitated GBV. Training of health professionals for GBV response has continued, but institutionalization of training and procedures remains a challenge. While individual survivors have benefited from economic and psychosocial support, systemic work with GBV perpetrators is still lacking. Women's empowerment initiatives remain in early stages, and the effects of promotional and educational activities such as GAL remain challenging to measure.

Youth engagement in peacebuilding and social cohesion has primarily been implemented at the community level, through ad hoc support. UNFPA's peer education methodology for peacebuilding has demonstrated scalability, yet systemic inclusion of marginalized youth remains limited. Faith-based organizations have been engaged, but sustained institutional cooperation has been hindered.

Regarding population policy support, **UNFPA has facilitated statistical reporting and evidence-based policymaking**, including technical assistance for population strategies at the entity level and local level. While these efforts indicate potential for broader policy impact, measurable results are yet to materialize. Initiatives linking women's economic empowerment to demographic resilience are still in their infancy, with indication of replication prospects.

Humanitarian response actions have been comprehensive, with psycho-social and SRH/GBV services provided in all operational Temporary Reception Centres. However, shifts toward institutional capacity-building are needed due to changing migration dynamics. UNFPA has effectively applied its migration crisis response knowledge to disaster relief efforts, exemplified by its intervention during the October 2024 floods.

Operational conclusions

The UNFPA CO BiH has engaged in work with local communities and awareness raising initiatives and has organized many events and virtual laboratories to promote issues of gender equality, disability, peace building, and social cohesion. However, it is not possible to measure the effects of such actions, and their coverage is limited, although they may have had an impact on participating individuals. The monitoring of these actions was largely quantitative and not contextualized in wider frameworks of strategic action.

Recommendations

Strategic recommendations

1. **UNFPA should design the next CP in a streamlined manner to ensure that its mandate is clearly represented, delineated and comprehensively encapsulated to allow for distinct SRHR, GBV/GE, Youth and Adolescents, and Population Dynamics interventions.** UNFPA should carefully consider alignment with UNSDCF outcomes and indicators and consider the latter as contextual indicators/targets to which it can realistically contribute and in a measurable way. Where possible, UNFPA should avoid selecting UNSDCF indicators for which it cannot provide data and sources of verification.

2. Whilst it is recommended that the general population of women, youth, and older persons remain the key target groups of UNFPA, following the life course and demographic resilience approach, **UNFPA should also demarcate more clearly its approach toward marginalized and vulnerable groups based on data analysis in order to ensure more systemic interventions.** Whilst some outputs may organically integrate marginalized and vulnerable groups (and make sure that they are distinctly accounted for), others could be solely oriented toward specific marginalized and vulnerable groups, which should be captured by specific quantitative and qualitative indicators based on data analysis. In order to ensure systemic and purposeful reach, inclusion of marginalized and vulnerable groups should not be viewed as a cross-cutting, but rather a central issue for at least some parts of the CP. This could be achieved through policy development, knowledge/data acquisition and management, and service provision.

Programmatic recommendations

3. Given its mandate and specific areas of intervention, **UNFPA should engage more robustly in policy development and advocacy for adoption of SRH, GBV and youth strategies, or programmes and legislation in jurisdictions where they have not been adopted,** in close cooperation and coordination with local and international actors. UNFPA should capitalize on its earlier results in policy development in these areas, as well as on its expertise and knowledge products.

4. **UNFPA should continue to pursue its interventions in the health sector in (SRHR and GBV/CRSV response) areas with the aim of ensuring their sustainability, that is, integration of results achieved so far into institutional procedures in BiH.** This relates to: family planning training for medical doctors, HPV vaccination promotion, introduction of breast and cervical cancer screening in BiH, integration of maternal health clinical guidelines into accreditation standards for health care institutions, integration of MISP into emergency preparedness in BiH, and further integration of GBV/CRSV response into health care institutions' policies and procedures.

5. **UNFPA should support further expansion of CSE contents through Healthy Lifestyles curricula in secondary schools and university curricula** for education of future teachers, based on good practices and lessons learned from work with primary education institutions. Youth should be engaged in development of Healthy Lifestyles curricula and lessons learned from menstrual health education in the Sarajevo Canton should be used.

6. UNFPA should engage in robust and carefully designed transfer of knowledge to the authorities in BiH and frontline workers on the provision of SRH and GBV services in TRCs, as part of the transition of mixed migration management.

7. UNFPA should rely heavily on the Legislative and Governance Roadmaps as well as the TFGBV Glossary for integration of TFGBV prevention and response into legislation and institutional practices. Given the developed CMR resources, UNFPA should invest its expertise in establishment of protocols for response to rape and survivor-oriented provision of services in line with European standards, and integration of relevant provisions in legislation on protection from domestic violence and violence against women.

8. UNFPA should continue to advocate for adoption of population development policies in distinct jurisdictions in BiH and should plan to support relevant institutions in implementation of specific strategic measures identified in population development policies as demographic resilience measures. UNFPA-supported women's economic empowerment and development of family friendly labour policies and business practices should be steered toward demographic resilience goals and coordinated with other UN actors closely. Further efforts should be invested in informed policy development and policy advocacy for changes of relevant legislation and monitoring of practices in pilot companies for capturing lessons learned and dissemination/replication of good practices. The role of the RS and FBiH associations of employers, with which UNFPA has already started cooperation, should be maximized for greater effects in policy and practice change.

9. UNFPA should continue to support the statistical offices and institutions in charge of population development strategies in monitoring the implementation of these strategies through provision of necessary data. This could include continued capacity building and advocacy of integration of population projections and other relevant research into statistical offices' work programmes. Further demographic resilience efforts should integrate measures identified through data collection and research supported by UNFPA.

Chapter 1: Introduction

1.1. Purpose and objectives of the country programme evaluation

The Country Programme Evaluation (CPE) for the United Nations Population Fund (UNFPA) Bosnia and Herzegovina 3rd Country Programme (CP) 2021-2025 was conducted in line with the 2024 UNFPA Evaluation Policy³ and the CPE Terms of Reference (ToR) which can be found in Annex 6. The CPE is conducted aimed to ensure oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; to support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; to aggregate and facilitate sharing of good practices and credible evaluative evidence to support organisational learning on how to achieve the best results; and to empower community, country and regional stakeholders.

The **overall objectives** of the CPE include providing the UNFPA CO BiH, the country stakeholders and rights-holders, the UNFPA EECA RO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA BiH CP 2021-2025, and broadening the evidence base to inform the design of the next programme cycle.

Specific objectives of the CPE are: to provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support; to provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives; to provide an assessment of the role played by the UNFPA CO BiH in the coordination mechanisms of the United Nations Country Team, with a view to enhancing the United Nations collective contribution to country development results, and an assessment of the role of the UNFPA CO BiH in the coordination mechanisms of the Mixed-Migration Group, with a view to improving humanitarian response and ensuring contribution to longer-term recovery; and to draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

According to the ToR, the main audience and primary intended users of the evaluation are: the UNFPA CO BiH; the authorities in BiH; implementing partners of the UNFPA CO BiH; rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); the United Nations Country Team; UNFPA EECA RO; and donors. The CPE results will also be of interest to a wider group of stakeholders, including: UNFPA headquarters divisions, branches and offices; the UNFPA Executive Board; academia; and local civil society organizations and international non-governmental organisations (NGOs).

1.2. Scope of the evaluation: thematic, geographic, and temporal

In terms of **geographic coverage**, the CPE covers all administrative areas across the country – Bosnia and Herzegovina, Federation of Bosnia and Herzegovina, Republika Srpska, and the Brčko District, as well as selected cantons where the UNFPA CO BiH implemented interventions.

Considering **temporal scope**, the CPE covers interventions planned and/or implemented in the period from January 2021 to December 2024, that is, four years of the CP.

Thematically, the CPE seeks to respond to the following **evaluation questions** (Table 1), which have been defined by the ToR in line with the evaluation criteria set specifically for this CPE, and generally in line with the OECD evaluation criteria:

³ UNFPA (2024).

Table 1 Overview of evaluation criteria and questions as per CPE ToR

EQ 1 (Relevance): To what extent is UNFPA support adapted to the needs of vulnerable and marginalised groups?
EQ 2 (Coherence): To what extent UNFPA's initiatives have been aligned with existing relevant international strategic frameworks and government policies/strategies and served as a catalyst for broader systemic or policy changes at various governance levels in BiH?
EQ 3a (Effectiveness): To what extent did the UNFPA programme strengthen capacities of health and educational institutions for improved SRHR services and awareness across the country?
EQ3b (Effectiveness): To what extent did the UNFPA programme contribute to strengthening capacities of youth-led civil society organizations for delivery of behaviour change programmes aimed at promoting gender equality, preventing gender-based violence and social cohesion?
EQ3c (Effectiveness): To what extent did the UNFPA programme support government entities to respond to the demographic changes through data collection and policies and regulations?
EQ3d (Effectiveness): To what extent UNFPA contributed and provided SRH and GBV response services to the migrant/refugee population in temporary reception centres across the country?
EQ 4 (Efficiency): To what extent UNFPA has made good/reasonable use of its human and financial resources to achieve results?
EQ 5 (Sustainability): To what extent has UNFPA strengthened the capacity of partners and established mechanisms to ensure ownership and the durability of effects?
EQ 6 (Coverage): To what extent migrants/refugees facing life-threatening suffering have been reached by UNFPA humanitarian actions?
EQ 7 (Connectedness): To what extent UNFPA humanitarian actions complement actions of other relevant government and UN stakeholders in supporting migrants/refugees?

1.3. Evaluation approach

The CPE was conducted using a theory-driven methodology, and it applied the approach that integrates the principles of human rights and gender equality, as endorsed by the United Nations Evaluation Group. Its framework followed the guidance set forth in the 2024 edition of the UNFPA 2024 Evaluation Handbook.

Designed as a participatory process, the CPE integrated both qualitative and quantitative research methods to ensure a comprehensive understanding of the UNFPA CP BiH contribution in relation to specific evaluation questions. The CPE seeks to answer whether the CP, or parts of it, influence a change, or if they make an important contribution to a change, and how, as well as what conditions are needed to make the CP interventions successful.

The approach combined an extensive document review, structured and semi-structured interviews with key informants, directed at stakeholders and beneficiaries, as well as field visits, and on-site observations when feasible. Data were examined at both the BiH, entity and cantonal governance levels, applying triangulation across multiple sources to validate key insights. Preliminary results were shared with the UNFPA CO BiH, who gave their feedback. Subsequently, the preliminary findings, conclusions, and recommendations of the CPE were presented to and validated with the Evaluation Reference Group (ERG).

The subsequent sections delve into the CPE's methodological approach in greater detail, outlining the contribution analysis and the Theory of Change (ToC), the strategies employed for data collection and analysis, the range of stakeholders consulted, and the locations visited. Additionally, they highlight challenges encountered during the process and the measures taken to mitigate any limitations.

1.3.1. Contribution analysis and theory of change

The UNFPA CP BiH ToC, as provided in the CPE ToR (Annex 6) is grounded in the **UNFPA SP 2018-2021 and UNFPA SP 2022-2025 and the UNSDCF, and aligned with individual SDGs**. The overall and specific objectives are not identified, but the overall vision of the CPD is ***to strengthen the human capital of Bosnia and Herzegovina through evidence-based population policies, fulfilment of youth potentials, particularly women and girls, and affirmative social values and practices, by 2025***. The CPD and ToC specify **two outcome areas: Adolescents and Youth, and Population and Development**, which altogether combine **eight outputs**. However, individual outputs or groups of outputs essentially correspond with the UNFPA CO BiH traditional components – SRHR, Adolescents and Youth, Gender equality/GBV, and Population Dynamics. **Outputs are aligned with individual UNSDCF outcomes relating to health, education, social cohesion, and governance and the rule of law** (see Figure 2 below). Individual CPD outputs contribute to **implementation of the existing policies in BiH**, at state and entity levels, most notably the SRHR policies, youth policies, gender equality and GBV policies, whilst the UNFPA CO BiH supported development of the so far non-existing population development policies in BiH. **The assumptions and risks stated in the ToC are non-specific to individual CP outputs**, which is a shortcoming given UNFPA's specific and often controversial mandate and interventions in BiH's political, social and economic context, particularly in relation to specific target groups, including marginalized and vulnerable groups.⁴

Output targets are set by the UNFPA CO BiH and outlined in the CPD Results Framework, although not consistently in initial Annual Work Plan (AWPs)/ Resources and Results Plan (RRPs) for this period. It is possible to measure the achievement of outputs in line with CPD targets. Indicators at this level of the intervention logic largely relate to the number of governmental stakeholders and professionals included, the number of local communities reached, or the number of specific policy, data collection, and community initiatives implemented. Whilst it is still relatively straightforward to monitor and measure the CP output indicators, measuring results at outcome level, by using the indicators set, is challenging. Namely, **there is no reliable and readily available data for the measurements by UNSDCF outcome indicators in relation to the baselines established**,⁵ and **not all UNFPA Strategic Plan indicators are measurable**.

⁴ For example, family planning and women's economic empowerment at times of population decline and family values political narratives; SRHR and CSE taboos in a traditionally patriarchal society; inter-ethnic reconciliation in a post-war society affected by divisive narratives and attitudes; lack of strong youth organizations at times of high youth emigration; failure to view older persons as contributing to human capital; governments not prioritizing systemic approach to addressing the needs of marginalized and vulnerable groups; and so on.

⁵ The UNSDCF Evaluation 2021-2025) notes: „It is important to note that the framework for measuring UNSDCF results at the output and outcome levels exhibits several notable weaknesses. At the outcome level, there is often a lack of adequate data, which makes it challenging to effectively track and assess results. Furthermore, these indicators are set at such a high level that it becomes difficult to determine the specific contributions of the UN. At the output level, the indicators appear more as a collection of very different indicators from various projects rather than a cohesive set of indicators aligned with the Theory of Change (ToC). This lack of consistency is primarily a result of programmatic fragmentation. Additionally, targets at the output level are frequently set with lower ambitions to make them more easily achievable, potentially limiting the drive for higher performance and more impactful results. A significant issue also lies in the absence of clear logical links and consistency between the output and outcome level indicators. This disconnect makes it difficult to demonstrate how outputs effectively contribute to desired outcomes, complicating strategic adjustments and accountability.“ Vasseur, T. and Babović, M. (2024), p. 39.

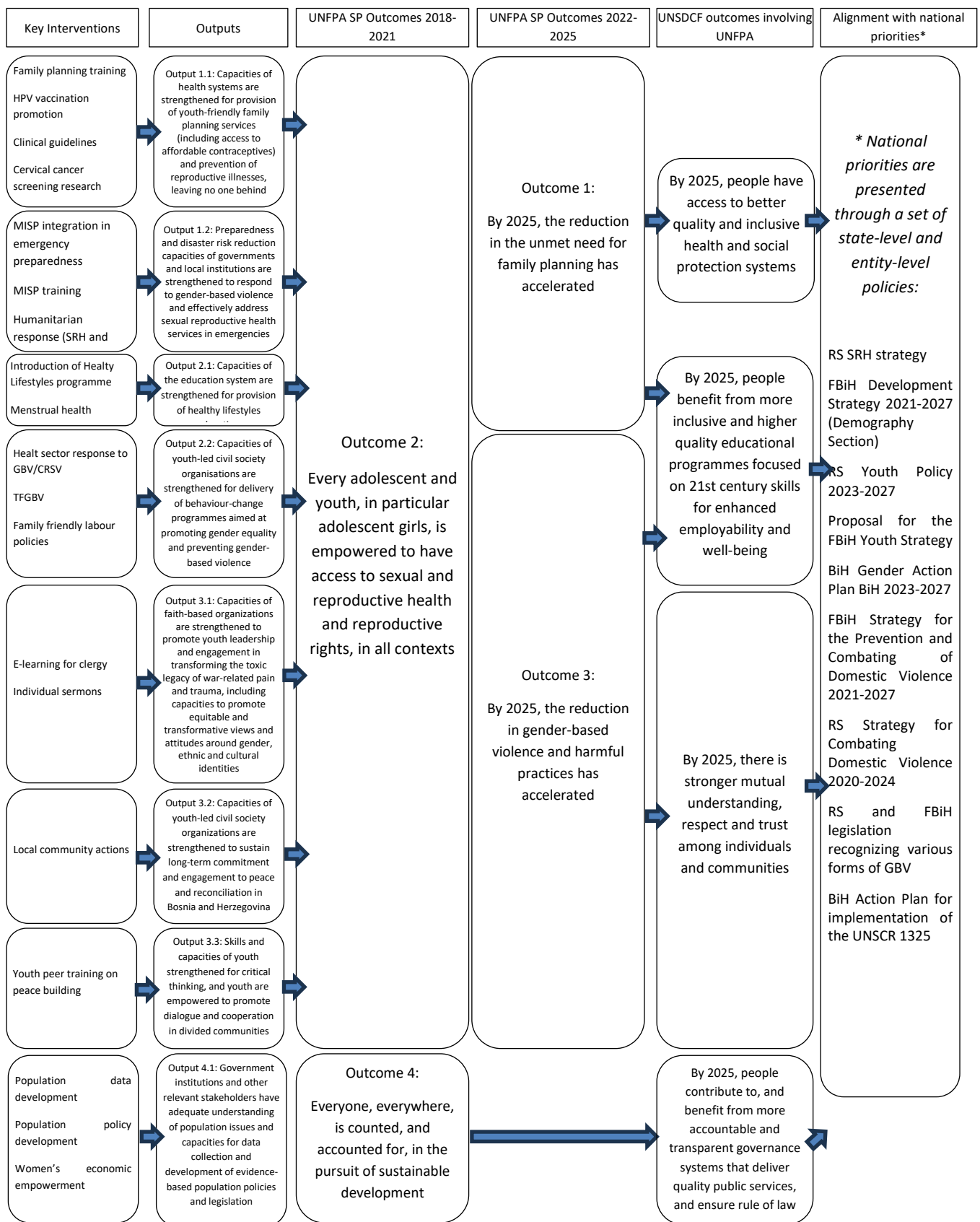


Figure 2 Simplified UNFPA CPD BiH intervention logic

1.3.2. Methods for data collection and analysis

The CPE employed a mixed-method and participatory approach and relied on collection and analysis of both quantitative and qualitative data. The two key methods employed were documentary review and individual key informant interviews. On-site visits were also conducted to locations of UNFPA humanitarian actions. This choice of methods was made based on the nature of UNFPA interventions in BiH, size and type of target groups, the timeframe allowed for the CPE, and accessibility of locations of interventions. Focus groups discussions were not selected as a method of data collection due to a rather small number of assorted stakeholders. Surveys were not envisaged as a data collection method for this CPE for the reason of lack of information on UNFPA CP end-users, their numbers and availability, as well as time not permitting.

The CPE took into account individual ethical considerations, most notably the confidentiality of key informant interviews and caution against bias of the interviewers and interviewees. The CPE applied the highest ethical standards in line with the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation,⁶ Ethical Guidelines for Evaluation,⁷ Code of Conduct for Evaluation in the UN System,⁸ and Guidance on Integrating Human Rights and Gender Equality in Evaluations.⁹

Desk review and analysis primarily included a review of UNFPA global strategic documents (UNFPA SP 2018-2021 and UNFPA SP 2022-2025) and the UNFPA BiH CPD (2021-2025). The goals and objectives, as well as expected outcomes, set out in these documents were analysed in relation to the UNSDCF 2021-2025 and the correlation between expected outcomes was established. The outcomes of the UNFPA CP are aligned with UNSDCF outcomes, but it is assumed for the purposes of this CPE that UNFPA is not the sole contributor to achievement of these outcomes.

In line with the contribution analysis approach, documentary review and key informant interviews also extracted data on contribution of other actors. Desk review was followed by analysis of specific documents relating to implementation of the UNFPA BiH CP. AWP/RRPs and UNFPA Country Office BiH Annual Reports (COARs) were analysed for the purpose of establishing how far were the planned activities implemented in the first four years of the CPD (January 2021-through December 2024) and how this led to the achievement of outputs, and further toward the UNFPA globally set outcomes and relevant UNSDCF outcomes.

Documentary review also included analysis of documents developed and adopted by authorities in BiH, most notably, relevant policies, as well as reports on implementation of these policies. The CPE consulted official country documents pertaining to areas of UNFPA intervention in BiH, including those of the BiH and entities' statistical offices, entities' public health institutions, state, entity and cantonal ministries governing sectors of health, education, social welfare, and youth, BiH Ministry of Security and its organizational units, and gender institutional mechanisms in BiH, among other institutions. These official sets of data were further complemented by data from documents produced as part of the UNFPA CP and other available documents, such as international organizations' reports.

Key informant interviews (KIIs) were conducted with stakeholders selected from the Stakeholder Map provided by the UNFPA CO BiH. Interviews were generally conducted in person, resorting to online solutions only when necessary. The sampling strategy was outlined and approved in the Design Report (5.2. Stakeholder sampling and site selection). Interviews were conducted based on an Interview Guide which is provided in Annex 4. The Interview Guide was developed in line with the evaluation criteria and evaluation questions proposed in the CPE ToR and based on the approved Evaluation Matrix.

Key informant interviews were conducted with **a consistent set of precautions for informed consent and confidentiality**, with an informed consent and confidentiality clause provided for in the Interview

⁶ UNEG (2016).

⁷ UNEG (2008a).

⁸ UNEG (2008b).

⁹ UNEG (2014).

Guide. The CPE team was composed of two seasoned professionals and two junior, emerging evaluators. As a team, the members were committed to professionalism and impartiality, as well as conducting the CPE solely in line with approved methodology and data collected thereby, and without personal bias. The CPE team did not anticipate major ethical issues during the CPE, nor have any materialized. The CPE team members have checked for their conflict of interest in relation to stakeholders and identified none. The CPE team analysed the UNEG Ethical Guidelines for Evaluation¹⁰ and pledged adherence to prescribed principles and procedures.

Key informant interviews provided for another source of data to enable triangulation of data collected. In line with the UNFPA 2024 Evaluation Handbook,¹¹ interviews allowed the CPE team to collect information to verify documentary reviews' initial hypothesis by specific evaluation questions. Interviews were used for fact-checking and capturing views and opinions. The Interview Guide was applied as a tool for semi-structured interviews, which meant that the evaluators did not have to be strictly bound by it and could select questions based on position of the interviewee, knowledge of the UNFPA CP, role in the CP implementation, and specific area of UNFPA intervention. However, the Interview Guide was applied rather consistently among groups of stakeholders (sorted by UNFPA CP areas of intervention) to ensure that the same sets of data were collected from diverse stakeholders representing different institutional or occupational viewpoints. This way, responses of the UNFPA CP team, implementing partners, government partners, and beneficiaries to the same set of questions could be compared.

Interview notes were entered into a **pre-designed Key Informant Interview Matrix**, organized by evaluation criteria and Interview Guide questions. Given the guarantees of confidentiality of information provided by interviewees, the Key Informant Interview Matrix with populated information, including names and positions of interviewees, was stored safely and accessibly only to the CPE team.

On-site visits were an additional method employed by the CPE. This additional method was chosen in line with the nature of UNFPA activities in BiH and the principles of accessibility and effective use of time in conducting the CPE. UNFPA CO BiH operates in four Temporary Reception Centres (TRC) in BiH within the area of intervention - Preparedness and disaster risk reduction capacity on GBV and SRH. The CPE team selected two TRCs, both in Bihać, for on-site visits and the visits were organized with help of the UNFPA CO BiH. On-site visits made it possible for the CPE team to observe whether processes on site within UNFPA's area of intervention, people's interactions and behaviour of final beneficiaries are transparent, accessible, and accountable. The on-site observation checklist provided in the UNFPA 2024 Evaluation Guide was used as the data collection instrument (Annex 4).

The Evaluation Matrix given in Annex 1 was used as **the repository of all data collected by the CPE team and main analytical tool** used for the CPE. Following all evaluation questions, by criteria, and pertinent assumptions and indicators, evaluators entered data processed from documentary review, key informant interviews and on-site visits in relevant sections of the Evaluation Matrix.

The Evaluation Matrix was applied as the tool for **triangulation of data** collected by all evaluation methods employed. The analysis was based on review and triangulation data obtained from secondary data and documentation reviewed by the CPE team, and primary data obtained from various stakeholders' views, along with observations from on-site visits. For the purpose of identification of solid findings, information had to be corroborated by at least two different sources - as a minimum, combining assertions from one relevant document and one interview, or in some cases, where this was necessary, at least two interviews from two different groups of stakeholders. Diverging views and potential biases were taken into account and prompted further evidence gathering.

¹⁰ United Nations Evaluation Group (2008).

¹¹ UNFPA (2024a).

Analysis in the Evaluation Matrix was used for identification of **findings** by each evaluation question. Applying the contribution analysis approach in line with the UNFPA 2024 Evaluation Handbook, findings include cause-and-effect statements related to the contribution of the UNFPA BiH CP to identified changes, and plausible attribution elements. In other words, the findings elaborate to what extent the UNFPA CO BiH achieved its outputs and how these outputs contributed to expected outcomes, knowing that UNFPA is not the sole contributor to the achieving of outcomes. The CPE team tested whether each finding solidly rest on data that had been systematically triangulated; whether the change found could be attributed to non-UNFPA interventions or external factors; whether they departed from other previous or current evaluations, for example the concurrent UNSDCF evaluation, and whether they addressed comments received through UNFPA CO BiH feedback.

Individual or sets of findings were followed up by **conclusions**, which are synthesized, and brief value judgements by evaluators based solely on identified findings. Conclusions are linked with **tentative recommendations** based on the CPE insight, but validated with the UNFPA CO BiH. The tentative recommendations are based on the rationale from findings and conclusions. Recommendations are prioritized (high, medium, and low priority). In the case of UNFPA BiH CPE, the single target audience for these recommendations is the UNFPA CO BiH, as this office will bear the operational implications of all recommendations.

1.3.3. Stakeholders consulted and sites visited

The UNFPA CO BiH shared with the CPE team a **Stakeholder Map** for the CP, which contains a register of stakeholder names, positions and institutions, as well as contact details, and their role in delivery of UNFPA interventions, (Annex 3 of the Design Report). The CPE team analysed the Stakeholder Map to establish the representation of stakeholders by: 1) type of institution/organization (governmental, non-governmental, UN agency, donor, or other), 2) administrative area (BiH, FBiH, RS, and BD, for governmental institutions and NGOs), and 3) distribution across UNFPA BiH CP outputs.

The CPE team proposed a purposive and non-random selection of stakeholders for key informant interviews. It was attempted to achieve balance by administrative area, type of institution/organization, and intervention area/output. The sample proposed represented more than 65% of the overall number of stakeholders from the Stakeholder Map provided by the UNFPA CO BiH. Ultimately, a total of 59 stakeholders were interviewed (80% of the overall Stakeholder Map) and their categorization is shown in the table below. Distribution of key informant interviews across outputs is largely proportional to the numbers provided in the Stakeholder Map.

Table 2 Overview of number of stakeholders interviewed, by type, jurisdiction and gender

Type of stakeholder/ jurisdiction	BiH			FBiH			RS			BD			Total		
	F	M	T	F	M	T	F	M	T	F	M	T	F	M	T
Government	2	4	6	6	1	6	3	2	5		1	1	11	8	18
NGO	5	3	7	1	1	2	1	1	2		1	1	6	6	12
UN Agency	14	4	18										14	4	18
Other		1	1	4	1	5	2	2	4				6	3	10
Total	21	12	33	10	3	13	6	5	11		2	2	37	22	59

1.3.4. Limitations and mitigations measures

There are some **limitations** in the proposed methods. The CPE is conducted based on the CPD 2021-2025 Results Framework, which does not take into account the passage of the UNFPA SP 2022-2025. Considering the sampling strategies, with a relatively small stakeholder register, randomization was not feasible. All samples were therefore largely purposive. To address the issue of a lack of representative samples, the interview data was supplemented with secondary data from AWP/RRPs, UNFPA CO BiH Annual Reports, Financial Reports, and other pertinent CP data, including country research studies and assessment documents.

Some concerns relating to key informant interviews were threats to reliability. For example, interviewees could have underlying pre-existing opinions and perceptions based on privately held beliefs or may hold prevailing false or incomplete information on the topics discussed. In addition, the evaluators may inadvertently introduce bias into interviews by asking leading questions, or recording data selectively based on their personally held preconceptions. However, as each interview was conducted by a pair of evaluators, bias was minimized.

Another very important limitation for CPE is the overall lack of official and reliable statistical data in BiH, particularly in UNFPA's areas of intervention. This was particularly problematic in the measurement of contribution to UNSDCF outcome indicators, as noted also by the UNSDCF 2021-2025 Evaluation. This limitation was compensated for by reliance on other available and largely qualitative documentary sources. The final limitation is related to the fact that the CPE was not designed, in line with the ToR, to survey end-users of the UNFPA CP as that would require a large and very expensive household survey. This is particularly limiting in terms of assessment of reach of marginalized and vulnerable groups, and due to the lack of beneficiary disaggregated data the CPE could not adopt the intersectional analysis.

Chapter 2: Country context

2.1. Development challenges and country strategies

Political organization and socio-economic factors

In line with the Dayton Peace Agreement and the Constitution created thereby, Bosnia and Herzegovina is a state consisting of two entities - Federation of Bosnia and Herzegovina and Republika Srpska, and the Brčko District of Bosnia and Herzegovina. FBiH further consists of 10 cantons, which have constitutional powers to create and implement economic, health, education and social policies. RS comprises 64 and FBiH 80 local governments. The state, entities, cantons in FBiH, and BD each have their own constitutions, governments and parliaments/assemblies. This makes up a complex political and administrative system (14 governments across three administrative levels) that inevitably challenges the effectiveness of public policy making and implementation. High public administration costs lead to lower investments in economic development and consequently lower labour force activity, and inequalities between social groups. At the same time, high public sector costs do not necessarily result in adequate service provision. According to the Fragile States Index 2024, BiH is still a fragile state, in the lowest category of “elevated warning”, and is ranked 77th among 179 countries.¹²

BiH was officially granted the EU membership candidacy status by the European Council on 15 December 2022. This decision by the EU was primarily influenced by the geopolitical context and was made despite the fact that the authorities in BiH had not implemented all reform conditions outlined in the European Commission’s (EC) Opinion from 2019.¹³ Within the same context, on 21 March 2024, the European Council decided to open accession negotiations with Bosnia and Herzegovina.

In 2023, the EC notes that the country is still at an early stage of establishing a functioning market economy.¹⁴ After accelerating to 7.5 percent in 2021, real GDP growth slowed down to 4.2 percent in 2022,¹⁵ reflecting a deteriorating international environment and accelerating inflation. According to the International Monetary Fund Country Report (2024)¹⁶, BiH experienced a positive economic shift in the second half of 2023, with GDP growth rising to 1.8% from 1.5% in the first half, driven by receding inflation and rising real wages.

Employment grew by 0.9% year-on-year by December 2023 since 2007, reducing the unemployment rate to 12.7% in Q4 2023, or more precisely the total number of working labour force to 1.3 million people,¹⁷ with an activity rate of 47.8%.¹⁸ However, the contraction of the labour force continues, largely driven by an aging population and emigration, thus contributing to the reduced official unemployment figures, while informal economy suggests otherwise.

In 2021, the Council of Ministers of Bosnia and Herzegovina adopted the SDGs Framework in Bosnia and Herzegovina.¹⁹ The document represents the first countrywide strategic framework for sustainable development in Bosnia and Herzegovina in over a decade. The Framework identifies three pathways to sustainable development: 1) Good Governance and Public Sector Management, 2) Smart Growth and 3) Society of Equal Opportunities.

Population Dynamics

The latest census in BiH was conducted in 2013. In line with the 2013 Census report, which was endorsed by the administrative levels of BiH, FBiH and BD but not by RS, the total number of citizens

¹² Fund for Peace (2024).

¹³ European Commission (2019).

¹⁴ European Commission (2023).

¹⁵ Ibid.

¹⁶ International Monetary Fund (2024).

¹⁷ Ibid.

¹⁸ Agency for Statistics of Bosnia and Herzegovina (2024).

¹⁹ SDGs Framework in Bosnia and Herzegovina.

in BiH is 3,531,159, of which 1,798,889 are women (50.9%), and 1,732,270 (49.1%) are men. According to this census report, the population of FBiH is 2,210,220, RS 1,228,423, and BD 83,516.²⁰ According to the RS Census Report, which was produced in parallel by the RS Institute of Statistics, the population of RS is 1,170,342 (571,812 men – 48.85% and 598,812 – 51.15 women).²¹ Of this total number of citizens in BiH, 723,116 (or 20.47 %) are young people 15-29 years of age and 543,719 (or 15.40 %) are children 0-14 years of age.

The population growth has had a negative trend since 2007. The fertility rate was at 1.18 in 2022.²² Between 2019 and 2023, it is estimated that around 200,000 people aged 15-64 have emigrated. The total number of individuals of Bosnian origin living abroad ranges between 2 and 2.2 million according to latest Migration Profile BiH for the year 2022²³. Population projections supported by UNFPA estimated that the country loses about 1.5% of total population each year (through negative natural population change and advanced emigration of young, skilled workers). This translates into losses of approximately 45,000 people each year. According to these projections, BiH might lose more than 50% of its total population in the next 50 years if adequate population measures are not introduced. In such a scenario, the 65+ population would represent around 43% of the total population while children 0-14 would represent only 10% of the total population. Currently, the proportion of children between 0 and 14 years stands at 19% of the total population.²⁴ The sex ratio at birth at the country level is 1.07 males per female.²⁵

The lack of adopted policies and strategies for population development at both the state and entity levels contributes to prolonged negative population trends. In the FBiH Development Strategy for 2021-2027, population policy is addressed only marginally. The strategy briefly suggests the establishment of organizations and bodies focused on families, children, and youth, alongside proposals for budget allocations to provide birth incentives, support youth employment, and the monitoring of specific indicators aimed at improving the quality of life for various population groups. Meanwhile, in RS, a similar strategy document on sustainable development is currently being prepared, which will cover the period from 2024 to 2030. Unlike in FBiH where sustainable development strategy was developed before the population strategy, in RS the sustainable development strategy should be based on recommendations from the recently developed population strategy in this entity.

Reproductive Health

Public health in BiH is financed mostly from mandatory health insurance, while the share of budget funds in public health is very low. Total health expenditures in BiH in 2022 amounted to 3.9 billion BAM, of which 69% were public, and 31% were private expenditures. In 2022, the share of health consumption in the GDP Bosnia and Herzegovina was more than 8%, dropping from 9.6% in 2022. Only 2% of total health funds was spent on preventive care, including information programmes, education and advising programmes, immunization programmes, early detection of diseases, monitoring of the health status of the population, epidemiological monitoring and disease risk control, and disaster response programs in 2022.²⁶

Despite universal regulation, certain groups have poorer physical and practical access to health care institutions and services. These include, among others, women living in poverty, women with disability, women living in rural and remote areas, and Roma women. For example, most health care institutions

²⁰ Agency for Statistics of Bosnia and Herzegovina (2016).

²¹ Republika Srpska Institute of Statistics (2017).

²² Agency for Statistics of Bosnia and Herzegovina (2022).

²³ Ministry of Security (2022).

²⁴ UNFPA (2024b).

²⁵ CIA (2025).

²⁶ Agency for Statistics of Bosnia and Herzegovina (2024a).

in BiH do not have accessibility architecture and equipment for the treatment of persons with disability, which particularly affects women's access to gynaecological care.²⁷

The SRH Strategy for RS, adopted in 2019, recognizes the unique needs of women and the vulnerabilities of marginalized populations. This strategy prioritizes areas such as family planning, maternal health, reproductive health, the prevention of sexually transmitted infections, access to SRH services and information, and SRH considerations during crises. The FBiH Development Strategy 2021-2027 comprises one measure, under Priority 2.3. (Mitigate the trend of demographic aging of the population, improve family stability and the position of youth), relating to improving reproductive health and early child growth and development.²⁸

The latest Multiple Indicator Cluster Survey (MICS) survey was conducted in 2011 and more recent data on sexual and reproductive health and gender is not available. This means that reliable information on the use of contraception - prevalence, urban/rural divide and the level of education, the adolescent birth rate, knowledge of sexually transmitted infections (STI), including HIV, among other data, is largely non-existent. According to the latest MICS,²⁹ some of the modern contraception methods are used by 12% of women aged 15-49 in the general population. The percentage of Roma women who use one of the modern contraception methods is lower and amounts to 8%. Data show that modern contraception is mostly used by women aged 30-39 (14%), and the prevalence of the use of modern methods of contraception increases proportionally with the increase in household financial situation.³⁰

Abortion prevalence is unknown as information is not systemically and comprehensively recorded by private health care institutions, while public health care institutions keep up-to-date records. Despite the legal requirement for healthcare facilities to collect and retain records, the absence of systematic and consolidated data poses a challenge for in-depth statistical analysis and comparison of trends across administrative units. Although under the current entity-level laws every woman has a right to choose to end a pregnancy during the first 10 weeks of pregnancy, this right is not fully respected in all parts of BiH. This depends on individual medical institutions' policies and decisions whether and when to perform abortions, different costs of abortions at the request of women, availability of institutions and equipment in smaller and remote communities, among other factors.³¹ The RS Health Insurance Fund reported that 1,187 medically justified pregnancy terminations were performed in hospitals in this entity in 2022.³² On the other hand, the data available from the FBiH Public Health Institute suggests that 2,406 pregnancy terminations were performed in medical institutions in this entity in the period 2019-2021, of which 61.1% were medically indicated and 34.8% intentional terminations.³³ Research from 2021 indicates that pregnancy termination is done in a number of cases without anaesthesia or with inadequate anaesthesia.³⁴

Data on maternal health is available from public health institutes to the extent that health care institutions deliver required information. For example, the FBiH Public Health Institute³⁵ reports the leading diseases and conditions of women's reproductive organs. This source also reports on the services provided in the area of women's sexual and reproductive health. For example, it is reported that 69,088 women received cervical cancer screenings and 24,476 breast cancer screenings in 2022.

²⁷ Hasanbegović, D. et al. (2019), as cited in UN Women (2021).

²⁸ Vlada Federacije Bosne i Hercegovine (2020). [FBiH Government (2020)].

²⁹ UNICEF (2013).

³⁰ The Institution of Human Rights Ombudsman of Bosnia and Herzegovina/UNFPA/ProMENTE Social Research (2021).

³¹ Ibid.

³² Sarajevo Open Centre (2019).

³³ Sarajevo Open Centre (2019). Seven of 10 cantons submitted their information for the pertinent research.

³⁴ The Institution of Human Rights Ombudsman of Bosnia and Herzegovina/UNFPA/ ProMENTE Social Research (2021).

³⁵ Institute for Public Health FBiH (2023).

However, a system for screening of breast, cervical, or prostate cancer has not been established throughout BiH.³⁶

Thanks to UNFPA efforts, the pre-conditions were created for Comprehensive Sexuality Education (CSE) to be taught in primary schools in BiH as part of Healthy Lifestyles curricula. This is a sensitive subject and there is some resistance to sexuality education mainly from parents, teachers, and governmental representatives.³⁷ This does not necessarily match young people's views who think that reproductive health should be taught in primary and secondary schools.³⁸ The Committee on the Elimination of Discrimination against Women - CEDAW Committee has called for the inclusion of age-appropriate education on SRHR into school curricula in BiH.³⁹

Gender Equality

BiH has gender equality policies in place and is a signatory of the major international conventions and policy documents on the rights of women. Apart from the Gender Equality Law, BiH has had four generations of a comprehensive Gender Action Plan, the latest one covering the period 2023-2027. The BiH Gender Action Plan is the key midterm public policy document, which is adopted by the BiH Council of Ministers in line with the Gender Equality Law. The RS and FBiH Gender Centres coordinate gender-specific sector strategies and action plans at the entity level.

Based on 2018 survey, it is reported that just under half of women in BiH have experienced some form of abuse, nearly four in 10 say they have experienced psychological, physical or sexual violence since the age of 15 and one in seven women say they have experienced physical or sexual violence since the age of 15.⁴⁰ The previous prevalence survey in 2013 had suggested that every tenth women was subjected to some form of violence either in their immediate environment or in a broader community.⁴¹ Gender based violence prevention, protection and response have been integrated into the health system in BiH thanks to UNFPA interventions. This was achieved by producing two comprehensive resource packages, containing guidelines and training material for health professionals on the response of health sectors to GBV and CRSV in FBiH and RS. Moreover, the BiH Agency for Gender Equality initiated cooperation with clinical centres in Mostar, Tuzla and Sarajevo to establish rape crisis centres, in line with the Istanbul Convention, to which BiH is a party. Agency for Gender Equality of Bosnia and Herzegovina has coordinated drafting of the Action Plan for LGBTQIA+ persons' equality in BiH, which was adopted in 2022. According to a 2022 youth survey,⁴² almost half (47 percent) of respondents stated they would be moderately to extremely concerned if they had neighbours who were lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQIA+), while more than half of respondents (54 percent) thought that homosexuality or identifying as LGBTQIA+ was not natural.⁴³

Women are still largely underrepresented in the labour market. Women's activity rate is at 36.4% as opposed to men's 59.8%. Women constitute 37.4% of employed persons, and 49.5% of unemployed persons at BiH level, according to the Labour Force Survey 2023.⁴⁴ The FBiH Employment Strategy 2023-2030 recognizes women as a significant part of the inactive population and envisages a number of active employment measures. The RS Employment Action Plan for 2022 singles out different categories of women (for example, women who are victims of violence) as specific target groups for active employment measures. Women's entrepreneurship is addressed by specific strategic

³⁶ UN Women (2021).

³⁷ Ketting, E. and Ivanova, O. (2018).

³⁸ proMENTE Social Research (2017), UNFPA as cited in the Institution of Human Rights Ombudsman of Bosnia and Herzegovina/UNFPA/ ProMENTE Social Research (2021).

³⁹ Committee on the Elimination of Discrimination against Women (2019).

⁴⁰ OSCE (2019).

⁴¹ Babović, M. et al. (2013).

⁴² USAID MEASURE II (2023).

⁴³ Ibid.

⁴⁴ Agency for Statistics of Bosnia and Herzegovina (2024a).

documents - FBiH Action Plan for Development of Women's Entrepreneurship (2018-2020) and RS Strategy for Development of Women's Entrepreneurship (2019- 2023), but not by the overall economic policy.

Political participation of women in BiH remains low despite the fact that a gender quota of 40% on the election lists has been stipulated by the Election Law. The percentage of women elected at the 2022 General Election was 27.1%. One of the three elected BiH Presidency members is a woman. The chair of the BiH Council of Ministers is a woman. In the BiH Council of Ministers, of nine ministries, one is headed by women (11.11%). In the FBiH Government, women constitute 25% of ministers (heading four of the total of sixteen ministries). Figures are the same in the RS Government, where women also constitute 25% of ministers, heading four of 16 ministries. Currently, there is one female prime minister at cantonal government level in BiH. At the latest local elections, in October 2024, eight women were elected to the position of mayor, compared to 134 men, while women occupy 723 seats compared to 2,454 male seats in municipal and city assemblies.⁴⁵

Youth

According to the 2013 Census, 28.7% of the BiH population was under the age of 25 and 15.4% of the BiH population was younger than 15. The three youth laws in BiH (the Youth Law of FBiH, Law on Youth Organizing of RS and the Youth Law of Brčko District of BiH) prescribe the obligation of government institutions to develop, adopt and implement youth strategies/policies at all levels of government. The Youth Policy of Republika Srpska for the period 2023-2027 is in place, and currently its operationalization plan is being developed. The Youth Strategy of the Brčko District BiH for the period 2022-2026 was developed. The FBiH youth strategy is yet to be developed. There is no state-level and state-wide framework document addressing youth issues.

While BiH has a high official general unemployment rate of 13.2% in 2023, youth unemployment rate is even higher, 15.3% in 2023.⁴⁶ Furthermore, the results of OECD's PISA testing conducted in Bosnia and Herzegovina in 2018 indicated inadequacy of educational systems in BiH, with the country ranked 62nd among 79 countries participating in PISA. The comparative research indicated that the average score achieved by BiH students included in the research in three key fields (reading, mathematics and science) ranks below the OECD average. At the same time 85% percent of BiH participants believe that making efforts in education will be worthwhile for their employment in the future.

The adolescent birth rate in Bosnia and Herzegovina has continued to decline since 2018 (10.5).⁴⁷ In 2021, the rate was reported at 9.9 births per 1,000 women aged 15-19.⁴⁸ In 2016, marriages in which one or both of the partners were 15-19 years old accounted for 10.5% of all marriages.⁴⁹

One of the most recent studies on youth in Bosnia and Herzegovina, published in 2023⁵⁰ assesses youth perceptions about various aspects of BiH society. The survey indicates that youth interest towards emigration is lower than in 2018, but those intending to leave are more determined and prepared to do so. According to the 2021 UNFPA study on youth emigration from Bosnia and Herzegovina, almost a quarter of respondents have seriously considered leaving Bosnia and Herzegovina permanently and an additional 23% of them think about prospects of temporary migration abroad.⁵¹

The Economic Reform Programme for BiH 2023-2025 establishes a priority to increase employment, especially of young people, women and other vulnerable groups. The programme anticipates that implementation of legislation in the field of labour, occupational safety and employment and the

⁴⁵ Centralna izborna komisija (2024) [Central Election Commission (2024)].

⁴⁶ Ibid. This figure captures only the age group 15-24. The next age group in the official Labour Force Survey is 25-49, which also captures a large portion of the youth population, along with the next age group.

⁴⁷ The World Bank Group (2021).

⁴⁸ Ibid.

⁴⁹ Demography 2016 (Agency for Statistics of Bosnia and Herzegovina, 2017d), as cited in UNFPA (2019).

⁵⁰ USAID MEASURE II (2023).

⁵¹ proMENTE Social Research (2021).

implementation of strategic documents and projects in the field of employment can be expected to have a positive impact on increasing employment and reducing high unemployment and inactivity, especially of young people.

2.2. The role of external assistance

The **total Official Development Assistance (ODA) disbursements for BiH** in 2022⁵² amounted to 523.40 million EUR, as shown below in Figure 2. Of this, 46.6% came from grant funds and 53.4% from loan funds. The total ODA disbursements dropped by 150.6 million EUR in 2022 in relation to 2021. The decrease was caused by a reduction of disbursed loans by 109.4 million EUR, as well as a reduction in disbursed grant funds by 41.2 million EUR. The most significant increase in total ODA occurred between 2019 (544.12 million EUR) and 2020 (728.74 million EUR), which was likely driven by the global demand for humanitarian response and recovery due to the pandemic.⁵³

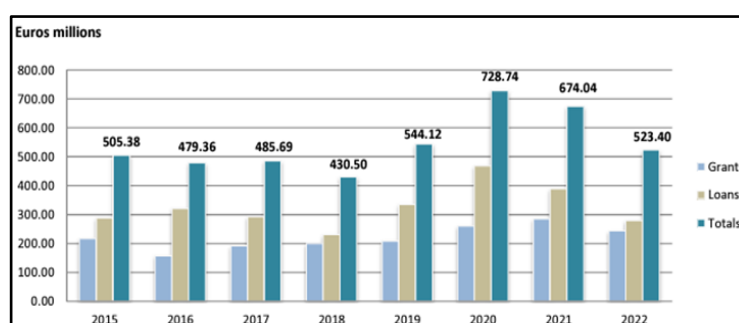


Figure 3 Total Official Development Assistance Disbursements to Bosnia and Herzegovina 2015 to 2022⁵⁴

The table below shows the total annual UNFPA contributions to the BiH programme from 2021 through 2024, excluding funds from other sources for the UNFPA CO BiH interventions in the country.

Table 3 Total UNFPA contributions to BiH CP from 2021 through 2024 (excludes funds from other sources for UNFPA activities)

Donor	UNFPA				
Aid type	ODA: Total Net				
Unit	US Dollar (USD, \$)				
Recipient Country	Bosnia and Herzegovina				
Year	2021	2022	2023	2024	Total
Project budget	1,938,826.98	1,701,240.3	2,085,062.48	2,303,320.32	8,028,450
Budget utilization	1,877,238.86	1,535,772.34	1,895,104.64	1,839,136.74	7,147,252.58

⁵² More recent data is not available.

⁵³ Ministry of Finance and Treasury (2022).

⁵⁴ Ibid.

Chapter 3: The United Nations and UNFPA response

3.1. United Nations and UNFPA strategic response

Strategic cooperation between BiH and the United Nations is established by and detailed in consecutive framework agreements. The current document arranging development cooperation between BiH and the UN - **the United Nations Sustainable Development Cooperation Framework - A Partnership for Sustainable Development 2021-2025**, was adopted in 2020.⁵⁵ The UNFPA CO BiH contributes to achieving four out of the total of five UNSDCF outcomes, strategically committing to contribute to achieving the Sustainable Development Goals by 2030.

Two **UNFPA Strategic Plans (UNFPA SP 2018-2021, UNFPA SP 2022-2025)** are pertinent to the CPD 2021-2025 implementation. An overview of the UNFPA global strategic goals and outcomes is given in the table below to illustrate consistency of the UNFPA mandate and strategy across strategic planning cycles, but also individual changes in the strategic framework (e.g. no account for work with youth-led organizations on peacebuilding and social cohesion, population and data work among the three transformative goals in the UNFPA SP 2022-2025).

Table 4 Overview of UNFPA goals and outcomes as defined by UNFPA SP 2018-2021 and UNFPA SP 2022-2025

UNFPA STRATEGIC PLAN 2018-2021 ⁵⁶	UNFPA STRATEGIC PLAN 2022-2025 ⁵⁷
Goal	
Achieved universal access to sexual and reproductive health, realized reproductive rights, and reduced maternal mortality to accelerate progress on the International Conference on Population and Development agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality	Achieved universal access to sexual and reproductive health, realized reproductive rights and accelerated progress on the implementation of the Programme of Action of the International Conference on Population and Development
Outcomes	
<ol style="list-style-type: none"> 1. Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence 2. Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts 3. Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings 4. Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development 	<ol style="list-style-type: none"> 1. By 2025, the reduction in the unmet need for family planning has accelerated 2. By 2025, the reduction of preventable maternal deaths has accelerated 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated

The key, although not the only, target groups for the UNFPA are women, adolescents and youth. However, the UNFPA SPs apply a life-course approach, recognizing that people have different and changing needs throughout their lives, from birth through adolescence, at different stages of their reproductive lives, and into old age. The SPs integrate the LNOB principle, taking into consideration factors and characteristics often associated with discrimination and exclusion, including gender, age, culture, ethnicity, race, language and religion, disability, location, migration, asylum, refuge and

⁵⁵ Sustainable Development Cooperation Framework (CF) 2021-2025. Available at: <https://bosniaherzegovina.un.org/en/193131-partnership-sustainable-development-unsdcf-2021-2025>.

The BiH Council of Ministers and the United Nations Country Team (UNCT) had formulated and signed the first United Nations Development Assistance Framework (UNDAF) document for the period 2010-2014 in March 2009. The second UNDAF was signed in June 2015 for the period 2015-2020, and this UNDAF was extended through 2020.

⁵⁶ UNFPA (2017).

⁵⁷ UNFPA (2021).

displacement status, key populations, socioeconomic status and related factors, and other factors, such as HIV and AIDS. These factors and their impact may vary according to the local context.

3.2. UNFPA response through the country programme

The UNFPA CO BiH has been working with the governments in BiH since 1995 towards enhancing sexual and reproductive health and reproductive rights, advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development and reaching demographic resilience of the country. UNFPA is currently implementing its 3rd CP in BiH based on the UNFPA CPD BiH 2021-2025.⁵⁸ This CPD (DP/FPA/CPD/BIH/3) was adopted by the Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services at the Second regular session 2020 from 31 August to 4 September 2020 in New York. The CPD was developed in consultation with the governments, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia in BiH.

The UNFPA CO BiH delivers its CP through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination. The UNFPA CO BiH has also engaged in service delivery, with the aim of providing services to migrants/refugees.

3.2.1. Brief description of UNFPA previous programme cycle, goals and achievements

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 the access to, and the quality of, reproductive health and health education. The first formal CP was defined and implemented for the period 2010-2014. The previous, second UNFPA CP for BiH initially covered the period from 2015 to 2019, but was extended at no cost for one year through 2020, following the respective extension of the UN Development Assistance Framework for Bosnia and Herzegovina.⁵⁹ Implementation of the second CP coincided with the implementation period of two UNFPA SPs: 2014-2017 and 2018-2021.

The areas of intervention of the second UNFPA BiH CP included four programmatic areas: Sexual and reproductive health and rights (SRHR), Adolescents and youth, Gender equality (GE) and women's empowerment (WE), and Population dynamics (PD). In **the SRHR area**, UNFPA CP worked on creating the key underlying assumptions for increased utilization of integrated SRHR services, including family planning training for primary health care doctors, development of maternal health clinical guidelines, and monitoring maternal mortality and morbidity. UNFPA contributed also to the drafting of the SRH policies in BiH. Additionally, UNFPA delivered direct emergency response during floods and migrant crisis during the second CPD, thus reinforcing the need for integration of the Minimal Initial Service Package into domestic preparedness plans. In the area of intervention related to **Adolescents and youth**, the second CP was committed to development of youth policies to integrate the needs of adolescents, and focused particularly on young adolescent girls, including Roma girls, and on introduction of CSE in individual educational systems in BiH. In the **GE** area, the second CP focused on advancing gender equality, women's and girls' empowerment, and services for the most vulnerable and marginalized women (GBV/CRSV survivors), including in migrant settings. In the **PD** area, UNFPA worked to support the statistical offices in development of population projections, among other data collection and analysis efforts. UNFPA supported development of evidence-based strategies on ageing, and contributed to the establishment of a network of healthy ageing centres.

The CPE of the second CP covered activities planned and/or implemented during the period 2013-2018 in BiH, within each programme component. According to the previous CPE, UNFPA CP had contributed to creating key underlying assumptions for increased utilization of integrated SRHR services, including

⁵⁸ UNFPA (2020).

⁵⁹ Hereinafter, second CP will be mentioned with its corresponding actual implementing period 2015-2020.

family planning, procedures for maternal health and monitoring maternal mortality and morbidity, although not focusing on those furthest behind. UNFPA interventions related to CSE established the basis that was expected to gradually lead to increased access of young people to sexuality education, following inclusion in primary schools in two cantons in FBiH. Mainstreaming of provisions to advance gender equality was achieved to a good extent, through integration of GBV prevention, protection and response into national SRH programmes. However, the implementation of practices related to GBV prevention, protection and response was yet to be measured. The same was argued for the integration of GBV/CRSV stigma alleviation practices. Developing evidence-based national population policies was achieved to a good extent. The successes result mostly from UNFPA's support to drafting of strategies on ageing, youth and SRHR, as well as development of a migration monitoring methodology. The CPE for the previous CP⁶⁰ recommended that UNFPA should consider streamlining its work into two programme areas, SRHR and PD, to capitalize on its core mandates and biggest added values as recognized by stakeholders, while ensuring focus on selected target groups (most notably, but not limited to youth) in line with UNFPA global strategic plan and local needs. The recommendations were partly implemented in the CPD 2021-2025.

3.2.2. The current UNFPA country programme and an analysis of its theory of change

The UNFPA CPD BiH 2021-2025 is situated within a broader context of the UNSDCF established between the UNCT and the authorities in BiH for the period 2021-2025. The UNFPA CO BiH role in implementation of the UNSDCF focuses on supporting human development in the country and on development of evidence-based population policies that will serve as the foundation for overall sustainable development. The CPD envisages that UNFPA CO BiH contributes to four out of five UNSDCF outcomes by delivery of its outputs. CP outcomes contribute to the following UNSDCF Outcomes, as shown below:⁶¹

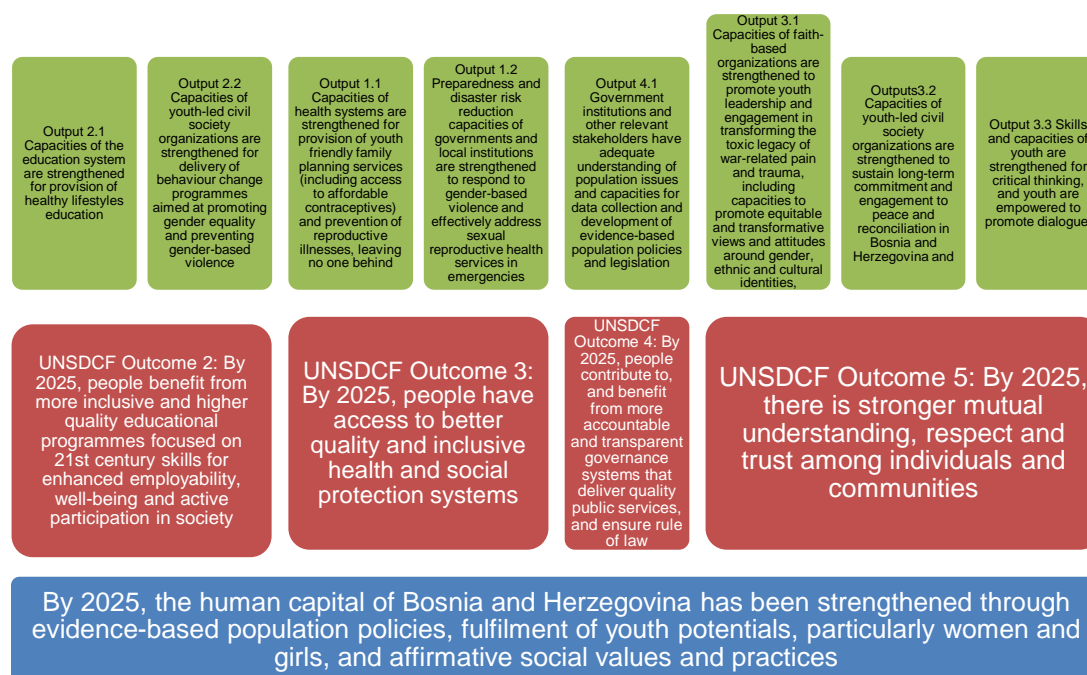


Figure 4 Simplified CP Theory of Change

Following the adoption of the UNFPA SP 2022-2025, the CPD BiH 2021-2025 Results Framework did not change, given the continued commitment to the UNFPA's globally set transformative results: a) ending the unmet need for family planning; (b) ending preventable maternal deaths; and (c) ending

⁶⁰ Karađinović, N. et al. (2019).

⁶¹ It should be noted that the CPD makes different references to UNSDCF outcome numbers, which are not matching with those from the final and adopted UNSDCF document.

gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage. However, the UNFPA CO BiH opted to focus on the results a) and c), and adaptation in relation to result b) due to low maternal mortality in BiH.⁶² Modifications to the CP were made in the CP theory of change to capture individual UNFPA 2022-2025 outcomes.

The CPD is also guided overall by the International Conference on Population and Development (ICPD) agenda with a view of accelerating its implementation in BiH. The CP implementation, as seen through CPD-planned outputs and AWP/RRPs, is steered toward the ICPD benchmarks – SRH, young people, human rights and gender equality, and population matters.

The UNFPA CO BiH committed in the CPD to support collection of data for SDG indicators relevant to the UNFPA mandate by building capacities of statistical offices, with a special focus on population data obtained through censuses that represent the basis for calculation of many SDG indicators. On the other side, the CPD aims at contributing to achieving specific SDGs, most notably 3 Good health and well-being, 5 Gender equality and 16 Peace, justice and strong institutions.

The CPD identifies and relies on the existing country data relevant for the CP delivery – census data, SRH data, migration data, but also notes deficiencies in country data availability. The CPD notes that the existing “statistical data are generally outdated and mostly lack disaggregation to inform development priorities”.⁶³ The CP is therefore steered toward provision of data, to the extent possible, through conducting surveys and other research to support evidence-based policy making.

The CPD refers to individual existing policies in BiH, e.g. the Youth Policy in RS, the SRH strategy in Republika Srpska, the BiH Gender Action Plan, and GBV prevention policies, which are relevant for the CPD delivery. Also, the **CPD Results Framework, as well as the AWP/RRPs recognize the need for further policy development,** thus steering the CP toward, for example, development of entity-level population policies, local youth policies, among others.

3.2.3. The financial structure of the UNFPA country programme

The focus of the UNFPA CPD BiH 2021-2025 is placed on Adolescents and youth and Population dynamics outcome areas. Indicative assistance required for the CP budget (in millions USD) as included in the CPD is shown below.

Table 5 UNFPA CP BiH indicative budget (2021-2025)⁶⁴

Programme outcome areas		Regular resources (million USD)	Other resources (million USD)	Total (million USD)
SP Outcome 2	Adolescents and youth	2.5	3.5	6.0
SP Outcome 4	Population dynamics	1.0	1.0	2.0
Programme coordination and assistance		0.5	0.0	0.5
Total		4.0	4.5	8.5

⁶² Because the maternal mortality ratio in BiH is low, UNFPA CO BiH opted for strengthening the capacities of health professionals, through utilization of the obstetric surveillance and response system, to further improve the quality of maternal healthcare and engage in advocacy initiatives in order to sustain good results, instead of focusing specifically on the second transformative result concerning ending preventable maternal deaths. UNFPA (2020).

⁶³ UNFPA (2020), p.2.

⁶⁴ The outcomes in the table refer to SP 2018-2021: Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts, Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development

The UNFPA CP BiH budget for the period 2021-2024 is 8,028,450 USD.⁶⁵ The actual CP budget, presented in Table 6, almost reached the indicative CP budget presented in the previous table (Source: CPD) by the end of the fourth year of the five-year programme implementation. Further reviewing the summary of program expenditures from 2021 through 2024, there is a clear pattern of a high-level budget expenditure rate averaging at 92.7% for the first three programme years, with the highest expenditure rate achieved in 2021: 96.8%, and with lower expenditure rates achieved in the subsequent years (2022: 90.2%; 2023: 90.8%).⁶⁶ Expenditure rate in 2024 until the beginning of December was 89.02%.

Table 6 Overview of CP financial outlines for 2021 through 2024 with budget utilisation (Financial reports - data is extracted from Atlas and Quantum)

2021		2022		2023		2024		Total 2021-2024	
CP Budget (\$)	Budget Utilization (\$)	CP Budget (\$)	Budget Utilization (\$)	CP Budget (\$)	Budget Utilization (\$)	CP Budget (\$)	Budget Utilization (\$)	CP Budget (\$)	Budget Utilization (\$)
1,938,827	1,877,239	1,701,240	1,535,772	2,085,062	1,895,105	2,910,374	2,446,190	8,028,450	7,147,252
	96.8%		90.2%		90.8%		89%		91.7%

In addition to regular resources, the programme funding came from several additional donors, among which the European Union contributed with more than 1 million USD, of which 90% was dedicated to humanitarian action.

Table 7 Overview of CP budget per donor/source of funding in USD (per year, cumulative)

Funding source/institution (in USD)	2021	2022	2023	2024	Total
UNFPA - Regular resources	701,303	834,100	731,055	740,368	3,006,826
Austrian Development Agency				72,733	72,733
Czech Republic		91,800	111,614	171,852	375,266
European Commission	130,013	615,066	562,100	555,326	1,862,505
International Organization for Migration (IOM)	168,146				168,146
Italian Republic			248,886	208,746	457,632
Slovenia	16,753	13,500	27,219	30,202	87,674
Spain - Basque	156,287				156,287
UNFPA Humanitarian Action Thematic Fund (HTF)	235,428	9,504		61,088	306,020
UNDP-Multi-Partner Trust Fund (including Swiss/ Swiss Development Cooperation -SDC) – Peace Building Fund	163,155	137,270	404,188	438,006	1,142,619
United Kingdom	367,741				367,741
Sarajevo Canton				25,000	25,000
Total	1,938,827	1,701,240	2,085,062	2,303,321	8,028,449

⁶⁵ UNFPA CO BiH Financial Reports 2021, 2022, 2023, 2024.

⁶⁶ It should be noted that UNFPA CO BiH also has multi-year projects, apart from core funds distributed by years. This implies that expenditure rates should not necessarily be viewed only at annual level but for the whole project duration.

Table below shows the distribution of CP budget utilisation among individual UNFPA SP outputs. As this CP covered implementation of the final year of UNFPA SP 2018-2021, lower amounts were committed to implementation of this SP, compared to outputs of SP 2022-2025. Nevertheless, representation of SP 2018-2021 Output 3 with less than 8,000 USD stands out as very low (Health workforce capacity). On the other hand, notwithstanding the SP cycle, it is obvious that the CP prioritizes contribution to Adolescents and Youth outputs with some 2 million USD distributed between several outputs. SP 2018-2021 - Prevention and addressing of GBV and SP 2022-2025 Humanitarian action are covered with 1.1 million USD and 1.5 million USD respectively.

Table 8 Distribution of CP budget utilisation among individual SP outputs

UNFPA SP	SP Output	2021 (\$)	2022 (\$)	2023 (\$)	2024 (\$)	Total (\$)
2018-2021	Output 2 - Integrated SRH services	74,292				74,292
2018-2021	Output 3 - Health workforce capacity	7,838				7,838
2018-2021	Output 6 - Adolescents and youth skills and capabilities	321,096				321,096
2018-2021	Output 7 - Youth policies	108,455				108,455
2018-2021	Output 8 - Youth leadership and participation	39,857				39,857
2018-2021	Output 11 - Prevention and addressing of GBV	1,109,886				1,109,886
2018-2021	Output 13 - Population data systems	215,815				215,815
2022-2025	Output 1: Policy and accountability		59,902	95,958	291,014	446,874
2022-2025	Output 2: Quality of care and services		177,827	304,164	311,688	793,680
2022-2025	Output 3: Gender and social norms		190,191	58,025	300,886	549,103
2022-2025	Output 4: Population change and data		223,285	320,851	194,418	738,553
2022-2025	Output 5: Humanitarian action		648,742	504,635	375,705	1,529,083
2022-2025	Output 6: Adolescents and youth		235,825	611,471	601,620	1,448,916

Service delivery accounts for 32% of utilized CP funds in the observed period (2021-2024), which is the main mode of engagement in humanitarian response. Capacity development accounts for 42% of utilised CP funds, which in combination with advocacy and policy dialogue that took up 23% of used CP funds make for the main methods of delivery of CP activities beyond the humanitarian response.

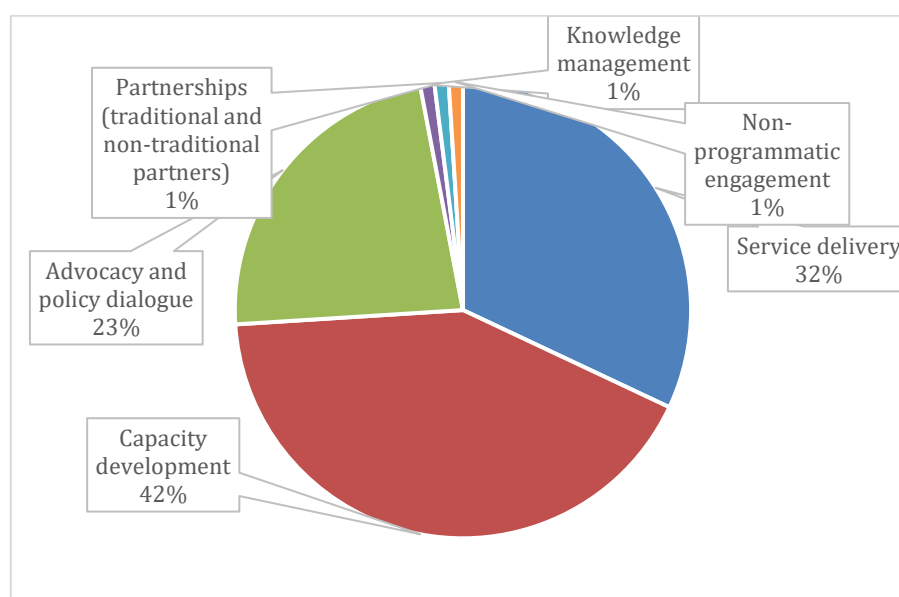


Figure 5 Overview of distribution of utilised funds per defined UNFPA Modes of Engagement used in implementation of the CP

Chapter 4: Findings

4.1. EQ1: To what extent is UNFPA support adapted to the needs of vulnerable and marginalised groups? (Relevance)

Findings summary: The UNFPA CP BiH broadly targets women and youth and their inherent needs based on officially available and further collected and analysed data. The needs of marginalized and vulnerable groups are not visibly prioritized by governments in BiH, but UNFPA has invested efforts in analysing their needs (at least for some groups). The definition of vulnerable and marginalized groups for the UNFPA CO BiH is wide, including populations with obvious vulnerabilities and marginalization, such as GBV survivors, migrants, persons with disabilities, and stretching to the older population and economically inactive and long-term unemployed women. Consequently, at least 80% of the UNFPA CP BiH is dedicated to actions targeting distinct marginalized and vulnerable groups, although this is not immediately obvious from the formulation of CPD outcomes. Gender balance in UNFPA CP implementation goes in favour of women and girls, as women and girls are the most prominent target groups of the UNFPA CP BiH across components. The CPD provides for the “development-humanitarian nexus” and allows for humanitarian response in implementation of the UNFPA CO BiH programme.

Assumption 4.1.1. The evolving needs of vulnerable and marginalized groups were taken into account in programme design (both CPD and Annual Planning) and implementation (e.g. targeting/selection of beneficiaries).

***Finding 1:** The CPD broadly identifies the needs of women and youth in BiH based on officially available and further collected and analysed data. The UNFPA CO BiH defines vulnerable and marginalized groups for the UNFPA CO BiH widely, including GBV survivors, migrants, persons with disabilities, and stretching to the older population and economically inactive and long-term unemployed women. At least 80% of the UNFPA CP BiH is dedicated to actions targeting distinct marginalized and vulnerable groups.*

The CP Theory of Change identifies the core problem that the UNFPA CO BiH aims to address in BiH - **Not all women and youth, and in particular marginalized groups, are reaching their full potential.** The mission statement places focus on women and youth, although without specifying intersectionality. The CPD⁶⁷ and ToC specify two outcome areas: *Adolescents and Youth*, and *Population and Development*, which altogether combine eight outputs. Such formulation of outcome areas may be misleading in terms of definition of target groups (which also, apart from youth and adolescents, include women, and older persons), and it may come short of adequately portraying the CP in its entirety (particularly the elements relating to GBV and women’s empowerment).

The CPD broadly identifies the needs of women and youth in BiH by stating available figures and information on unmet family planning needs, lack of comprehensive SRH screening programmes, GBV prevalence, and gender and age gaps in the labour market. The CPD also highlights the unresolved legacy of the last conflict – accumulated trauma, and unmet needs of survivors of conflict-related sexual violence, as well as other social and economic reasons/needs for youth and whole families wanting to relocate to the West. Simultaneously, the CPD highlights that there is a lack of up-to-date and disaggregated data to inform development priorities in BiH, particularly when it comes to the needs of marginalized and vulnerable groups.⁶⁸ This is primarily related to the fact that the latest census in BiH was conducted in 2013, and that the latest Multiple Indicator Cluster Survey in BiH⁶⁹ was

⁶⁷ UNFPA (2020).

⁶⁸ UNSDCF 2021-2025 also recognizes this: “For all health, social, and child protection systems in BiH a great challenge concerns the lack of sex-disaggregated data, especially for vulnerable groups. This provides little insight into their access to services and quality of life. Legal, institutional and socio-economic barriers impede their fair access to services, making them more vulnerable and exposed to violence, health risk factors and poverty.” UNSDCF, p. 39.

⁶⁹ UNICEF (2013).

conducted in 2012. Moreover, the latest GBV prevalence survey in BiH was conducted in 2018,⁷⁰ five years after the first such survey in BiH in 2013.⁷¹ It is further confirmed through consultation with various governmental and non-governmental stakeholders that the needs of marginalized and vulnerable groups are not highly prioritized by UNFPA's governmental partners in BiH.⁷² It is largely unknown which are the LNOB groups in BiH (in terms of discrimination, geography, vulnerability to shocks, governance, and socio-economic status) and to what degree, or what is the level of intersectionality and which are the multiple layers of deprivation, disadvantage and discrimination.⁷³

The UNFPA CO BiH applies the LNOB principle widely.⁷⁴ However, GBV/CRSV survivors and migrant population are the most dominant marginalized and vulnerable target groups reached by the UNFPA CO BiH. GBV survivors are broadly targeted through outputs including integration of MISP into emergency preparedness, and transformative actions engaging youth and FBOs. Marginalized and vulnerable groups of youth are targeted under the SRHR component of the CP through Family Planning capacity building,⁷⁵ and, more directly, through the peace and reconciliation interventions with youth.⁷⁶ The CP is also oriented toward older persons, as part of planned interventions relating to healthy and active ageing under the Population and Development component, although substantial funding for this work is lacking. This component, along with GE/Women's empowerment component, also targets economically inactive and long-term unemployed women - mothers of small children and women in their forties that have been out of the labour market,⁷⁷ who can be considered as an excluded and largely invisible group, a group that is at risk of poverty and exposed to risk of economic forms of GBV, violence, due to potential lack of access to own funds, but also as a category of population that is critical for population development and demographic resilience.

The CPD Results Framework and annual budgets/financial reports show evidence of inclusion of marginalized and vulnerable groups of population as target groups in the CP design and implementation, at output level. More specifically, survivors of GBV are targeted through two outputs (1.2 Integration of MISP into emergency preparedness, and 2.2 Behaviour-change programmes aimed at preventing GBV). Marginalized and vulnerable youth are indicated as target groups under three CP outputs (3.1, 3.2 and 3.3 relating to social cohesion and reconciliation). Older persons are targeted under one output (4.1 Evidence-based population policies). Unemployed women as a vulnerable group are targeted under the same output. It should be noted that two remaining outputs (1.1 and 2.1

⁷⁰ OSCE (2019).

⁷¹ Babović, M. et al. (2013).

⁷² UNFPA CO BiH workshop with partners on 11 December 2024. One of the most commonly used explanations by governmental partners is the existing legislation, which grants rights and services without discrimination to all.

⁷³ UNSDG (2022).

⁷⁴ UNSDCF defines vulnerable groups as follows: "Households below the BiH poverty line (17% 2015), and those headed by women and younger people, victims of domestic violence and war-time victims of rape, disadvantaged children and young people, people with disabilities, unemployed persons, the Roma, LGBTI, migrants, internally displaced persons (IDPs), minority returnees, refugees and asylum seekers, persons under subsidiary protection, persons at risk of statelessness, victims of human trafficking, and groups of people at risk from climate change and natural disasters. There are other vulnerable groups in BiH that are not the primary focus of UN system cooperation: Elderly isolated persons, alcohol and drug addicts, prisoners and former prisoners, persons living with HIV and AIDS." UNSDCF, p. 4.

⁷⁵ For example, the training on youth-friendly family planning services integrates specific needs of persons with disabilities, mental illnesses, people living with HIV, Roma population, and other vulnerable and marginalized groups of population. One of the observed trainings confirmed that the training takes on a human rights approach and focuses on elimination of stereotypes and prejudices among medical students and medical doctors. These contents are also captured in the Family Planning Training Manuals developed in cooperation with the FBiH and RS Ministries of Health (Šindrak, I. et al. (2021a) and Šindrak, I. et al. (2021b)).

⁷⁶ For example, this work integrates the needs of children and youth with disabilities through support for organization of Special Olympics in individual local communities.

⁷⁷ The project "On-the-job training for mothers of preschool children at the company dm drogerie markt" was envisaged as a pilot project with the aim of testing how provision of support to unemployed women with small children in training, childcare, and employment, can help eliminate barriers that women often face when seeking employment, such as low wages, unsatisfactory working conditions, lack of modern skills, insufficient services for children and/or elderly family members, and discrimination due to motherhood. proMente and UNFPA (2023).

tackling wider SRHR area), tackling family planning and healthy lifestyles education, are targeting the general population of youth, with some integration of intersectionality as a cross-cutting issue. Although not accounted for in the CPD, the UNFPA CO BiH has invested considerable resources into assistance to migrants/refugees through its humanitarian response interventions. An overview of financial resources invested in interventions addressing the needs of marginalized and vulnerable groups, as identified by the UNFPA CO BiH, shows that at least 80% of the budget was in fact allocated to interventions addressing needs of distinct marginalized and vulnerable groups.

However, only two of the total of 14 output indicators relate to reaching specific population groups – Number of youth that undergo capacity training sessions using youth-peer peace methodology and Number of marginalized and vulnerable youth that undergo capacity training sessions using youth-peer peace methodology. This indicates that the CP, as formulated in the CPD Results Framework, is largely oriented to capacity building and policy development, and not directly to end users, or specific groups of the wider population. On the other hand, the indicators at the outcome level in the Results Framework do set goals for achieving impact in relation to the general population.

The UNFPA CO BiH supported development of several important studies to inform CP delivery and policy development in BiH, e.g. *Inquiry on Sexual and Reproductive Health and Reproductive Rights in BiH*,⁷⁸ *Regional Assessment of Country Capacities for Cervical Cancer Prevention*,⁷⁹ *Survey on Youth Emigration*,⁸⁰ *Loneliness and Social Isolation among Older People*⁸¹, *Follow-Up Report on the Situation in Care Institutions for Persons with Intellectual and Mental Disabilities in BiH*,⁸² among others. The UNFPA CP was also informed by the *Population Projections*,⁸³ *the Effects of Population Changes on the Provision of Public Services in BiH*,⁸⁴ and the *National Transfer Accounts*,⁸⁵ the development of which the UNFPA CO BiH also supported. The UNFPA CO BiH has also relied on research conducted by other actors, e.g. the *Youth Study Bosnia and Herzegovina 2018/2019*,⁸⁶ which was conducted by Friedrich-Ebert-Stiftung (FES), and the UK-funded study *Reforms - how to do it right?*⁸⁷, which tackles possible approaches to reforms addressing youth needs. Although the categorization of LNOB groups in BiH is rather fluid (non-defined), the UNFPA CO BiH did not dedicate specific research to select LNOB groups (except for persons with intellectual and mental disabilities). The CPD mentions contribution to monitoring of implementation of international treaties signed by BiH, but no specific reference is made in AWP/RRPs or Annual Reports to how the CP can contribute, or has contributed, to the implementation of the UN Charter, the Universal Declaration of Human Rights, the Convention on the Elimination of all Forms of Discrimination against Women, the Convention against Torture⁸⁸ in terms of improving the status and inclusion of marginalized and vulnerable population groups.

Assumption 4.1.2. Delivery of CPD has had a balanced effect on people of all genders and has included marginalized and vulnerable groups.

***Finding 2:** Gender balance in UNFPA CP implementation goes in favour of women and girls, as women and girls are the most prominent target groups of the UNFPA CP BiH across components.*

Gender balance in UNFPA CP implementation goes in favour of women and girls, as women and girls are the most prominent target groups of the UNFPA CP BiH across components. In line with the

⁷⁸ BiH Institution of Ombudsman for Human Rights (2021).

⁷⁹ UNFPA and ICCPA (2021).

⁸⁰ UNFPA, proMente and Ipsos (2021).

⁸¹ Keck, T. (2022).

⁸² BiH Institution of Ombudsman for Human Rights (2024).

⁸³ Federalni zavod za statistiku [Institute for Statistics of FBiH] (2020) and Republika Srpska Institute of Statistics (2020).

⁸⁴ Hadžić F., et al. (2022)

⁸⁵ Halilbašić, M. (2024)

⁸⁶ Friedrich-Ebert-Stiftung (2019).

⁸⁷ Valicon (2019).

⁸⁸ It should be noted that the latest CAT review for BiH was published at the end of 2017, the latest CEDAW report for BiH was issued in 2019, and the latest Universal Periodic Review was published in 2019, with the fourth cycle review being planned for in January 2025.

nature of interventions, women and girls feature significantly in the areas of family planning, HPV vaccination and cervical cancer prevention and screening, maternal health, and integration of MISP into local emergency preparedness plans. Women and girls are also the key target groups for the interventions addressing gender equality, GBV/CRSV, and women's empowerment. Specific actions in the gender equality area of intervention target men specifically, e.g. Tackling Gender Inequality and Gender-Based Violence: Men and Boys as Agents of Change.⁸⁹ On the other hand, the general youth population, providing gender balance, is targeted through CSE, and youth peacebuilding and social cohesion work under the UNFPA CP BiH.

Capacity building actions in the SRH field target female professionals predominantly, in line with indicatively larger numbers of female primary health care doctors, gynaecologists and obstetricians in public healthcare institutions. The training for integration of MISP in local emergency preparedness plans gathered 150 women and 102 men. A majority of certified MISP trainers are also women. On the other hand, it is assumed that participation in youth peer peacebuilding training was gender-balanced, while the e-training of clergy would have mostly targeted men. The general population is targeted under population development interventions, although with focus on disaggregation of data by sex in data collection and research interventions. Capacity building for economic empowerment under population development outcome has exclusively targeted unemployed women with pre-school children in the first phase and women 40-49 years of age in the second phase.

Policy development supported by the UNFPA CO BiH in the areas of gender equality/GBV/women's empowerment is likely to have the biggest effects on women, e.g. through development of the RS Law on Protection from Domestic Violence and Violence against Women, support to amendments of the FBiH Criminal Code to integrate TFGBV, proposals to integrate MISP into local policies, and development of population policies and family-friendly work policies (given focus on reconciliation of family and career needs, with which women struggle the most). Development of CSE and youth policies is likely to have provided gender-balanced contents.

Assumption 4.1.3. UNFPA CO BiH is adaptable to respond to humanitarian situations with particular focus on the needs of affected population groups (women, youth, vulnerable and marginalized categories of populations).

***Finding 3:** The CPD provides for the “development-humanitarian nexus” and allows for humanitarian response in implementation of the UNFPA CO BiH programme.*

The CPD provides for the “development-humanitarian nexus”⁹⁰ as part of preparedness and disaster risk reduction interventions thus ensuring relevance to the needs of migrant populations. This component of UNFPA CO BiH work captures CO's humanitarian response and service delivery in migrant settings, more specifically in Temporary Reception Centres (TRCs) in Sarajevo and Bihać. Migrant population are one of the most dominant marginalized and vulnerable target groups reached by the UNFPA CO BiH. The migrant population in BiH, in their diversity, are targeted specifically through UNFPA CO BiH actions service delivery to women and girls, boys and men, including persons with disability, survivors of GBV, members of LGBTQIA+ community in TRCs. In implementation of the CPD 2021-2025, the UNFPA CO BiH has also been able to provide emergency response during floods in Jablanica and Konjic, targeting largely female population and their SRHR and GBV needs.

⁸⁹ UNFPA and UN WOMEN (2024).

⁹⁰ UNFPA (2020), p. 5.

4.2. EQ2: To what extent UNFPA's initiatives have been aligned with existing relevant international strategic frameworks and government policies/strategies and served as a catalyst for broader systemic or policy changes at various governance levels in BiH? (Coherence)

Findings summary: The UNFPA CP BiH is aligned with the UNFPA strategic plans 2018-2021 and 2022-2025 and the ICPD agenda. The UNFPA CP BiH is aligned with the 2030 Agenda and is designed to be aligned with UNSDCF 2021-2025, although difficulties in integrating and linking the initiatives funded with non-core resources on Women, Peace and Security (WPS) Agenda and women's economic empowerment have been observed. The UNFPA CP BiH is implemented in line with existing policies in BiH, including the country's EU accession agenda, and UNFPA has contributed to further policy development in cooperation with governmental stakeholders in BiH. Given multiple interventions by a variety of development actors in the areas of youth and gender equality/GBV/women's economic empowerment, there is room for vigilance on the part of UNFPA to mitigate risk of duplication and establish synergies.

Assumption 4.2.1. There is evidence of alignment between the UNFPA programme and a) UNFPA policies and strategies, b) goals of ICPD PoA, c) the UNSDCF, d) SDGs, and e) interventions of other development partners in the fields of health, youth, gender equality, peace and reconciliation, and population development.

***Finding 4:** The UNFPA BiH CP is aligned with the UNFPA strategic plans 2018-2021 and 2022-2025, the ICPD agenda, the UNSDCF 2021-2025, and the 2030 Agenda.*

***Finding 5:** UNFPA CO BiH operates in several donor-dominated areas, including GBV, women's economic empowerment, support to migrant population, youth, and social cohesion. This may pose challenges in terms of potential overlap and requires close collaboration to maximize impact and avoid duplication.*

The UNFPA CPD BiH 2021-2025 was created in line with the then pertinent UNFPA SP 2018-2021, and was not amended following the adoption of the UNFPA SP 2022-2025. Still, the CPD outputs are aligned either with the outcomes or outputs of the two SPs in force for the duration of the CPD. The table provided in the Evaluation Matrix gives an overview of the alignment of CPD outputs with UNFPA SP outcomes and outputs across two cycles. The overview shows overall alignment of all CPD outputs with UNFPA SP 2018-2021 outcomes, but two inconsistencies at the level of UNFPA SP 2022-2025 outcomes. Namely, the CPD outputs relating to capacity building of youth-led organizations for social cohesion (Outputs 3.2 and 3.3) and one output relating to development of population data and population policies (Output 4.1) cannot be directly linked with the UNFPA SP 2022-2025 outcomes. However, individual outputs from the UNFPA SP 2022-2025 do subsume and account for these interventions.

The CPD implementation, as seen through CPD outputs and AWP/RRPs, is steered toward the ICPD benchmarks and objectives. Specific focus of UNFPA interventions is placed on issues addressed in at least nine ICPD PoA chapters. The table below illustrates this alignment.

Table 9 Alignment of CPD and AWP/RRP interventions with ICPD PoA

ICPD PoA Chapter	Relevant CPD outputs and AWP/RRP actions
III Interrelationships between population, sustained economic growth and sustainable development	2.2, 4.1
IV Gender equality, equity and empowerment of women	2.2, 3.1, 4.1
V The family, its roles, rights, composition and structure	2.2
VI Population growth and structure	3.2, 3.3, 4.1
VII Reproductive rights and reproductive health	1.1, 1.2, 2.1
VIII Health, morbidity and mortality	1.1
X International migration	2.2
XI Population development and education	1.2
XII Technology, research and development	4.1

The CPD is well aligned with the UNSDCF, as demonstrated through alignment of the CPD outputs and the UNSDCF outcomes and indicators. This alignment is shown in Table 1 in the Section 1.3.1 of this document. Some inconsistencies are found in relation to the CPD Output 2.2 (Capacities of youth-led civil society organizations are strengthened for delivery of behaviour change programmes aimed at promoting gender equality and preventing gender-based violence), which essentially integrates GBV/GE/WE interventions of the UNFPA CO BiH, and cannot necessarily be linked with the UNSDCF Outcome 2 (By 2025, people benefit from more inclusive and higher quality educational programmes focused on 21st century skills for enhanced employability, well-being and active participation in society, and would potentially link better with Outcome 4 (By 2025, people contribute to, and benefit from more accountable and transparent governance systems that deliver quality public services, and ensure rule of law), or even partly with Outcome 1 (By 2025, people benefit from resilient, inclusive and sustainable growth ensured by the convergence of economic development, and management of environment and cultural resources). Outcome 1 may have been better suited for the UNFPA CO BiH interventions, planned under AWP/RRPs, relating to women's economic empowerment and family-friendly labour policies and business practices. **These individual inconsistencies may have been consequences of amendments to AWP/RRPs as result of receipt of additional funding** for implementation of the Women, Peace and Security Agenda and women's economic empowerment actions.

The CPD is aligned with the 2030 Agenda, but it specifically contributes to the Sustainable Development Goals 3 Good health and well-being, 4 Quality Education, 5 Gender equality, 8 Decent work and economic growth, 10 Reduced inequalities, 16 Peace, justice and strong institutions, and 17 Partnership for the goals.

The CPD and AWP/RRPs cast a broad net in several intervention fields, including: youth, social cohesion, health (including SRH), GBV prevention and response, women's economic empowerment, migration management and support, and population development/demographic resilience. An overview of donor-funded projects implemented in these fields in BiH (Annex 5 provides an illustrative and non-exhaustive overview of the development landscape in the fields addressed by the CP) shows a wide array of international development partners operating in pertinent areas, most notably youth and social cohesion, but also gender equality. It is indicated that at least 28 million EUR was invested in youth projects in BiH since 2017, and more than 46 million EUR in projects addressing social cohesion alone, or combining it with other topics, such as youth activism or gender equality. When it comes to funding in the field of gender equality (including, but not limited to addressing GBV and economic empowerment of women), at least 27 million EUR were allocated to these projects since 2020. While projects in the health sector are not as numerous, three large projects are contributing to the development and accessibility of health services with some 22 million EUR from EU-IPA and SDC

funding.

The CPD, or other UNFPA CO BiH documents, do not capture the development partners' landscape or interventions explicitly, which may pose a risk of overlap of actions or uncoordinated work in some areas. For example, the areas of youth and social cohesion, and gender equality and women's empowerment are heavily supported by donors and their implementing partners (including UN agencies). Engagement of multiple actors has been noted in the area of education/healthy lifestyles/youth life skills (e.g. United Nations Office on Drugs and Crime (UNODC), Care International). In the health sector, Swiss Development Cooperation (SDC) has invested funds in addressing gaps in the health system, although not directly related to SRHR, which falls directly within the UNFPA mandate. On the other hand, there is scarcity of ongoing projects in the field of population development, and the UNFPA CO BiH brings a specific value to the BiH development landscape by addressing this area.

Assumption 4.2.2. The evolving priorities set by the national policy frameworks were taken into account in UNFPA programme design (both CPD and Annual Planning) and implementation (e.g. targeting/selection of beneficiaries).

***Finding 6:** UNFPA CP BiH has been shaped and implemented in line with existing policies in BiH in the areas of SRHR, GE/GBV, and youth.*

UNFPA CP is implemented in line with existing policies in BiH. In agreement with the RS authorities, all CPD interventions in this entity were delivered in line with the RS SRH strategy.⁹¹ In FBiH, the SRH aspects of health policies are broadly subsumed under the Demography Section of the FBiH Development Strategy 2021-2027 and the CP is aligned with this policy.⁹²

The youth strategic framework in BiH is incomplete: the RS Youth Policy 2023-2027⁹³ is in place, while the proposal for the FBiH Youth Strategy has not yet been adopted. The CPD interventions are broadly in line with the youth strategic framework.

BiH avails itself of a comprehensive strategic and legislative framework for promoting and achieving gender equality (Gender Action Plan BiH 2023-2027⁹⁴) and preventing domestic violence (FBiH Strategy for the Prevention and Combating of Domestic Violence 2021-2027⁹⁵ and RS Strategy for Combating Domestic Violence 2020-2024⁹⁶). Some advancements have been made in the RS legislation recognizing various forms of GBV and aligning to some extent with the Istanbul Convention,⁹⁷ while adapted legislation has not yet been adopted in FBiH.⁹⁸ The CPD and AWP/RRP interventions concerning promotion of gender equality, women's health, women's economic empowerment (including reconciliation of family and professional life) as well as GBV prevention and response are in line with the existing policy framework. To account for UNFPA's previous work in the area of GBV and SRHR, the 2021 BiH Gender Country Profile⁹⁹ cites achievements in family planning, maternal health, resource packages for the health sector's response to GBV, MISP, among others. The interventions relating to promotion of the Women, Peace and Security Agenda are in line with the BiH Action Plan

⁹¹ KILs.

⁹² Vlada Federacije Bosne i Hercegovine (2020). [FBiH Government (2020)].

⁹³ Ministarstvo porodice, omladine i sporta RS (2023). [Ministry of Family, Youth and Sports of the RS (2023).]

⁹⁴ Ministry for Human Rights and Refugees BiH - Gender Equality Agency of Bosnia and Herzegovina (2023).

⁹⁵ Vlada Federacije Bosne i Hercegovine [FBiH Government (2023)].

⁹⁶ Ministarstvo porodice, omladine i sporta RS (2020). [Ministry of Family, Youth and Sports of the RS (2020).]

⁹⁷ "Službeni glasnik Republike Srpske" [Official Gazette of Republika Srpska] 102/2012, 108/2013, 82/2015, 84/2019, "Službeni glasnik Republike Srpske" [Official Gazette of Republika Srpska] 64/2017, 104/2018 - odluka US [Constitutional Court decision], 15/2021, 89/2021, 73/2023, "Službeni glasnik Republike Srpske" [Official Gazette of Republika Srpska] 9/2024 - odluka US BiH [Constitutional Court decision], "Službeni glasnik Republike Srpske" [Official Gazette of Republika Srpska] 105/2024 - odluka US [Constitutional Court decision].

⁹⁸ FBiH currently legislates only protection of domestic violence survivors. ("Službene novine FBiH" [FBiH Official Gazette] 20/2013, 75/2021).

⁹⁹ UN Women (2021).

for implementation of the UNSCR 1325.¹⁰⁰

In line with the CPD and AWP/RRPs, the UNFPA CO BiH has effectively contributed to individual priorities set by the EU for BiH's accession negotiations.¹⁰¹ UNFPA has contributed to one Rule of Law priority - Ensuring effective coordination, at all levels, of border management and migration management capacity, as well as ensuring the functioning of the asylum system. More specifically, UNFPA has been actively engaged in service provision in TRCs and support for the migration management in BiH. UNFPA has also contributed to three priorities in the area of Fundamental Rights - Strengthen the protection of the rights of all citizens, notably by ensuring the implementation of the legislation on non-discrimination and on gender equality (GBV prevention and response interventions under Output 2.2, women's empowerment interventions), Ensure an enabling environment for civil society, notably by upholding European standards on freedom of association and freedom of assembly (interventions with FBOs, youth councils, CSOs as implementing partners under outputs 3.1, 3.2 and 3.3), and Improve the protection and inclusion of vulnerable groups, in particular persons with disabilities, children, LGBTIQIA+ persons, members of the Roma community, detainees, migrants and asylum seekers, as well as displaced persons and refugees in line with the objective of closure of Annex VII of the Dayton Peace Agreement (humanitarian response and interventions aiming at inclusion of GBV survivors, persons with disability and Roma). In relation to one priority in the area of Public Administration Reform, UNFPA has supported institutions in BiH, including statistical offices, in closing the data gap recognised as an obstacle to informed population policy development.

The 2023 EC report on Bosnia and Herzegovina notes progress in terms of BiH's migration management, with a number of concerns remaining in the area of fundamental rights. Furthermore, the existence of adequate legal and strategic framework for gender equality is overshadowed by a rise in femicide, which revealed a number of "systemic shortcomings of the institutional response to gender-based violence".¹⁰² The relevance and alignment of the CPD with the BiH's EU path is reaffirmed in the same report which highlighted health inequalities of girls and women: "Women and girls face problems with healthcare due to lack of health insurance and poorly organised services related to sexual and reproductive health, among other things. This especially affects women from marginalised groups (including Roma women, women from rural areas, and women with disabilities), through a disproportionate lack of access to healthcare."¹⁰³ This report also recognises a lack of progress on organisation of the next census,¹⁰⁴ as well as significant deviations from the Eurostat requirements in the field of social statistics, which reaffirms the UNFPA CO BiH efforts dedicated to supporting statistical offices in development and production of social statistics.

Assumption 4.2.3. There is evidence of UNFPA providing support to governments in shaping of new strategies and approaches and/or serving as a catalyst for broader systemic or policy changes at various governance levels in BiH.

***Finding 7:** UNFPA CO BiH has supported governments in BiH to shape new policies in the areas of SRH, GBV, youth, and population development.*

Under the current CPD, the UNFPA CO BiH has worked specifically on developing a number of policies in the areas of SRH, GBV, youth, and population development. Such support entailed close cooperation with relevant governments in FBiH and RS, and on occasions coordination and synergetic work with other international development actors. More specifically, UNFPA supported

¹⁰⁰ Ministry of Human Rights and Refugees - Gender Equality Agency of Bosnia and Herzegovina (2017).

¹⁰¹ In May 2019, the European Commission issued its Opinion on Bosnia and Herzegovina's application for EU membership (European Commission (2019), identifying 14 key priorities that Bosnia and Herzegovina must fulfil to open the EU accession negotiations. These priorities are categorized into four main areas: (1) Democracy and Functionality of the State, (2) Rule of Law, (3) Fundamental Rights and (4) Public Administration Reform.

¹⁰² European Commission (2023), p. 43.

¹⁰³ Ibid., p. 96.

¹⁰⁴ Ibid., p. 76.

development of population policies in RS and FBiH,¹⁰⁵ thus filling an existing policy gap and providing valuable input for development of important demographic resilience policies. Similarly, UNFPA is working, alongside United Nations International Children's Emergency Fund (UNICEF), on development of family-friendly labour and social legislation in FBiH.¹⁰⁶ UNFPA has supported development of the Sarajevo Canton Youth Strategy, in cooperation with the Sarajevo Canton Government. This effort has also been supported by the Organisation for Security and Co-operation in Europe (OSCE).¹⁰⁷ In the area of GBV, UNFPA supported the RS working group on development of new legislation on protection from domestic violence and violence against women¹⁰⁸ and individual MPs in FBiH¹⁰⁹ to include TFGBV provisions in amendments to the FBiH Criminal Code. Wider in the area of GBV, UNFPA has developed legislative and institutional roadmaps for integration of TFGBV prevention and response in legislation, with a view of further advocating legislation change.¹¹⁰ As part of a joint Disaster Risk Reduction (DRR) programme with United Nations Development Programme (UNDP), UNICEF, United Nations Educational, Scientific and Cultural Organization (UNESCO), and Food and Agriculture Organization (FAO), UNFPA worked on integration of MISP in local communities' preparedness plans.¹¹¹ Other policy developments supported by UNFPA include also the HPV vaccination programmes¹¹² and Healthy Lifestyles programmes for primary schools,¹¹³ which were endorsed both in RS and FBiH.

4.3. EQ3a: To what extent did the UNFPA programme strengthen capacities of health and educational institutions for improved SRHR services and awareness across the country? (Effectiveness)

Findings summary: The UNFPA CO BiH achieved a significant training reach among medical students on family planning, although without systemic integration into medical training. The UNFPA CO BiH has achieved a breakthrough in the health systems in BiH by introducing HPV immunization, but there is still low coverage by vaccination. The work on adaptation of the Obstetrics Surveillance and Response System (OSRS) to the health systems in BiH was suspended and replaced by further development of maternal health/safe delivery clinical guidelines/protocols, the standardization of which is still pending. The UNFPA CO BiH developed proposals for integration of MISP into local preparedness plans and trained a large number of professionals in 10 local communities, but the local communities have not so far integrated MISP into their policies. The UNFPA CO BiH support to educational institutions resulted in development of Healthy Lifestyles Handbooks, and their endorsement by authorities in RS and FBiH, for delivery of CSE teaching contents in primary schools. Youth themselves did not participate in this policy development. The UNFPA CO BiH also supported menstrual health education and access to free hygiene pads in one canton in FBiH. The UNFPA CO BiH has contributed to UNSDCF targets concerning coverage of essential health services and reduction of unmet family planning needs, as the only UN agency working in the SRHR field in BiH, but this contribution cannot be quantified. The UNFPA CO BiH also contributed to the UNSDCF outcome relating to more inclusive and higher quality educational programmes (in the area of CSE and menstrual health), together with other UN agencies. However, the UNFPA SP 2018-2021 outcome indicator selected by the UNFPA CO BiH concerning adolescents and youth, including marginalized adolescents and youth, being engaged in formulation of national SRH policies, was not met.

¹⁰⁵ KIIs.

¹⁰⁶ KIIs.

¹⁰⁷ See the introduction to the Sarajevo Canton Youth Strategy, which acknowledges support of the UNFPA, Italian Embassy to BiH and the OSCE Secretariat at <https://mon.ks.gov.ba/strategija/mladi>.

¹⁰⁸ KIIs.

¹⁰⁹ KIIs; news available at <https://n1info.ba/vijesti/krivicni-zakon-fbih-cenzura/>.

¹¹⁰ KIIs.

¹¹¹ KIIs.

¹¹² KIIs.

¹¹³ KIIs.

Assumption 4.3a.1. UNFPA CO BiH has contributed to the population having better quality and inclusive health systems.

***Finding 8:** The UNFPA CO BiH has contributed to the population having better quality and inclusive health systems through provision of training of the incumbent and future medical doctors on youth-friendly family planning services, deployment of HPV immunization, mapping of capacities for introduction of cervical and breast cancer screening programmes, development of clinical guidelines for maternal health, and development of MISP capacities in 10 local communities.*

The UNFPA CO BiH has continued to build capacities of the health systems in BiH to provide family planning services, achieving significant training reach among medical students. A group of trained trainers – primary health care doctors have continued to provide trainings on family planning for their colleagues, now in an adapted, youth-friendly form. However, delivery of trainings attracted limited interest among family medicine doctors and ministries of health in family planning topics.¹¹⁴ For this reason, the UNFPA CO BiH adapted its approach to support family planning training of final-year medical students in BiH, anticipating that soon-to-become young doctors will be more receptive to the topic, that they will therefore benefit more from the training, and thus be able to provide informed and modern advice and service to their patients in the future. This approach materialized through cooperation with the associations of medical students and faculties of medicine in FBiH (Sarajevo and Tuzla) and with the Faculty of Medicine in Banja Luka. One training observed by the CPE team in Sarajevo showed exceptional quality of training by three medical students and young doctors, under supervision of their university professor, very high interest of training participants, and evident changes of knowledge and attitudes as result of the training among participants.¹¹⁵ Unlike in FBiH, the training provided for medical students at the Banja Luka Faculty of Medicine was a result of the memorandum of understanding signed between the Faculty and the UNFPA CO BiH. The modules on family planning were integrated into undergraduate studies, and students have attended lectures on this topic as part of their regular faculty attendance in 2023 and 2024.¹¹⁶ A total of 332 final-year medical students received training in FBiH and RS,¹¹⁷ although without guarantees for wider reach without systemic integration of the topic into medical curricula.

The UNFPA CO BiH has achieved a breakthrough in the health systems in BiH by introducing HPV immunization. As a result of partnership between governmental partners and UNFPA CO BiH,¹¹⁸ the first HPV vaccination programme was developed and endorsed by the authorities in the Sarajevo Canton, and was further replicated, with some modifications, across FBiH and RS, and in the Brčko District.¹¹⁹ Governments in BiH took over the responsibility for the provision of vaccines, and vaccines are available in all jurisdictions for recommended age groups.¹²⁰ The immunization is entirely voluntary and the execution depends not only on availability, but also the level of awareness of medical doctors and the wider population, in their diversity. The UNFPA CO BiH has invested efforts in the promotion of HPV immunization, and has, through its implementing partner – the FBiH Public Health Institute

¹¹⁴ A total of 30 family medicine doctors received training in 2022, according to UNFPA CO BiH Annual Report 2022.

¹¹⁵ Pre-testing and post-testing at this training showed an increase of knowledge by 21.62 percentage points (from 59.38% to 81% correct answers). The training integrates human rights perspective and elimination of stereotypes and prejudices among future medical doctors, including also topics relating to the needs of marginalized groups – people with disabilities, mental illnesses, people living with HIV, Roma, and other LNOB groups.

¹¹⁶ KIIs.

¹¹⁷ CPD indicator: Number of primary health care providers whose capacities for provision of quality-assured, youth-friendly integrated SRH services are strengthened (Target: 400 female, 100 male, total 500). According to UNFPA CO BiH Annual Reports 2022, 2023 and 2024, the number of trained primary health care providers and medical students is 410 for both entities. Data received was not disaggregated by gender.

¹¹⁸ KIIs.

¹¹⁹ CPD indicator: Number of ministries of health which adopted the HPV vaccination programme (Target: 5). Three ministries of health (Sarajevo Canton, FBiH and RS) and one Department for Health (BD) endorsed the HPV vaccination programmes, thus ensuring whole country coverage.

¹²⁰ KIIs.

supported training of close to 300 health care professionals¹²¹ and other relevant stakeholders in FBiH on the epidemiology of HPV infection, available vaccines and their features, safety and effectiveness of immunisation, communication strategies with patients and parents, and organizational aspects of introducing the immunization programme. The UNFPA CO BiH supported the RS Ministry of Health in promotion of HPV vaccination among the general population, while specific promotion was organized for students of the Banja Luka Faculty of Medicine. So far, a total of 1,664 girls in FBiH received one dose of vaccination (3.01% coverage), 2,678 boys and girls in RS (4.2% coverage), and 10 girls in BD (0.2% coverage),¹²² which indicates low coverage by vaccination despite country-wide availability and the need for further awareness raising measures.¹²³

The UNFPA CO BiH work on mapping of capacities of health care institutions in FBiH and RS for provision of cervical cancer preventive services is closely linked with the HPV vaccination. The assessments, which formed parts of the Regional Assessment of Country Capacities for Cervical Cancer Prevention, which was conducted by the UNFPA EECA RO, resulted in specific recommendations for the two entities.¹²⁴ Both assessments pointed toward the need of introducing HPV vaccination, establishing a cervical cancer screening programme as well as capacity building for improved diagnostics and treatment. Further research is anticipated from December 2024 on cervical, breast, colorectal and prostate cancers under IPA funding, which is expected to inform future interventions relating to introduction of screening programmes.¹²⁵

The UNFPA CO BiH has discontinued work on adaptation of the Obstetrics Surveillance and Response System (OSRS) to the health systems in BiH, and this intervention was replaced by further development of maternal health/safe delivery clinical guidelines/protocols.¹²⁶ The OSRS had been developed at conceptual and methodological level for the Western Balkans in 2018, including draft architecture and administrative arrangements for organizing the OSRS in health systems. The reason for discontinuation of the UNFPA CO BiH work on adaptation of the OSRS to the health systems in BiH is a lack of substantive interest by the health authorities in BiH in this specific intervention due to low maternal mortality in BiH¹²⁷ and the limited capacity of the health sector for this type of analytical work. The work on the OSRS was, therefore, replaced with further development of clinical guidelines for maternal health/safe birth – the “Guideline for Caesarean Section” in FBiH and the “Protocol for Diagnostics and Treatment of High-Risk Pregnancy” in RS, thus adding to the previously developed body of clinical guidelines in this field.¹²⁸ The application of guidelines/protocols remains voluntary for health care institutions in BiH, as they have not yet been integrated into health care accreditation

¹²¹ UNFPA CO BiH Annual Reports 2023 and 2024.

¹²² Data received from the FBiH Public Health Institute, RS Public Health Institute, BD Government's Department for Health. This data was presented at the meeting of the Regional Alliance for Cervical Cancer Prevention 4-8 November 2024.

¹²³ The UNFPA CO BiH work on mapping of capacities of health care institutions in FBiH and RS for provision of cervical cancer preventive services is closely linked with the HPV vaccination. The assessments, which formed parts of the Regional Assessment of Country Capacities for Cervical Cancer Prevention, which was conducted by EECA RO, resulted in specific recommendations for the two entities. Both assessments pointed toward the need of introducing HPV vaccination, establishing a cervical cancer screening programme as well as capacity building for improved diagnostics and treatment. Further research is anticipated from December 2024 on cervical, breast, colorectal and prostate cancers cervical and breast cancers under IPA funding, which is expected to inform future interventions relating to introduction of screening programmes.

¹²⁴ UNFPA and ICCPA (2021).

¹²⁵ KIIs.

¹²⁶ CPD indicator: Number of health professionals having advanced capacities for using the OSRS (Target: 30 women, 20 men). This target was not met due to discontinuation of the OSRS activities under CP.

¹²⁷ KIIs; Although the Beyond the Numbers (BtN) methodology also captures near miss cases during pregnancy and 42 days after delivery.

¹²⁸ KIIs; New research conducted by the UNFPA CO BiH may help further development and/or revision of maternal health clinical guidelines/protocols. A qualitative study on perceptions of childbirth experience in BiH is expected to be completed in 2025, in cooperation with the BiH Gender Equality Agency, and be used for possible direct improvement of services in this aspect.

standards. The UNFPA CO BiH continues to work with health care quality assurance and accreditation agencies to integrate these into the standards.

As part of the Disaster Risk Reduction (DRR) programme, implemented jointly with other four UN agencies (UNDP, UNICEF, UNESCO and FAO), the UNFPA CO BiH was entrusted with integration of the Minimum Initial Service Package into emergency preparedness plans of 10 selected local communities (five in FBiH and RS, each). This entailed development of 10 action plans on SRH and GBV in emergencies based on the framework documents on organization of SRH and GBV actions in emergency situations in local communities in the two entities (developed under the previous CPD).¹²⁹ The action plans were developed by relevant experts and in cooperation with locally established multidisciplinary emergency response task forces (platforms) in all 10 selected local communities. As a result of such collaboration, proposals for integration of MISP into local development strategies were developed (in absence of local emergency preparedness plans). In parallel, the UNFPA CO BiH supported training of close to 252 individuals (of which 109 health professionals, 83 non-health professionals and 49 youth)¹³⁰ on MISP in selected local communities, as a resource for local DRR task forces. This training was provided by previously trained MISP trainers,¹³¹ who were largely delegated by the entity ministries of health in BiH and who went through an elaborate process of knowledge development by the UNFPA EECA RO trainers on MISP. The CPE did not find evidence of formal integration of MISP into local preparedness plans/development strategies.¹³²

Table 10 Overview of achievement of CPD 2021-2025 indicators for Outputs 1.1 and 1.2 at the end of 2024 (source: UNFPA CO BiH document from the first quarter of 2025 used for drafting of new CPD)

Output 1.1 Capacities of health systems are strengthened for provision of youth-friendly family planning services (including access to affordable contraceptives) and prevention of reproductive illnesses, leaving no one behind.			
Indicators	Baseline	Target	End-line data
Number of primary health care providers whose capacities for provision of quality-assured, youth friendly integrated sexual and reproductive health services are strengthened	0	500	30
Number of ministries of health which adopted the Human Papilloma Virus vaccination programme	0	5	13 ¹³³
Number of health professionals having advanced capacities for using the Obstetric Surveillance and Response System	0	50	0
Output 1.2 Preparedness and disaster risk reduction capacities of governments and local institutions are strengthened to respond to gender-based violence and effectively address sexual reproductive health services in emergencies.			
Indicators	Baseline	Target	End-line data
Number of preparedness plans that integrate Minimum Integrated Service Package	0	10	10
Number of relevant local professionals trained on Minimum Integrated Service Package	45	250	252 ¹³⁴

¹²⁹ These also include annexes: Analysis of risks and vulnerabilities, Programme for institutional SRH and GBV emergency preparedness, SRH and GBV Training Plan, Database on institutions and organizations in the referral system, Globally recommended protocols for prevention and treatment of STIs, Packages for MISP implementation, Minimum set of equipment and resources for emergency medical aid, family medicine, gynaecology and obstetrics, SOP for protection of GBV survivors in primary health care, SOP for health care system's referral, SOP for non-health institutions and organizations, Dignity kits, Mental Health Centres' GBViE protocol; KIIs.

¹³⁰ UNFPA CO BiH Annual Report 2022. CPD indicator: Number of relevant local professionals training on MISP (Target: 150 male, 100 female). A total of 149 were in fact trained, according to the UNFPA CO BiH Annual Report 2022, but other UNFPA CO BiH data suggests that more individuals have in fact been trained. Data is not disaggregated by gender.

¹³¹ BiH now avails itself of a total of nine fully certified MISP trainers in relation to only one in 2019 (KIIs).

¹³² CPD indicator: Number of preparedness plans that integrate MISP (Target: 10). CPE has not found solid evidence of MISP integration into local strategic documents, although 10 policy proposals were made.

¹³³ It should be noted that the CPE did not calculate cantonal ministries (please see footnote 119) as comprehensive evidence could not be collected. However, the FBiH vaccination programme is expected to include all cantons.

¹³⁴ This figure differs from the UNFPA CO BiH Annual Report 2022 data, which is the latest report referring to MISP training (please see footnote 130).

UNFPA contribution to UNSDCF/UNFPA SP outcomes

The UNFPA CO BiH provision of training of the incumbent and future medical doctors on youth-friendly family planning services contributes to youth, women, general population, and marginalized and vulnerable groups having better quality and inclusive health service. The deployment of HPV immunization, mapping of capacities for introduction of cervical and breast cancer screening programmes, and development of clinical guidelines for maternal health contribute to prevention of reproductive illnesses. The development of MISP capacities in 10 local communities, through policy proposals and training of professionals, also contributes to preparedness of the health sector. The UNFPA CO BiH has therefore contributed to the **UNSDCF outcome indicator Coverage of essential health services under the Outcome 3: By 2025, people have access to better quality and inclusive health and social systems**. Since access to affordable contraceptives includes not only aspects of physical availability, but also the level of information that women, men, boys and girls, in all their diversity, have on the contraception availability and options, it is expected that the UNFPA CO BiH has through family planning training also contributed to the UNSDCF outcome indicator **Percentage of women (15-49 years) with family planning needs satisfied with modern methods under the same outcome**. It is not possible to quantify the UNFPA CO BiH contribution to the UNSDCF targets in relation to the baselines set.¹³⁵ However, it should be noted that UNFPA CO BiH is the only UN agency working specifically on SRHR issues, thus its uncontested UNFPA contribution in this area of intervention.

Assumption 4.3a.2. UNFPA CO BiH has contributed to the population having access to more inclusive and higher quality educational programmes focused on 21st century skills for enhanced employability, well-being and active participation in society.

***Finding 9:** UNFPA CO BiH has contributed to the population having access to more inclusive and higher quality educational programmes by increasing capacities of educational institutions on SRHR issues through the development of Healthy Lifestyles manuals for teachers and their endorsement by the ministries of education in RS and FBiH, as well as with the training of a number of teachers.*

Building on the already developed Healthy Lifestyles Curriculum for primary schools in the Sarajevo and Bosnian Podrinje cantons in FBiH,¹³⁶ the UNFPA CO BiH followed up to ensure integration of **Comprehensive Sexuality Education (CSE) into primary school curricula in FBiH and RS**. A **Handbook for Teachers on Healthy Lifestyles** was developed, and formally endorsed and promoted by the RS Ministry of Education,¹³⁷ which was followed up by training of 47 teachers¹³⁸ in the city of Banja Luka with support of UNFPA. The application of this manual has therefore started in Banja Luka schools with contents delivered as part of homeroom classes and was extended to all primary schools in the RS.¹³⁹ Two handbooks for teachers on Healthy Lifestyles were developed with the UNFPA CO BiH support in FBiH for two age groups of primary school children. Cantonal ministries of education were consulted in the development of teaching contents, while the formal promotion of the handbooks by the FBiH Ministry of Education is planned for 2025, along with dissemination across cantons.¹⁴⁰ The fact that

¹³⁵ UNSDCF evaluation (Vasseur, T. and Babović, M (2024)) reports that: "Data in the area of modern family planning, the target [25%, in relation to the baseline of 21%] was exceeded [by 16 percentage points – 41% in 2023], reflecting effective initiatives in this sector". However, it was not elaborated based on which data this calculation was made.

¹³⁶ Developed with UNFPA support under the previous CPD (Karađinović N. et al (2019)).

¹³⁷ Official announcement of the RS Republic Pedagogical Institute available at <https://www.rpz-rs.org/announcement>.

¹³⁸ UNFPA CO BiH Annual Report 2023; also see RS Pedagogical Institute news at https://www.rpz-rs.org/opcija/btg_novosti/0/1912/.

¹³⁹ KIIs.

¹⁴⁰ KIIs. CPD indicator: Number of ministries of education which adopted Healthy Life-Styles programme (Target: 7). At least two ministries of education (RS and FBiH) endorsed the programme, on top of previous endorsements by the Sarajevo and Bosnian Podrinje cantons. Cantonal ministries of education in FBiH (10 of them) have jurisdiction over school programmes, while the FBiH Ministry of Education has a standard-setting role.

the FBiH Ministry of Education cannot order integration of Healthy Lifestyles contents into curricula for schools under cantonal jurisdiction, it cannot be guaranteed that all cantonal ministries of education will integrate this content into school programmes. Training of up to 50 teachers in two cantons in FBiH is planned for 2025.¹⁴¹ The development of manuals in the two entities was not without challenges due to prevailing traditional social norms and prejudice among education professionals and policy makers toward CSE. As a result, the manuals are not as explicit as international standards and best practice would entail.¹⁴² Youth themselves did not participate in the development of teaching contents, which is a shortcoming, as content development would have benefited from evidence of youth views on integration of CSE into school curricula.¹⁴³

The UNFPA CO BiH supported secondary schools in Sarajevo, in cooperation with the Sarajevo Canton Government and its Ministry of Education, to increase awareness among school teachers and children on menstrual health and reduce stigma surrounding menstruation. The UNFPA CO BiH took an innovative and creative approach by supporting design of an interactive game Cycle (which was formally approved by the Ministry of Education as educational content and has been used as part of homeroom teaching in the Sarajevo Canton secondary schools¹⁴⁴), developing online contents on menstruation and SRH, as well as installing menstrual pads dispensers and procuring an initial batch of free pads for distribution to girls in all secondary schools in the Sarajevo Canton.¹⁴⁵

Table 11 Overview of achievement of CPD 2021-2025 indicators for Outputs 2.1 at the end of 2024 (source: UNFPA CO BiH document from the first quarter of 2025 used for drafting of new CPD)

Output 2.1 Capacities of the education system are strengthened for provision of healthy lifestyles education			
Indicators	Baseline	Target	End-line data
Number of ministries of education which adopted Healthy Life-Styles programme	2	7	6¹⁴⁶
Number of high schools involved in promoting menstrual health	0	37	37

UNFPA contribution to UNSDCF/UNFPA SP outcomes

It is evident that the capacities of educational institutions on SRHR issues have been increased with the development of Healthy Lifestyles manuals for teachers and their endorsement by the ministries of education in RS and FBiH, as well as with the training of a number of teachers. Educational programmes were also supplemented with contents on menstrual health, at least in the Sarajevo Canton. Although effective, these activities do not contribute to the UNFPA Strategic Plan 2018-2021 outcome indicator **Adolescents and youth, including marginalized adolescents and youth, are engaged in formulation of national SRH policies**, as formulated in the CPD, as there is no evidence that youth and adolescents as target groups have participated in the development of CSE curricula or other SRH policies. UNSDCF does not set a relevant outcome indicator for the **Outcome 2: By 2025, people benefit from more inclusive and higher quality educational programmes focused on 21st century skills for enhanced employability, well-being and active participation in society** that could

¹⁴¹ KIIs.

¹⁴² KIIs.

¹⁴³ Already in 2017, a UNFPA-commissioned survey on Youth Views on CSE found that the Internet was the common source of SRHR knowledge, followed by peer education, and teachers. Almost all respondents said that reproductive health should be taught at school. Youth Views on Comprehensive Sexuality Education as a Part of Formal Education (proMENTE, 2017).

¹⁴⁴ The CPE team has gained insight into the letter of the Sarajevo Canton Minister of Education to all secondary schools mandating usage of the game as part of the teaching process.

¹⁴⁵ KIIs.

¹⁴⁶ The CPE ascertained that two ministries of education (RS and FBiH) have endorsed the Healthy Lifestyles programmes (please see footnote 140). No details about endorsement by cantonal ministries have been procured, except on consultation with cantonal ministries in the process of adoption of the FBiH programme.

capture the UNFPA CO BiH contribution in this field. However, it may be concluded that the UNFPA CO BiH has, with the Healthy Lifestyles curricula development in the two entities and with menstrual health education, contributed to youth, as a population group, having access to more inclusive and higher quality educational programmes focused on 21st century skills, at least for well-being. The UNFPA CO BiH is not the sole UN agency (or other development actor) contributing to this UNSDCF outcome, however it is among rare ones specifically addressing the issues of CSE and healthy lifestyles in the education sector in BiH.¹⁴⁷

4.4. EQ3b: To what extent did the UNFPA programme contribute to strengthened capacities of youth-led civil society organizations to deliver behaviour change programmes aimed at promoting gender equality, preventing gender-based violence? (Effectiveness)

Findings summary: The UNFPA support to Girls Advance Lab (GAL) as a tool to promote youth leadership in tackling pressing social issues had wide reach but its effects on changes of attitudes, perceptions and behaviour among target groups cannot be measured. The Bodyright Initiative pursued by the UNFPA CO BiH resulted in GBV policy proposals and the developed knowledge resources and roadmaps create assumptions for further policy advocacy efforts in the area of TFGBV. The UNFPA CO BiH has continued building capacities of health care and other professionals to provide adequate services to survivors of GBV and CRSV, but this training has not yet been fully institutionalised. Clinical management of rape resources have not yet been integrated into rape crisis centres procedures. The UNFPA CO BiH directly supported CRSV survivors by financing psychosocial support and economic empowerment activities, which has been beneficial at individual level, while the effects of recent work with non-traditional partners on reducing stigma are yet to be measured. The broader results of women's empowerment initiatives by the UNFPA CO BiH cannot yet be measured as they are still at nascent stage and they depend largely on changes of legislation and business sector practices. The CPD does not formulate an adequate indicator to measure the UNFPA CO BiH contribution in the area of gender equality/GBV/women's economic empowerment. It is evident that youth CSOs have only marginally been included under the UNFPA CP BiH in promoting gender equality and prevention of GBV.

Assumption 4.3b.1. UNFPA CO BiH has contributed to stronger mutual understanding, respect for gender equality and trust among different youth and ethnic groups.

***Finding 10:** UNFPA CPD BiH does not have a specific component dedicated to gender equality/women's empowerment and GBV, and the UNFPA CO BiH has placed this work under Adolescents and Youth outcome area (and partly the Population and Development). Youth CSOs have only marginally been included under the UNFPA CP BiH in promoting gender equality and prevention of GBV. However, UNFPA CO BiH has implemented a series of broader interventions aiming at increasing respect for gender equality, most notably in the segments of GBV and TFGBV, CRSV, and women's economic empowerment.*

The UNFPA CO BiH has supported the setting up of a Girls Advance Lab (GAL) as a tool to promote youth leadership in tackling pressing social issues, such as health, education and equality. The aim has been to attract girls and young women and support them through opportunities and resources for empowerment by means of a structured mentoring system for developing innovative ideas that focus on specific youth issues and offer creative and innovative solutions in order to contribute to gender

¹⁴⁷ For example, Activities of the Young Men Initiative implemented by CARE Balkan over the past years have involved life skills education, including aspects of SRH, CSE and GBV for youth in cooperation with ministries of education in BiH. Also, UNODC in cooperation with Lions Quest has worked with cantonal ministries of education and primary schools to equip early adolescents with the necessary tools to navigate the challenges of adolescence and building resilience and self-responsiveness to the vulnerabilities typical of their age, including resilience against risky behaviours, learn to handle stressful situations, and development of social and emotional skills (<https://www.unodc.org/southeasterneurope/en/all-stories-june-2024-bosnia-and-herzegovina-empowering-adolescents-in-partnership-with-lions-quest-skills-for-adolescence.html>).

equality and GBV prevention. GAL was deployed in cooperation with the Mozaik Foundation, as an implementing partner with access to a large population of youth through its programme. In 2021, GAL resulted in seven social media and IT projects developed by several groups of girls with help of a group of selected mentors. It is reported that over 20 hours of educational content was produced for women and girls (videos, podcasts, briefs, guides, and Viber bots) to promote gender equality, combat toxic masculinity and celebrate girls' empowerment in sports, Science, Technology, Engineering and Mathematics (STEM), healthy lifestyles, menstruation, mental health, prevention of GBV, as well as countering toxic notions of femininity pushed by the beauty industry. It is reported that 50,000 girls (and women) were reached only in 2021¹⁴⁸ through GAL educational actions and contents and that GAL sparked active participation in society through creative and innovative, largely online approaches. If continued and promoted, GAL could be expected to reach wide audiences of youth and women, including potentially some marginalized and vulnerable groups. However, without evaluation of its impact in terms of changes of knowledge, views, and attitudes, it is not possible to prove GAL's effectiveness.

The UNFPA CO BiH has engaged substantively in the Bodyright initiative aimed at countering technology-facilitated GBV, recognizing that women and girls, but also LGBTQIA+ and other marginalized communities, are particularly exposed to this type of violence. The UNFPA CO BiH has worked specifically at the policy level, with significant advocacy efforts, developing a set of policy documents to localize the global Bodyright campaign in BiH. These documents included Legislative, Governance, and Advocacy roadmaps at the state and entity levels (BiH, FBiH and RS), along with a complementary Integral Governance Roadmap for BiH, which defines the steps, roles and responsibilities of various governance structures in BiH in adoption of policies to counter TFGBV.¹⁴⁹ This is an example of good practice in policy development and advocacy, providing a solid basis and clear direction for policy advocacy efforts through a comprehensive set of policy analyses, identification of responsible governance structures, and roadmaps for specific action. For example, the UNFPA CO BiH supported development of a new RS Law on Protection from Domestic Violence and Violence against Women integrating recommendations from the Bodyright Legislative Roadmap.¹⁵⁰ Furthermore, UNFPA supported individual MPs in FBiH to propose amendments to the FBiH Criminal Code to integrate TFGBV provisions.¹⁵¹ The UNFPA CO BiH advocacy efforts resulted in introduction of a significant number of stakeholders - practitioners, decision makers, youth leaders, CSO activists and media to the concept of bodily autonomy and the Bodyright campaign, through conferences, forums, development of Bodyright Glossary, and media promotion.¹⁵² The Bodyright Glossary¹⁵³ provides highly informative content and unveils nuances of TFGBV, which is vital for identification of TFGBV by individuals and institutions that can provide protection. The assumptions for continued policy development for countering TFGBV in BiH are in place as a result of the UNFPA CO BiH actions. Further targeted advocacy efforts could result in integration of various forms of TFGBV into criminal legislation and legislation for protection of individuals exposed to this type of violence, while the TFGBV glossary could be used as a very effective educational tool for youth, women, marginalized groups, teachers, police, and other professionals working on protection from TFGBV.

The UNFPA CO BiH has continued strengthening the response to GBV by building capacities of health care and other professionals to provide adequate services to survivors of GBV and CRSV. As part of the Women, Peace and Security Joint Programme implemented together with United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and International Organisation for Migration (IOM), the UNFPA CO BiH focused largely on support to GBV/CRSV survivors through

¹⁴⁸ UNFPA CO BiH Annual Report 2021, Implementing partner report 2021; KIIs. Figures relating to GAL reach were not reported in UNFPA CO BiH Annual Reports 2022 and 2023.

¹⁴⁹ Džumhur J. et al. (2022).

¹⁵⁰ KIIs; This law was not adopted, however, over political controversies.

¹⁵¹ News available at <https://n1info.ba/vijesti/krivicni-zakon-fbih-cenzura/>.

¹⁵² UNFPA CO BiH Annual Report 2022.

¹⁵³ The development of the Glossary was supported by UNFPA Serbia (<https://shorturl.at/QOD6z>).

building capacities of the health sector to respond to the needs of these groups. This has entailed capitalization on the resource packages and SOPs for response of the health sectors to GBV/CRSV¹⁵⁴ developed under the previous CPD, and their further revision and dissemination to local health centres. The continued multi-faceted training by a group of experts gathered professionals from at least 30 local health care centres from six cantons¹⁵⁵ which had not previously participated in similar training. However, **the training on health systems' response to GBV/CRSV has not been institutionalized,¹⁵⁶ and further efforts are needed for localization of SOPs in health centres.** In RS, the UNFPA CO BiH supported Training of Trainers (ToT) on the health system's response to GBV/CRSV, expanding the existing base of trainers by 12, who are expected to deliver training across RS health care facilities in 2025.¹⁵⁷ Similar ToT is expected to ensue in FBiH in 2025.¹⁵⁸

The UNFPA CO BiH has also supported training of medical professionals on clinical management of rape (CMR) including professionals from three university clinics and 12 hospitals in FBiH. A total of 42 health care workers attended the training organized in line with the FBiH CMR Guideline.¹⁵⁹ However, procedures for clinical management of rape have not yet been formalized in health care institutions in BiH.¹⁶⁰ Despite efforts of the BiH Gender Equality Agency to support establishment of rape crisis centres at university clinics (at least in FBiH), protocols for response to rape have not been established and resources have not been invested in survivor-oriented provision of services in line with international standards, most notably the Istanbul Convention and Group of Experts on Action against Violence against Women and Domestic Violence - GREVIO Committee recommendations for BiH¹⁶¹ concerning response to sexual violence. Also, the failure to integrate clinical management of rape into legislation on protection from domestic violence and violence against women in both RS and FBiH is an opportunity lost.

The direct work with GBV/CRSV survivors, through the implementing partner NGO Snaga žene, has included psychosocial support, including occupational therapy and economic empowerment activities, as well as raising awareness on the needs and challenges faced by CRSV survivors. This entailed direct support to eight shelters in BiH in provision of psychosocial and legal support, counselling and food for GBV survivors, and counselling for CRSV survivors. It is reported by the implementing partner NGO Snaga žene that a total of 153 GBV/CRSV survivors received support in and outside shelters only in 2021¹⁶² and additional 70 in 2023 and 2024.¹⁶³ In 2024, the UNFPA CO BiH engaged with non-traditional partners – largely media and journalists on changing narratives and reducing stigma in public space regarding GBV/CRSV and promoting the Women, Peace and Security agenda. The effects of this work are yet to be measured. The continuous work on strengthening the health sector and other partners to provide adequate services to GBV/CRSV survivors keeps the issue part of the public discourse and sensibilizes health care and other professionals to the specifics of work

¹⁵⁴ According to the previous CPE (Karađinović, N. et al. (2019)), by the end of 2018, two comprehensive resource packages have been produced for response of the health sectors to GBV/CRSV in FBiH and RS. In FBiH, the resource package consists of 11 knowledge and operational products including a resource pack for strengthening health sector's response to GBV, training modules and materials for health sector's response to GBV, psychosocial treatment of GBV and CRSV victims, psychosocial treatment of GBV perpetrators, the role of youth in protection from GBV in general and in crisis, treatment of GBV victims in crisis, and two protocols for treatment of GBV victims. In RS, the package consists of eight knowledge and operational products, including a resource pack for strengthening health sector's response to GBV, a resource pack for strengthening psychosocial treatment in cases of GBV, training modules for health sectors' response and psychosocial response to GBV, minimal standards for prevention and response to GBV in crisis, and protocol for treatment of GBV victims.

¹⁵⁵ KIIs.

¹⁵⁶ The UNFPA CO BiH has invested efforts in digitalizing the resources packages as knowledge products, but they have not been taken over by ministries of health for technical and financial reasons; KIIs.

¹⁵⁷ UNFPA CO BiH Annual Report 2022; KIIs.

¹⁵⁸ KIIs.

¹⁵⁹ UNFPA CO BiH Annual Report 2022.

¹⁶⁰ KIIs.

¹⁶¹ Council of Europe (2022).

¹⁶² Implementing partner report from 2021.

¹⁶³ Implementing partner report from 2023; UNFPA CO BiH Annual Report 2024.

with GBV/CRSV survivors through defined SOPs. The direct support to GBV/CRSV survivors has been beneficial at individual level,¹⁶⁴ with some survivors experiencing economic and social transformation and their children benefiting from psychosocial services too. On the other hand, work with perpetrators of GBV still requires considerable attention, which could be addressed through training of mental health professionals to deliver psychosocial treatment, amongst other measures.¹⁶⁵

In the broader area of gender equality and women’s empowerment, the UNFPA CO BiH has aimed at increasing women’s capabilities to make decisions to enter and/or remain in the labour market and fulfil their family aspirations and ensuring more gender-responsive and sustainable development, through participation in the regional project Expanding Choices: Gender-Responsive Family Policies for the Private Sector in the Western Balkans. Under this project, the UNFPA CO BiH engaged in policy analysis and development for integration of family-friendly provisions into labour legislation with the FBiH Ministry of Labour and Social Policy (synergies are established with UNICEF, which is contributing to improvement of social services legislation) in order to facilitate greater inclusion of women in the labour market and their economic empowerment as a demographic resilience measure.¹⁶⁶ The policy development and advocacy are based on the analysis of compliance of BiH legislation with the EU Directive 2019/1158 on work-life balance for parents and caregivers.¹⁶⁷ Piloting transformative actions to ensure more family-friendly work places, the UNFPA CO BiH has established cooperation with six selected companies in BiH, employing in total around 5,000 people, to develop family-friendly business policies and action plans in the business sector.¹⁶⁸ The broader results of women’s empowerment initiatives by the UNFPA CO BiH cannot yet be measured as they are still at nascent stage and they depend largely on changes of legislation and business sector practices.

Table 12 Overview of achievement of CPD 2021-2025 indicators for Output 2.2 at the end of 2024 (source: UNFPA CO BiH document from the first quarter of 2025 used for drafting of new CPD)

Output 2.2 Capacities of youth-led civil society organizations are strengthened for delivery of behaviour-change programmes aimed at promoting gender equality and preventing gender-based violence			
Indicators	Baseline	Target	End-line data
Number of communities with youth-led civil society organisations that are capacitated, resourced and well positioned to promote gender equality in Bosnia and Herzegovina	0	15	2

UNFPA contribution to UNSDCF/UNFPA SP outcomes

It is evident that youth CSOs have only marginally been included under the UNFPA CP BiH in promoting gender equality and prevention of GBV.¹⁶⁹ However, youth and women are the key target groups for the UNFPA CO BiH work in this area, including informal youth groups as part of GAL. As the CPD does not have a specific component dedicated to gender equality/women’s empowerment and GBV, the UNFPA CO BiH has placed this work under Adolescents and Youth outcome area (and partly

¹⁶⁴ KIIs.
¹⁶⁵ KIIs.
¹⁶⁶ KIIs.
¹⁶⁷ UNFPA (2023).
¹⁶⁸ This intervention can be viewed as one that is building on earlier UN Women actions for integration of Women’s Empowerment Principles (WEPs) into business of several Bosnian IT companies, although formal linkages have not been established. UN Women’s contribution is captured in the Evaluation of the IT Girls Initiative (Karađinović, N. (2021)).
¹⁶⁹ CPD indicator: Number of communities with youth-led CSOs that are capacitated, resourced and well positioned to promote gender equality in BiH (Target: 15). UNFPA CO BiH did not plan for meeting this target in AWP/RRPs before 2025, and the results cannot be quantified in relation to the target. Further indicators are added in AWP/RRP 2024 to capture other interventions under this output - Improved knowledge of medical and non-medical professionals for service-provision to conflict-affected and marginalized women, in line with the newly developed referral guidelines; Strengthened capacities of relevant stakeholders for the provision of psycho-social support to CRSV and GBV survivors; Legislative and normative framework changes to promote more gender-responsive family policies and inclusive labour markets adopted.

the Population and Development). For this reason, the designated UNFPA Strategic Plan 2018-2021 indicator **Adolescents and youth, including marginalized adolescents and youth, are engaged in formulation of national SRH policies** is not an adequate measurement. UNSDCF does not set a relevant outcome indicator for the **Outcome 2: By 2025, people benefit from more inclusive and higher quality educational programmes focused on 21st century skills for enhanced employability, well-being and active participation in society** that could capture UNFPA's contribution in this field.¹⁷⁰ It is, therefore, not possible to make conclusions to what extent capacities of youth-based CSOs to promote gender equality and GBV prevention have been strengthened, or what was effectiveness of the UNFPA CO BiH overall gender equality/women's empowerment/GBV work in relation to 21st century skills for enhanced employability, well-being and active participation in society. The UNFPA CO BiH engages in gender equality/women's empowerment/GBV interventions alongside a number of other UN agencies and other development partners, thus restricting the possibility of contribution measurement.

UNSDCF addresses gender equality under **Outcome 3: By 2025, people have access to better quality and inclusive health and social protection systems** and **Outcome 4: By 2025, people contribute to, and benefit from more accountable and transparent governance systems that deliver quality public services, and ensure rule of law**, with indicators relating to social protection and labour analysis and sector policy options with gender equality provisions to optimise social protection system performance (social protection; employment; education; and health), and to GBV and DV prevention and response. However, the UNFPA CO BiH did not, in its CPD, select these indicators, so contribution analysis is not possible.

4.5. EQ3c: To what extent did the UNFPA programme contribute to strengthening capacities of youth-led civil society organizations for delivery of behaviour change programmes aimed at promoting social cohesion? (Effectiveness)

Findings summary: The UNFPA CO BiH work with FBOs as non-traditional partners was suspended despite development of an e-module for training of members of the clergy (on the provision of psychosocial care and support for CRSV survivors). The UNFPA CO BiH worked with youth on peacebuilding through direct contact with and presence in individual local communities in BiH. Whilst youth have engaged in civic and community actions for peacebuilding and social cohesion in target communities, these actions are largely reduced to ad hoc support by external actors and are reactive to external incentives. The UNFPA CO BiH capitalized on the Youth Peer Education for Peacebuilding and Conflict Transformation Manual for Trainers in the Western Balkans and integrated this training into teaching at two universities. Virtual Youth Peace Lab (YPL) has served as a creative space for youth and peace solutions. Although the reach of these actions was significant, without meticulous monitoring of its impact in terms of changes of knowledge, views, and attitudes, it is not possible to prove YLPs effectiveness. Specific interventions were delivered through sports competitions and engaging youth with disabilities. However, these issues have not been addressed systemically to ensure more sustainable engagement of the local authorities. The UNFPA CO BiH has not worked extensively with youth-led CSOs on social cohesion issues. Still, it can be assumed that the abundance of various youth-engaging actions contributed to youth's views on reconciliation, social cohesion, and their civic participation, in cooperation with local authorities. The UNFPA may have contributed to UNSDCF outcome indicators relating to youth attitudes and levels of trust and engagement, alongside other development actors, but this contribution cannot be quantified.

Assumption 4.3c.1. UNFPA CO BiH has contributed to stronger mutual understanding, respect for gender equality and trust among different youth and ethnic groups.

¹⁷⁰ Indicators are related to pre-school enrolments, PISA levels, young people (aged 15-24 years) not in education, employment or training, and presence of working cooperation between employers and decision makers in education and training institutes.

Finding 11: UNFPA CO BiH has worked with FBOs, local communities, universities, and youth to promote peace building, social cohesion, and mutual trust, and include youth with disabilities. Youth peer education on peacebuilding and conflict transformation has high potential for effective transformation of youth views, attitudes and practices. However, whilst it is expected that UNFPA interventions contributed to youth attitudes and levels of trust and engagement, its contribution cannot be quantified beyond output indicators.

The UNFPA CO BiH has followed up on its breakthrough results¹⁷¹ achieved in cooperation with the BiH Inter-religious Council (IRC) under the previous CP and it has continued working with faith-based organizations (FBOs) on countering the legacy of war and promoting inclusive identities. This resulted in development of an e-module for training of members of the clergy (Islamic, Orthodox Christian, Catholic and Jewish) on the provision of psychosocial care and support for CRSV survivors, which was endorsed by the IRC, but was never operationalized as work with IRC was eventually discontinued.¹⁷² Some evidence of clergy involvement is found in the 2023 five special sermons delivered by Serb Orthodox Church and Catholic Church in the Una-Sana Canton and the Islamic Community in Zenica on GBV/CRSV, peace and tolerance.¹⁷³ However, this work proved to be continuously challenging, not least because FBOs are not strictly bound by recommendations of the IRC but because their effects depend largely on motivated and open individuals.

The UNFPA CO BiH has opted under the CP to approach work with youth on social cohesion through direct contact with and presence in individual local communities in BiH (15 were selected and targeted). Although CPD places focus on strengthening capacities of youth CSOs in these communities to sustain social cohesion and reconciliation in divided communities in BiH, UNFPA shifted focus on work with local authorities and informal youth groups. This decision was made following recognition that there were very few genuinely youth-led CSOs in BiH.¹⁷⁴ A wide array of assorted activities and interventions were delivered in target communities with the aim of building capacities of youth and local authorities for social cohesion. Some of these included peer peacebuilding trainings, development of promotional videos by youth for other youth visiting their communities in cooperation with tourism boards, deployment of peace board game to schools, engagement of social media influencers in social cohesion narratives, engagement of youth from neighbouring yet divided communities in joint community actions, study exchanges to promote interculturalism, marking of important dates, organization of special events engaging marginalized and vulnerable groups, among others.¹⁷⁵ This also led to building capacities of individuals working in local administrations to organize and implement actions engaging youth. However, this capacity building was largely limited to coordinators engaged with support of UNFPA in every local community and did not extend significantly to the rest of local administration and local leaders (mayors, and municipal assemblies).¹⁷⁶ Local administrations' commitment was sought in target communities by offering to them to sign pledges on social cohesion,¹⁷⁷ but this did not materialize until the end of 2024. More substantive policy work is seen only in the Sarajevo Canton, where, as a result of UNFPA's work through the implementing

¹⁷¹ A Declaration on Denouncing stigma against CRSV survivors was prepared in cooperation with IRC, and publicly signed and announced in 2017. In 2018, an IRC Manual for members of the clergy working with survivors of conflict related sexual violence was produced and promoted.

¹⁷² Cessation of funding and disruptions within IRC. UNFPA CO BiH Annual Report 2021; KIIs.

¹⁷³ UNFPA CO BiH Annual Report 2021. CPD indicator: Number of initiatives designed, driven and delivered by inter-faith groups, focused on countering the legacy of war and promoting inclusive identities (Target: 15). It is, however, not possible to quantify such initiatives from UNFPA CO BiH Annual Reports.

¹⁷⁴ UNFPA CO BiH Annual Report 2023. CPD indicator: Number of communities with youth-led CSOs that are capacitated, resourced and well positioned to sustain peace and reconciliation in divided communities across BiH (Target: 15). This target was not met due to shift from strengthening youth-led CSOs to strengthening local authorities and informal youth groups.

¹⁷⁵ UNFPA CO BiH Annual Report 2023; KIIs.

¹⁷⁶ KIIs.

¹⁷⁷ The proposal for Partner Cities' Pledge for the Prevention of Hate Speech and Promotion of Inclusive Communities includes principles of Zero Tolerance for Hate Speech, Public Awareness and Education, Inclusive Policies and Programs, Collaboration with Stakeholders, Support for Victims of Hate Speech, Capacity Building and Training, Monitoring and Evaluation, Knowledge Sharing and Learning.

partner NGO Step by Step, eight policy proposals were made by youth within the process of development of the Sarajevo Canton Youth Strategy.¹⁷⁸ Various youth NGOs in at least eight communities¹⁷⁹ were supported through capacity building and local initiatives, as reported, along with nascent actions targeting youth councils in RS and FBiH and their role in promoting Youth, Peace and Security agenda.¹⁸⁰ Whilst youth have engaged in civic and community actions for social cohesion in target communities,¹⁸¹ these actions are largely reduced to *ad hoc* support by external actors and are reactive to external incentives. Moreover, many small communities have very small youth populations (given internal migration of students) and they do not have many youth CSOs that would gather youth, so schools and individual extra-curricular activities (such as music, and sports) generally remain the meeting points for youth.

The UNFPA CO BiH capitalized on the Youth Peer Education for Peacebuilding and Conflict Transformation Manual for Trainers in the Western Balkans, which was developed in 2021 by UNFPA Albania and Regional Youth Cooperation Office (RYCO) to introduce youth peer peacebuilding training (including Bystander Intervention methods) in BiH. A network of 20 youth peer peace educators was developed (following a public call) and trained (Y-Peer Network) in 2022 and they delivered training in 2023 to close to 300 young people¹⁸² from 12 communities. It is not reported how many of these participants came from marginalized and vulnerable groups.¹⁸³ The training was also tested at the University of Bihać and University of Banja Luka (pedagogical faculties) and students improved their understanding of personal and group identity, stereotypes and prejudices, discrimination, understanding peace and violence and conflict transformation.¹⁸⁴ Post-training assessment at the University of Bihać showed that the majority of students (84,2%) stated that the training was excellent, and they mostly appreciated segments relating to emotional connection, genuine listening, and content related to prejudices.¹⁸⁵ This activity was scaled up, in cooperation with the implementing partner NGO Step by Step, to integrate the contents of the Manual into university teaching. Following adaptation of the manual contents to university rules, the regional peacebuilding manual was institutionalized as a part of the educational curricula at the pedagogical faculties of the University of Banja Luka and University of Bihać.¹⁸⁶ It is clear that Youth Peer Education for Peacebuilding methodology provides a structured approach to working with youth and has potential for reaching large numbers of relevant populations.

As part of stigma alleviation initiatives, Youth Peace Lab (YPL) was established already under the previous CP, and has served as a creative space for youth and peace solutions within three programmatic areas: Arts and Culture, Media and ICT, and Entrepreneurship. A total of eight youth teams were supported through YPL, in cooperation with UNFPA's implementing partner, the Mozaik Foundation, in 2021¹⁸⁷ and this resulted in development of a virtual corpus of creative and innovative content for youth peacebuilding, including six webisodes on building peace, 30 one-minute laboratory of peace videos, three games (board and escape room games)¹⁸⁸ for civic and democratic engagement, one digital application providing a virtual experience of war-time events to tourists and youth, one

¹⁷⁸ Implementing partner report 2023.

¹⁷⁹ UNFPA CO BiH Annual Report 2024.

¹⁸⁰ UNFPA CO BiH Annual Reports 2023, KIIs.

¹⁸¹ KIIs.

¹⁸² Implementing partner report 2023. CPD indicator: Number of youth that undergo capacity training sessions using youth peer peace methodology (Target: 500 female, 500 male). This target was exceeded, according to UNFPA CO BiH reports, reaching a total of 2,038.

¹⁸³ CPD indicator: Number of marginalized and vulnerable youth that undergo capacity training sessions using youth peer peace methodology (Target: 100 female, 100 male). According to UNFPA CO BiH Annual Reports, the number of persons with disabilities engaged is 128, including 30 coming from marginalized communities (rural, Roma).

¹⁸⁴ A total of 45 students participated at the University of Bihać and around 30 at the University of Banja Luka (Implementing Partner report 2023; KIIs).

¹⁸⁵ Implementing Partner report 2023.

¹⁸⁶ KIIs.

¹⁸⁷ Implementing partner report 2021.

¹⁸⁸ Please see <https://humanityinaction.org/gamescape>.

documentary on women raped during the war and children conceived that way, four radio show episodes complemented with “Compliment Battle”¹⁸⁹ and tutorial playlists to cover the topics of media literacy, inner peace-spirituality, art as peace promoter, and dialogue and tolerance, as well as one agricultural inter-ethnic entrepreneurship initiative. Contents were largely created by informal groups of young people and reached wide audiences. Although the reach of these actions was significant, without meticulous monitoring of its impact in terms of changes of knowledge, views, and attitudes, it is not possible to prove YLPs effectiveness.

The UNFPA CO BiH reports inclusion of marginalized and vulnerable youth in its various interventions in local communities. Specific interventions were delivered through the implementing partner Special Olympics Bosnia and Herzegovina in 15 local communities, hosting sports competitions and engaging youth with disabilities alongside other populations in the period 2021-2024. The sports events gathered the local population, CSOs, and schools – totalling around 750 participants from urban and rural areas, including Roma.¹⁹⁰ The events have contributed to raising awareness of issues of persons with disabilities and the need for their social inclusion. However, these issues have not been addressed systemically to ensure more sustainable engagement of the local authorities.¹⁹¹

Table 13 Overview of achievement of CPD 2021-2025 indicators for Outputs 3.1, 3.2 and 3.3 at the end of 2024 (source: UNFPA CO BiH document from the first quarter of 2025 used for drafting of new CPD)

Output 3.1 Capacities of faith-based organizations are strengthened to promote youth leadership and engagement in transforming the toxic legacy of war-related pain and trauma, including capacities to promote equitable and transformative views and attitudes around gender, ethnic and cultural identities.			
Indicators	Baseline	Target	End-line data
Number of initiatives designed, driven and delivered by inter-faith groups, focused on countering the legacy of war and promoting inclusive identities.	0	15	7
Output 3.2 Capacities of youth-led civil society organizations are strengthened to sustain long-term commitment and engagement to peace and reconciliation in Bosnia and Herzegovina.			
Indicators	Baseline	Target	End-line data
Number of communities with youth-led civil society organizations that are capacitated, resourced and well positioned to sustain peace and reconciliation in divided communities across Bosnia and Herzegovina	0	21	21 ¹⁹²
Output 3.3 Skills and capacities of youth strengthened for critical thinking, and youth are empowered to promote dialogue and cooperation in divided communities			
Indicators	Baseline	Target	End-line data
Number of youth that undergo capacity training sessions using youth-peer peace methodology	0	1000	2268 ¹⁹³
Number of marginalized and vulnerable youth that undergo capacity training sessions using youth-peer peace methodology	0	1400 ¹⁹⁴	1080 ¹⁹⁵

UNFPA contribution to UNSDCF/UNFPA SP outcomes

The UNFPA CO BiH has engaged inter-faith/faith-based organizations in peacebuilding and social cohesion interventions and it can be argued that capacities of these organizations were

¹⁸⁹ For example, <https://www.youtube.com/watch?v=TIgWbp8rC-o>.

¹⁹⁰ Implementing partner report 2023; KIIs.

¹⁹¹ KIIs.

¹⁹² The CPE has not found evidence for this, please see footnote 174.

¹⁹³ This figure differs from that established by the CPE, please see footnote 182.

¹⁹⁴ This figure differs from the original CPD target, please see footnote 183.

¹⁹⁵ This figure differs from that found by the CPE, please see footnote 183.

strengthened at least to some extent through the e-module for clergy on the provision of psychosocial care and support for CRSV survivors. This and other work engaging members of the clergy, but targeting youth, is also expected to have contributed to social cohesion to some extent, although these results cannot be quantified. On the other hand, the UNFPA CO BiH has not worked extensively with youth-led CSOs on peacebuilding and social cohesion issues. Still, it can be assumed that the abundance of various youth-engaging community actions contributed to youth's views on peace and reconciliation, social cohesion, and their civic participation, in cooperation with local authorities. Youth peer education on peacebuilding and conflict transformation has high potential for effective transformation of youth views, attitudes and practices, and has already reached a certain number of young people. The YLB has also had sizable reach, although it is not possible to measure to what extent it contributed to stronger mutual understanding, respect and trust among individuals and communities. For these reasons, it is assumed that the UNFPA CO BiH contributed to the **UNSDCF Outcome indicator: Self-assessed levels of trust and engagement amongst young people - Young people's (15-30) attitudes on inter-ethnic trust, cooperation, education and the media and Young people's attitudes on their civic engagement and partnership with government representatives** under **Outcome 5: By 2025 there is stronger mutual understanding, respect and trust among individuals and communities**, as identified in the CPD,¹⁹⁶ in relation to baseline, although this contribution cannot be quantified. The measurement of contribution becomes even more difficult taking into account the multitude of donor-funded projects (not least within the UN system in BiH) targeting youth, their civic participation, and social cohesion.

4.6. EQ3d: To what extent did the UNFPA programme support government entities to respond to the demographic changes through data collection and policies and regulations? (Effectiveness)

Findings summary: The UNFPA CO BiH supported statistical offices in BiH in production of statistical reports vital for understanding population dynamics and informing population and wider development policies. The UNFPA CO BiH has ensured that available statistical data on vital population matters is publicly available for the state and entity levels in BiH (Demographic Resilience Data portals, SDG portals, among others). Numerous UNFPA-supported research was used in the process of development of population strategies in FBiH and RS, which was also supported by the UNFPA CO BiH. One municipal population strategy was developed and adopted in RS, while entity strategies are awaiting adoption by relevant governments. As a demographic resilience measure, in line with drafted population development strategies, the UNFPA supported pilot initiatives to train economically inactive and long-term unemployed women and support their employment. Further systemic measures for women's employment as a demographic measure for building human capital are needed. The provision of evidence base for policy development is expected to have contributed to UNSDCF Outcome 4: By 2025, people contribute to, and benefit from more accountable and transparent governance systems that deliver quality public services, and ensure rule of law. The UNFPA SP 2018-2021 indicator: BiH conducted at least one population and housing census during the last 10 years has not been reached.

Assumption: 4.3d.1. UNFPA CO BiH has contributed to the population having access to more accountable and transparent governance systems aimed at delivering quality public services and ensuring the rule of law.

***Finding 12:** UNFPA CO BiH has extensively supported the statistical offices in BiH in data collection, analysis and dissemination, and has made population data widely available for purposes of research, evidence-based policy development, and transparency. Data*

¹⁹⁶ It is unclear why the UNFPA CO BiH has not selected more suitable indicators under UNSDCF Outcome 5, e.g. No. Young people participating in community-level initiatives that promote dialogue, social cohesion and appreciation of diversity, for clearer attribution.

collected, processed and analysed by statistical offices in BiH, with support of the UNFPA CO BiH, has been used specifically for development of population policies in BiH's two entities.

The UNFPA CO BiH has continued to support statistical offices in BiH in production of statistical reports vital for understanding population dynamics and informing population and wider development policies. Population Situation Analysis¹⁹⁷ and Population Projections¹⁹⁸ had been developed for the first time in BiH under the previous CPD, and the UNFPA CO BiH followed up on this work by supporting development of updated Population Projections and calculating the effects of demographic changes on the provision of public services in health care, education and pension sectors. This included capacity building of individual staff of BiH, RS and FBiH statistical offices through elaborate internationally-provided training, to apply new methodologies and improve existing methodological frameworks, as well as increase their data processing and analysis skills.¹⁹⁹ Pertinent research has indicated inauspicious population trends in terms of decreasing fertility rate, increasing emigration, reduction in the size of working population, aging of population, and consequently increasing public health, education, and pension expenditures, threatening also deterioration of access to health, quality of education, increasing violence and deteriorating security situation, as well as increasing marginalization of population groups and their vulnerabilities. The UNFPA CO BiH has, through its work, made relevant population data available to policy makers and created evidence for informed policy development and policy advocacy. Research findings on the effects of demographic changes on the provision of public services in health care, education and pension sectors are expected to represent vital inputs for the development of the state or entity strategies and policies. However, this depends on a number of factors, not least political willingness and public administrations' commitment to development of evidence-based policies.

In order to make population statistical data (from the Population Situation Analysis and the Population Projections) widely and easily available,²⁰⁰ in digitized form, for use by researchers and policy makers, the UNFPA CO BiH has worked with the statistical offices in BiH and public health institutes to produce the first Demographic Resilience Data platforms (one at state level and two at the level of entities²⁰¹) by providing methodological and technological support. These portals are interactive and easy-to-use online tools offering a considerable amount of up-to-date statistical data across the domains of population, census, health, social protection, education, economy, labour force and living standard, and violence. The platforms are owned by the statistical offices, while the UNFPA CO BiH still provides maintenance support due to a shortage of in-house IT expertise in the statistical institutions.²⁰² The UNFPA CO BiH has ensured that available statistical data on vital population matters is publicly available for three jurisdictions.

The UNFPA CO BiH has also supported the statistical offices in BiH in development of SDG portals.²⁰³ These portals provide information by individual SDG indicators, which is regularly updated, and represents a valuable source of information for monitoring progress in achieving the 2030 Agenda.

The UNFPA CO BiH has worked further on strengthening capacities of all three statistical institutions in the country to produce the National Transfer Accounts (NTA)²⁰⁴ and offer data to policy makers and other interested audiences for better understanding of financial transfers per age profiles and

¹⁹⁷ SeConS and UNFPA (2019).

¹⁹⁸ Federalni zavod za statistiku (2020). [Institute for Statistics of FBiH (2020).] and Republika Srpska Institute of Statistics (2020).

¹⁹⁹ KIIs.

²⁰⁰ CPD indicator: Publicly available population projections and other statistical data at national and subnational levels, disaggregated by age, sex, location (Target: Yes). This indicator was met with establishment of Demographic Resilience Data platforms for BiH and the entities.

²⁰¹ Available at <https://pdo.bhas.gov.ba/> for BiH, <https://pdo.fzs.ba/> for FBiH, and <https://pdo.rzs.rs.ba/> for RS.

²⁰² KIIs.

²⁰³ Available at <https://sdg.rzs.rs.ba/> for RS and at <https://sdg.fzs.ba/> for FBiH.

²⁰⁴ Halilbašić, M. (2024).

calculation of life-cycle deficit. The statistical offices' staff received training on development of NTA to perform calculations of data on demographic structures in relation to their impact on public finances.²⁰⁵ NTA resulted in data sets and analysis of data, which yielded specific policy recommendations. For example, it was found, based on NTA, that considerable labour income, as well as a surplus over consumption, is generated for a relatively short period of time in the life cycle in BiH, that socialisation of care for the youngest and the oldest is at a relatively low level, that period in the life cycle when no deficit is recorded between consumption and labour income is relatively short, and that children and youth's deficit is funded primarily through private transfers, and that of older people through public transfers. NTA identifies policy implications and provides further evidence of informed policy development in BiH.

Apart from research conducted directly in cooperation with statistical offices for purposes of informing policy development in BiH, the UNFPA CO BiH engaged in its own research of specific population matters revealing population dynamics and informing population development. For example, the UNFPA CO BiH conducted the *Survey on Youth Emigration*,²⁰⁶ which showed that almost half of young people (18-29) would like to leave the country in the subsequent 12 months. The survey also revealed youth's views and status concerning employment opportunities, family dependencies, confidence in institutions, social cohesion factors, among others. More specifically, the survey yields profile characteristics of an average young person, aged 18-29, from BiH, who is more likely to consider emigrating from the country. The UNFPA CO BiH has also participated in implementation of the regional *Survey on Loneliness and Social Isolation among Older People in the Eastern Europe and Central Asia Region*,²⁰⁷ which found that 79% of older people were at least moderately lonely, with 18% being extremely lonely, identifying four primary contributors to loneliness in the population: lack of tangible support, social network size, social support and social confidence. This survey also provides recommendations for policy development and relevant programmes, including not only development of healthy ageing policies, establishment of healthy ageing centres, which UNFPA has contributed to under the previous CPD, but also programming for all ages to emphasize healthy ageing throughout the lifespan with a focus on preventative measures and to promote intergenerational networks and volunteerism. This aligns with findings of the Population Projections and NTA mentioned above, and it reinforces the need for continued considerations of health ageing. UNFPA has therefore created assumptions for adequate understanding among relevant stakeholders on benefits of healthy and active ageing to population development.²⁰⁸ The UNFPA CO BiH has generally relied on youth and loneliness survey findings, along with other sources, in its advocacy efforts relating to population policies. However, the responsibility for usage of available data for informed policy making lies with government authorities in BiH.

The UNFPA CO BiH provided technical support to RS and FBiH governments in development of population strategies. Entity working groups were established and they worked on the basis of situation analyses' findings, using also inputs from UNFPA-supported surveys.²⁰⁹ The population policy development was also informed by lessons learned from the women's empowerment project, which distinguishes a large population of women who are inactive or long-term unemployed in the labour market as an asset to socio-economic development and demographic resilience. The draft strategies have not yet been adopted by entity governments.²¹⁰ In the meantime, UNFPA also supported development of the City of Banja Luka Population Strategy, which was adopted by the Banja Luka City

²⁰⁵ Kils.

²⁰⁶ UNFPA, proMente and Ipsos (2021).

²⁰⁷ Keck, T. (2022).

²⁰⁸ CPD indicator: Adequate understanding among relevant stakeholders on benefits of healthy and active ageing to population development (Target: Yes). This target was achieved with the provision of Survey on Loneliness and its recommendations.

²⁰⁹ Kils.

²¹⁰ CPD indicator: Entity-level evidence-based population policies developed (Target: Yes). This indicator was met with the development of draft RS and FBiH population strategies.

Assembly and which prioritizes promotion of family and parenthood, material and non-material support to families with children, reconciliation of family and professional life, and improvement of reproductive health. This is combined with envisaged measures for health improvement through prevention and screening programmes for middle-aged and older population, and support for families caring for their older members, flexible retirement conditions to allow for longer presence in the labour market, and enhancing capacities for service provision to older persons through health ageing centres and other solutions.²¹¹ The development of the strategy was preceded by a population survey, which indicated low desired fertility among the population in prime reproductive age due to economic insecurity, political insecurity, and absence of work flexibility. The UNFPA CO BiH support for the authorities in RS and FBiH to draft population strategies revealed that the governments prioritize measures for stabilization of fertility levels and support to families with children/parenthood, but also consider the importance of economic empowerment measures as factors of population stabilization.

With a view of strengthening human capital, the UNFPA CO BiH has engaged in modelling initiatives for women's empowerment that would directly contribute to their upskilling and employment as a population development measure. Women's economic empowerment was previously supported by the UNFPA CO BiH only as a measure for GBV prevention and for support to GBV/CRSV survivors. With new measures aiming at socio-economic development, building of human capital, and population development, the UNFPA CO BiH has entered into a new area of interventions in BiH, linking gender equality and demographic measures. For this purpose, under the Population Development outcome area, the UNFPA CO BiH supported, through the implementing partner Mozaik Foundation, organisation of on-the-job training for women with pre-school children in cooperation with the private sector and women of the age 40-49. As a result of this training in 2023, 29 women with pre-school children received training while working in private company dm drogerie markt ltd, their 23 children were placed in child care institutions for the duration of the training. Six women remained in employment with dm drogerie markt ltd.²¹² Also, in 2024, 24 women aged 40-49 participated in the programme. Evaluation of the 2024 programme showed high satisfaction of participants with the quality of the programme and they emphasized that their work experience at dm drogerie markt ltd significantly contributed to increasing their self-confidence and life satisfaction.²¹³ Broader results of the women's economic empowerment initiatives cannot yet be measured as they are only in the piloting and nascent phase, while further systemic measures for women's employment as a demographic measure for building human capital are needed.

As part of women's empowerment interventions, two round tables were organised in cooperation with RS²¹⁴ and FBiH²¹⁵ associations of employers in order to present lessons learned to other employers and to relevant government institutions. One of the main conclusions from the round tables was that women, as the majority of unemployed and inactive population in the country, represent a significant potential for development, while certain measures were proposed, including measures for reconciliation of family and professional life. This initiative with associations of employers is only an example of potential cooperation with these associations,²¹⁶ which gather large membership of employers – as a forum of transfer of good practices in women's economic empowerment and family friendly work policies. Moreover, the associations have also demonstrated engagement in wider population development issues, including research on the effects of demographic changes on

²¹¹ Grad Banja Luka (2023). [City of Banja Luka (2023.)]

²¹² proMENTE and UNFPA (2023).

²¹³ proMENTE (2024).

²¹⁴ Please see RS Employers' Union news at <https://unijauprs.org/odrzan-okrugli-sto-integracija-zena-u-svijet-rada-problemi-i-rjesenja/>.

²¹⁵ Please see FBiH Association of Employers news at <http://www.upfbih.ba/upfbih-i-unfpa--oko-pola-miliona-zena-u-bih-nema-vlastite-prihode-i-njih-treba-hitno-ukljuciti-u-trz.>

²¹⁶ KILs.

economic growth and sustainability of the social protection system,²¹⁷ which could be an asset in population development policy development and implementation.

Table 14 Overview of achievement of CPD 2021-2025 indicators for Output 4.1 at the end of 2024 (source: UNFPA CO BiH document from the first quarter of 2025 used for drafting of new CPD)

Output 4.1 Government institutions and other relevant stakeholders have adequate understanding of population issues and capacities for data collection and development of evidence-based population policies and legislation			
Indicators	Baseline	Target	End-line data
Entity-level evidence-based population policies developed	0	2	2
Publicly available population projections and other statistical data at national and subnational levels, disaggregated by age, sex, location	No	Yes	Yes
Adequate understanding among relevant stakeholders on benefits of healthy and active ageing to population development	No	Yes	Yes

UNFPA contribution to UNSDCF/UNFPA SP outcomes

The focus of Population and Development activities has been on strengthening the capacities of government authorities and other relevant stakeholders for data collection, analysis and dissemination, and development of evidence-based population policies in BiH. In addition, the focus of the UNFPA CO BiH work has been on achieving the country's demographic resilience by strengthening human capital, in line with UNFPA's regional Demographic Resilience Programme²¹⁸ developed in 2021. However, this work has not been accounted for under the CPD. It is evident that the work on securing relevant data on population matters (population projections and effects of demographic changes on the provision of public services in health care, education and pension sectors, NTA, youth emigration survey, and survey on loneliness) and making them widely available has contributed to understanding of government institutions and other relevant stakeholders of population issues, as well as building capacities of statistical offices and other institutions for data collection and processing. Available data has also contributed to development of evidence-based population policies in both entities and development and adoption in one city. It is assumed that provision of evidence base for policy development has contributed to **UNSCDF Outcome 4: By 2025, people contribute to, and benefit from more accountable and transparent governance systems that deliver quality public services, and ensure rule of law**, as envisaged by the CPD. However, the **UNFPA SP 2018-2021 indicator: BiH conducted at least one population and housing census during the last 10 years** has not been reached. It is unclear why this indicator was selected given that the UNFPA CO BiH has not envisaged working on the issue of census and cannot contribute to its implementation due to a variety of factors, technical and political. The UNFPA CO BiH work on the economic empowerment of women and family-friendly work policies cannot be accounted for under the pertinent UNSDCF outcome, as it had not been envisaged by the CPD.

²¹⁷ The RS Union of Employers has also engaged in EU-funded research on effects of demographic trends on economic growth and sustainability of the social protection system. Unija poslodavaca Republike Srpske [RS Union of Employers] and EISE (2023).

²¹⁸ More information available at https://eeca.unfpa.org/sites/default/files/pub-pdf/2024-10/224_DemRes%20Brochure_2024%20Update_Print_r1.pdf.

4.7. EQ3e: To what extent UNFPA contributed and provided SRH and GBV response services to the migrant/refugee population in temporary reception centres across the country? (Effectiveness)

Findings summary: The UNFPA CO BiH has played a vital role in provision of emergency GBV and SRH services to both women and men, boys and girls in Temporary Reception Centres (TRCs). The content, availability and regularity of services provided by UNFPA indicate adequate timeliness, coverage, and effectiveness of GBV, SRH and other services for different categories of migrant population. The knowledge and capacities of the UNFPA CO BiH to provide emergency response in emergency situations was proven in the case of October 2024 devastating floods in Jablanica and Konjic municipalities.

Assumption: 4.3e.1. UNFPA CO BiH responded to emergency situations in quality and timely fashion to support migrant/refugee population in temporary reception centres.

***Finding 13:** The UNFPA CO BiH has played a vital role in timely and comprehensive provision of emergency GBV and SRH services to both women and men, boys and girls in Temporary Reception Centres (TRCs).*

The UNFPA CO BiH has provided humanitarian response since the onset of the migrant crisis in 2018 and has played a vital role in provision of humanitarian GBV and SRH services to both women and men, boys and girls in Temporary Reception Centres (TRCs). In the period covered by this CPE, Women and Girls Centres (WGCs) and Boys and Young Men Centres (BYMCs) established by UNFPA in TRCs have been continuously providing psycho-social support, SRH and GBV services, and empowerment activities for migrant women and girls and boys and young men, along with supply of dignity items.²¹⁹ Psycho-social support has been provided by UNFPA-contracted psychologists based on UNFPA's Mental Health and Psychosocial Support programme (MHPSS), and it has included individual and group sessions to provide psychological assistance and build mental resilience of vulnerable populations. GBV and SRH services have been provided by the UNFPA-contracted coordinators and consultants (gynaecologists, and urologists) in cooperation with health care and other institutions in Sarajevo and Bihać. This entailed establishment of continuous cooperation between UNFPA staff and these institutions, which was built on the GBV SOP and referral mechanisms established earlier.²²⁰ SRH services include medical check-ups, provision of treatment, assistance in pregnancies and terminations, if necessary, consultation and family planning services. Empowerment activities have been ensured through UNFPA-contracted empowerment officers. These activities have included a variety of life-skills building sessions (e.g. based on the Boys on the Move methodology and similar resource for women and girls on the move²²¹), including creative workshops, awareness raising sessions, and trainings, among others.

The CPE on-site visits to TRCs Borići and Lipa have confirmed capacities of WGCs and BYMCs, and exceptional engagement of staff with the affected population in order to provide good quality services adapted to the needs of vulnerable populations.²²² The WGCs and BYMCs have been created as safe spaces for users, taking into account their multiple vulnerabilities, not least their exposure to GBV and other types of violence, their sexual orientation, age (particularly unaccompanied minors and women/families with children), disability, and need for SRH services and psycho-social support while on the move. The centres have regular working hours and are envisaged as walk-in centres, safe for activities planned by specific timetables. They are visible to users and well-marked, although they may

²¹⁹ KII, site visits.

²²⁰ For example, Standard operating procedures (SOPs) for treatment of gender-based violence (GBV) victims had been developed in cooperation with the Una-Sana Canton Ministry of Health and Social Policy and the authorities of the Sarajevo Canton.

²²¹ Vujović, S. and Pezerović, A. (2022a).

²²² An informal conversation with two Cuban families in one TRC indicated high satisfaction with UNFPA staff and services.

not provide enough discretion in sensitive cases²²³. The staff speak several languages of users' countries of origin, or have learned new languages through communication with users. Provision of services has proven to be challenging for the UNFPA field staff under circumstances of humanitarian crisis, given multiple vulnerabilities of the affected population, and it has demonstrated a need for continuous support to service providers too. UNFPA staff have reacted and provided assistance in a number of life-threatening situations for the affected population too, largely involving GBV and SRH needs of individuals on the move.²²⁴ The content, availability and regularity of services provided by UNFPA indicate adequate timeliness, coverage, and effectiveness of GBV, SRH and other services for different categories of migrant population.

The knowledge and capacities of the UNFPA CO BiH to provide response in emergency situations was proven in the case of October 2024 devastating floods in Jablanica and Konjic municipalities.

The UNFPA CO BiH team has been able to react swiftly and GBViE Programme Manager and EECA RO GBViE Specialist were deployed to affected areas, to conduct a rapid GBV assessment to identify the needs of the affected communities.²²⁵ Preliminary findings from UNFPA's GBV Rapid Assessment revealed that displacement, loss of households and livelihoods, privacy, security, social networks, and access to vital services, coupled with increased stress and trauma, are creating a fertile ground for a surge in GBV, particularly intimate partner violence, sexual violence, and sexual exploitation and abuse. Based on these findings, GBV and SRH intervention priorities were identified and subsequently mainstreamed into UNCT emergency response. UNFPA also deployed a GBV case worker and a psychologist working in the mixed migration response to provide specialized services to women and girls affected by the floods and landslides. The UNFPA CO BiH has procured and delivered 400 Dignity Kits in affected areas.²²⁶ This intervention shows replication of knowledge and skills from response to migrant crisis to a different emergency situation, which also confirmed the necessity for integration of MISP into local emergency preparedness plans for adequate response of local authorities and services.

4.8. EQ4: To what extent migrants/refugees facing life threatening suffering have been reached by UNFPA humanitarian actions? (Coverage)

Findings summary: As part of its humanitarian response to the migrant crisis in BiH, the UNFPA CO BiH has provided GBV and SRH services to female and male migrants in Temporary Reception Centres (TRCs) in Bihać and Sarajevo. This proves full coverage of migrant centres by UNFPA services in BiH. Numbers indicate a significant reach of UNFPA-provided services. WGCs and BYMCs have assisted the refugee/migrant population who experienced multiple marginalization and vulnerabilities, in line with the LNOB principle. Humanitarian response by UNFPA, or other UN agencies, has not been integrated as part of the UNSDCF, as it is considered a humanitarian action, not development. However, UNFPA has taken measures to transfer knowledge and build capacities of local institutions to continue providing GBV response following transition to state-facilitated migration management.

Assumptions: 4.4.1. UNFPA CO BiH has succeeded in reaching a sizable population of migrants/refugees facing life-threatening suffering through its humanitarian actions.

***Finding 14:** As part of its humanitarian response to the migrant crisis in BiH, the UNFPA CO BiH has made GBV and SRH services available to all female and male migrants in Temporary Reception Centres (TRCs) in Bihać and Sarajevo, including those facing life threatening suffering. An overview of services and number of recipients in WGCs and BYMCs shows significant reach of UNFPA-provided services.*

As part of its humanitarian response to the migrant crisis in BiH, the UNFPA CO BiH has provided GBV and SRH services to female and male migrants in Temporary Reception Centres (TRCs) in Bihać

²²³ Site visits.

²²⁴ KIIs.

²²⁵ KIIs.

²²⁶ UNFPA CO BiH Annual Report 2024.

and Sarajevo. This initially included seven TRCs (Bira, Borići, Miral, Lipa, Sedra, Ušivak and Blažuj), which were opened in BiH at the onset of the migrant crisis. Three TRCs (Bira, Sedra, and Miral) were closed in 2020, 2021, and 2022, respectively, so UNFPA continued to work in the remaining four TRCs. WGCs and BYMCs were established and have been operational in four TRCs (Borići and Lipa in Bihać, and Ušivak and Blažuj in Sarajevo). This proves full coverage of migrant centres by UNFPA services in BiH.²²⁷ An overview of services and number of recipients in WGCs and BYMCs (which is given in the Evaluation Matrix) shows significant reach of UNFPA-provided services.

WGCs and BYMCs have also assisted the refugee/migrant population who experienced multiple marginalization and vulnerabilities, in line with the LNOB principle. For example, it is reported that in 2023, the centres in Sarajevo and Bihać assisted 39 persons from the LGBTQIA+ community,²²⁸ while there are also reported cases of assistance to women and men with disability. Survivors of GBV are accounted for in the overall numbers too. Additionally, the UNFPA CO BiH has, in collaboration with the BiH Service for Foreigners' Affairs (SFA) and IOM, operated the Green Zones in TRC Blažuj and TRC Lipa, ensuring that young male residents (ages 18-20) have access to protection-sensitive accommodation and services.²²⁹

However, figures show that there has been a decrease in the number of users of WGCs and BYMCs over the past years. While in 2021 the centres provided double the number of services in relation to the number planned, due to high numbers of migrants in TRCs, the numbers have decreased progressively in subsequent years. This is a result of the changing nature of migration and the duration of stay of migrants in TRCs.²³⁰ Migrants do not tend to stay as long as before in TRCs, which affects the possibility for effective provision of services, save for satisfaction of immediate needs. Nevertheless, visits to WGCs and BYMCs are still regular, although by fluctuating numbers of users. The decrease in the number of migrants and their shorter stay in TRCs indicates a need for reconsideration of the design of humanitarian response by UNFPA and potential shifts to more robust and structured knowledge transfer and capacity building of local institutions.

Assumption 4.4.2. UNFPA CO BiH has a clear plan for transition from humanitarian to development assistance.

***Finding 15:** UNFPA has taken measures to transfer knowledge and build capacities of local institutions to continue providing GBV response following transition to state-facilitated migration management, although humanitarian response by UNFPA, or other UN agencies, has not been integrated as part of the UNSDCF.*

Humanitarian response by UNFPA, or other UN agencies, has not been integrated as part of the UNSDCF, as it is considered an humanitarian action, not development. For this reason, no linkages are established between the UNFPA CO BiH humanitarian actions and wider development goals for the country. The UNFPA CO BiH has therefore engaged in efforts to transfer responsibility for migration management and service provision to migrants in TRCs to the authorities in BiH.²³¹ UNFPA took an active role during the preparatory meetings for the first Transition meeting to be held by the EU Delegation to BiH, UN agencies and relevant state ministries in the direction of strengthening the process of transition to state-owned response. However, the handover to the authorities has been slow due to lack of a mutually agreed transition plan at the level of authorities in BiH.²³²

²²⁷ KIIs.

²²⁸ UNFPA CO BiH Annual Report 2023.

²²⁹ UNFPA (2024).

²³⁰ For more information on numbers, age and gender, and duration of stay of migrants over time, <https://bih.iom.int/situation-reports>.

²³¹ The transition towards a state-led management of the mixed migration response foresees a gradual transfer of the responsibility of camp management and assistance to migrants, asylum seekers and refugees, to the government, by providing technical support, capacities, tools, and resources to strengthen government ownership of the response.

²³² Please see the news from 2023 (<https://www.eeas.europa.eu/delegations>) and 2024 (<https://n1info.ba/radna/skupina>). Humanitarian actors and partners are still awaiting to receive the State Transition strategy which will help guide involved

UNFPA has taken measures to transfer knowledge and build capacities of local institutions to continue providing GBV response following transition to state-facilitated migration management. The UNFPA CO BiH has worked largely with local health care sector in provision of services and development of GBV response procedures, collaborating mostly with four local health centres across the Sarajevo and Una-Sana cantons to provide comprehensive SRH services, including specialized support for pregnant women, and comprehensive response in GBV cases.²³³ For example, in 2023, UNFPA provided GBV training sessions for SFA personnel from TRC Lipa with a view of strengthening capacities and knowledge on standard operating procedures, referral pathways and GBV case management. Further, in 2024, UNFPA organized GBV training sessions for medical and public health staff in the Una-Sana and Sarajevo cantons for transition of medical screening services and making sure that relevant staff are equipped with knowledge to recognize and address GBV effectively. Participants were introduced to GBV concepts and referral mechanisms for reporting violence in TRCs, empowering frontline service providers to take concrete actions within their professional roles to respond effectively to GBV.²³⁴

Transition efforts are also aided by development and presentation of a number of resource documents and guidance notes on development and implementation of humanitarian GBV and SRH response in migrant settings over the past years in BiH.²³⁵ The staff contracted by UNFPA to provide GBV, SRH, psychosocial and empowerment services represent a pool of experienced individuals who can contribute to the transition of WGC and BYMC activities to the Service of Foreigners' Affairs and other local actors. By handing over knowledge and powers to local authorities, the UNFPA CO BiH would contribute to overall development and effectiveness of health care and other institutions, thus contributing to the developmental goals of access to health for all, in line with the LNOB principle.

4.9. EQ5: To what extent UNFPA humanitarian actions complement actions of other relevant government and UN stakeholders in supporting migrants/refugees? (Connectedness)

Findings summary: UNFPA and other UN agencies - IOM, UNICEF and United Nations High Commissioner for Refugees (UNHCR), along with other partners, including the Danish Refugee Council and Save the Children, have engaged in providing mixed migration response, each within their mandates and areas of intervention. Inter-agency coordination meetings and day-to-day communication between agencies involved has ensured that every agency acts within its own mandate and area of responsibility, thus minimizing risk of duplication.

Assumption 4.5.1. UNFPA emergency actions complement actions of other relevant government and UN stakeholders in supporting migrants/refugees

***Finding 16:** UNFPA CO BiH has acted in unison with other UN and other agencies to provide mixed migration response on the basis of clearly defined mandates and with minimized risk of duplication. UNFPA has acted within its specific GBViE and SRHR mandate, thus complementing other service provision to migrants.*

Inter-agency coordination meetings and day-to-day communication between agencies involved has ensured that every agency acts within its own mandate and area of responsibility, thus minimizing risk of duplication. Migration management has been a demanding task for UN agencies and the

humanitarian agencies in the progressive transition of key responsibilities to local, cantonal, and state authorities/institutions in BiH.

²³³ KIIs.

²³⁴ UNFPA (2024).

²³⁵ For example, Vujović, S. and Pezerović, A. (2022a), Vujović, S. and Pezerović, A. (2022b), Vujović, S. and Pezerović, A. (2022c) and Vujović, S. and Pezerović, A. (2022d).

authorities in BiH since the onset of the migrant crisis in 2018.²³⁶ The IOM Mission in BiH has largely supported the authorities in BiH to effectively manage a protection-sensitive reception system that is in line with international standards and that provide living conditions where the dignity of those accommodated is maintained and their basic needs met.²³⁷ UNFPA and other UN agencies - IOM, UNICEF and UNHCR, along with other partners, including the Danish Refugee Council and Save the Children, have engaged in providing mixed migration response, each within their mandates and areas of intervention. The UNFPA CO BiH has participated in migration working groups at the level of UN agencies²³⁸ and other partners in the field.

4.10. EQ6: To what extent UNFPA has made good/reasonable use of its human and financial resources to achieve results? (Efficiency)

Findings summary: The UNFPA CO BiH invested the most resources in GBV/GE outcome area (including humanitarian action), followed by SRHR, Youth/Social cohesion, and PD outcome areas. Resources invested in most outputs are largely proportional to the effects made and reach achieved. Majority of outputs were delivered in line with the timeframes planned by AWP/RRPs. The UNFPA CO BiH was highly successful in external resource mobilization. The UNFPA CO BiH has a high budget execution rate (more than 90% at annual level). The UNFPA CO BiH applied a variety of engagement modes - advocacy and policy dialogue, knowledge management, capacity development, service delivery, and partnerships, tailored to individual outputs and by relying on good use of core and external staff (local and international) and a good selection of implementing partners.

Assumption 4.6.1. UNFPA CO BiH has made good use of its human and financial resources to pursue the achievement of results defined in CPD.

***Finding 17:** The UNFPA CP BiH expenditure summary from 2021 through 2023 is indicative of high execution rate averaging 92.7%. The biggest resources were invested in the GBV/GE outcome area (includes humanitarian action), followed by SRHR, Youth/Social cohesion, and PD outcome areas. UNFPA has made good use of its human resources – core staff and well-selected consultants and implementing agencies. Most activities were delivered within the timeframes planned, albeit frequent changes of AWP/RRPs.*

The overall expenditure of the UNFPA CP BiH budget from its beginning in 2021 up to the beginning of December 2024 was 7,147,252.58 USD, compared to the available budget of 8,028,450 USD (for the period 2021-2024).²³⁹ The CP expenditure summary from 2021 through 2023 is indicative of high execution rate averaging 92.7% for the observed period. The highest expenditure rate was achieved in 2021: 96.8%, while lower expenditure rates were recorded in the subsequent years: 2022: 90.2%; 2023: 90.8%²⁴⁰; and 2024 (until the beginning of December 3): 84.05%. Expenditures by individual CP outputs are presented in the table below.

Table 15 Overview of planned CP budget and expenditures, 2021-2024, by outputs

Outcome area	Output No.	Budget (USD)	Expenditure (USD)	Execution level (%)
SRHR	Output 1.1	647,264.56	611,560.19	94.48
	Output 1.2	796,796.13	645,981.12	81.07
	Output 2.1	452,890.79	438,025.04	96.72

²³⁶ KIIs.

²³⁷ Please see <https://bih.iom.int/migration-management>.

²³⁸ KIIs; The Mixed Migration Group led by IOM and consisting of UN agencies, Red Cross, and implementing partners meets quarterly and is attended by agencies' managers. Interagency meetings at BiH level are held on a monthly basis, under leadership of IOM and UNHCR, and are attended by technical staff. There are also specific cantonal inter-agency meetings, held, for example, in the Una-Sana Canton.

²³⁹ UNFPA CO BiH Financial Reports 2021, 2022, 2023, 2024.

²⁴⁰ It should be noted that the UNFPA CO BiH also has multi-year projects, apart from core funds distributed by years. This implies that expenditure rates should not necessarily be viewed only at annual level but for the whole project duration.

	Total SRHR	1,896,951.48	1,695,566.35	89.38
GBV/GE	Output 2.2	2,906,174.33	2,652,158.30	91.26
	Total GBV/GE	2,906,174.33	2,652,158.30	91.26
Youth/Social cohesion	Output 3.1	36,855.81	36,529.55	99.11
	Output 3.2	618,951.67	515,598.80	83.30
	Output 3.3	683,614.57	570,814.71	83.50
	Total Youth/Social cohesion	1,339,422.05	1,133,943.06	84.66
Population Dynamics	Output 4.1	1,031,785.62	956,328.51	92.69
	Total PD	1,031,785.62	956,328.51	92.69
TOTAL outputs		7,174,333.48	6,437,996.22	89.74
TOTAL CP budget ²⁴¹		8,028,450	7,147,252.58	89.02

It is clear from the table above that the biggest resources were invested in the GBV/GE outcome area (this outcome area includes humanitarian action), followed by SRHR, Youth/Social cohesion, and PD outcome areas. This is somewhat conflicting, given that the UNFPA CPD BiH 2021-2025 establishes focus on Youth and Adolescents, and Population and Development outcome areas, and it, in fact, shows that the UNFPA CP BiH in fact maintained its previous outcome structure (SRHR, GBV/GE, Youth and Adolescents, and PD) rather than focusing on two specific outcome areas. The resourcing and expenditures show that the delivery of the CPD is in fact steered by available resources, as they are raised from external donors, and that consistency between planning and actual implementation is not guaranteed. There were, therefore, numerous revisions of AWP/RRPs, as explained below. The UNFPA CO BiH work depends on external resources, which often calls for an adaptive approach and compromises in relation to initially set priorities.

The funds allocated to Output 1.1 were largely spent on training of medical professionals for provision of youth-friendly family planning services, cervical cancer prevention campaigns and advocacy, and further development of maternal health clinical guidelines, which have resulted in a significant reach of trainees and potential for effectiveness. Under Output 1.2 funds were utilised mainly towards MISP integration into humanitarian preparedness plans and MISP training, which has contributed to building of individual professional capacities, but has not effectively materialized in local preparedness planning and delivery. The funds allocated to Output 2.1 were considerable in relation to production of three Healthy Lifestyles teacher manuals and supply of hygiene pads for menstrual health awareness in one canton in FBiH. Numerous GBV/GE actions were funded under Output 2.2, which also includes humanitarian action in TRCs in Bihać and Sarajevo. The humanitarian response part of the Output 2.2 budget is significant (close to 2 million USD) and proportional to the results achieved. Other GBV/GE interventions under this output are assorted, the effects of some of them are difficult to measure (e.g. Girls Advance Lab), while some are still nascent (e.g. women's empowerment, and Bodyright initiative). The overall Social Cohesion work under Outputs 3.1, 3.2 and 3.3 is distributed across a dozen local communities and requires significant funds, and various activities are difficult to assess in terms of effectiveness. The Output 4.1 shows clear correlation between substantial data collection and research actions and the funds budgeted and utilized. The women's economic empowerment work under this output has not been planned initially and these activities were funded with 254,188.61 USD in 2023 and 2024.

Expenses related to funding CP team positions in 2021 and 2022 could not be discerned from other programmatic activities dedicated to implementation of CP outputs, which made it impossible to present the expenditure for staff in the first half of the evaluated period. For this reason, the proportion of the CP budget utilised towards the CP staff cannot be determined in the CPE.

²⁴¹ The difference between total outputs and total CP budget is attributed to programme coordination, position management and resource management, which are not attributed to individual outputs, but rather to the CP delivery.

The UNFPA CO BiH employs 17 staff (of 21 planned²⁴²). Five of the 17 staffed positions are funded from institutional budget which is not a part of the CP budget. The team is complemented with a number of long-term and short-term consultants, including WGCs and BYMCs' staff who have been recruited as consultants. As the accounting practice in the UNFPA CO BiH changed and institutional budget expenses were presented as part of the CP budget²⁴³, the staff expenditure for 2023 could be calculated based on financial reports and it amounted to 579,898.67 USD, which stands for 30.6% of the overall 2023 CP budget expenditure²⁴⁴. Staff expenditure (excluding 5 positions funded from institutional budget) in the first 11 months of 2024 amounted to USD 610,774.11, which represents 33.2% of the overall budget expenditure in the first 11 months of 2025²⁴⁵. The CP results are a direct consequence of a good use of core staff and consultants (local and international). The UNFPA CO BiH also relies on implementing partners, most frequently well-established NGOs, such as the Mozaik Foundation, Step-by-Step, Special Olympics in Bosnia and Herzegovina, Snaga žene, among others, but also public institutions, such as the FBiH Public Health Institute.

The UNFPA CO BiH AWP/RRPs show numerous revisions as a result of incoming funds. Resource mobilization by the UNFPA CO BiH has proven to be successful over the years, although the beginning of the CP 2021-2025 was marked by financial uncertainty.²⁴⁶ The latest Integrated Resource Mobilization, Partnership, South-South Cooperation Plan was developed by the UNFPA CO BiH in March 2020 and it was not updated further.²⁴⁷ However, the UNFPA CO BiH has engaged in robust resource mobilization under the CPD 2021-2025, which resulted in mobilization of a total of 5,021,623.7 USD from 11 donors (please find a detailed overview of resource mobilization from various donors in the Evaluation Matrix)²⁴⁸. By the end of 2024, overall CP budget reached USD 8 million, of which USD 3.6 million came from UNFPA regular resources (41.8%), while the larger portion of the CP budget (58.2%) came from non-core sources.²⁴⁹ The UNFPA CO BiH completed a donor mapping exercise in 2022, with the purpose of ascertaining the changes in the donor landscape and opportunities, including the review of CO's donor strategies, which is a plausible practice that needs to be upheld and repeated regularly for the purpose of continuous resource mobilization efforts.²⁵⁰ The revisions of AWP/RRPs showed adaptive management, but also unveiled inconsistencies in planning of CPD delivery and adjustments in relation to availability of resources. This shows that the CPD 2021-2025 started without many funds secured, which may have posed a significant risk for CPD delivery.²⁵¹

Majority of UNFPA CPD BiH 2021-2025 outputs have been delivered in line with the timeframes planned by AWP/RRPs, although taking into account their many revisions.²⁵² The UNFPA CO BiH had to give up on some initially planned activities, such as the adaptation of the Obstetrics Surveillance and Response System, which was endorsed by the health authorities in BiH but later on ceased.²⁵³ Other activities were also abandoned, including TV Promotion of Comprehensive Sexuality Education (CSE), further work with IRC as a result of cessation of funding for this activity and disruptions within the

²⁴² The UNFPA CO/CP organisational structure includes the following 21 positions, of which 4 are vacant: (1) Representative; (2) Assistant Representative; (3) Programme Specialist, PD & M&E; (4) Programme Assistant (vacant); (5) Project Manager, WPS; (6) Project Manager, GBViE/DRR; (7) Programme Assistant, GBViE (vacant); (8) Programme Analyst, SRH/Youth; (9) Project Associate; (10) Programme Analyst, Youth and Peace; (11) Programme Assistant; (12) Programme Finance Assistant; (13) Programme Analyst, Comm.; (14) Personal Assistant to the Rep; (15) Admin/Finance Associate; (16) Administrative Assistant; (17) Driver/Logistics Clerk; (18) Driver (vacant); (19) Programme Assistant, Youth (vacant); (20) Programme Analyst; (21) Volunteer. Positions (1), (2), (14), (15) and (16) are funded from a budget stream which is not a part of the CP budget.

²⁴³ KIIs.

²⁴⁴ UNFPA CO BiH Financial Reports 2021, 2022, 2023, 2024.

²⁴⁵ UNFPA CO BiH Financial Report 2024 (up until December).

²⁴⁶ AWP/RRPs 2021, 2022, 2023, 2024.

²⁴⁷ KIIs.

²⁴⁸ UNFPA CO BiH Financial Reports 2021, 2022, 2023, 2024.

²⁴⁹ UNFPA CO BiH Financial Reports 2021, 2022, 2023, 2024.

²⁵⁰ KIIs.

²⁵¹ AWP/RRPs 2021, 2022, 2023, 2024.

²⁵² AWP/RRPs 2021, 2022, 2023, 2024.

²⁵³ AWP/RRP 2021, UNFPA CO BiH Annual Report 2021; KIIs.

IRC.²⁵⁴ Certain delays were observed in the development and deployment of an e-learning system on GBV response, development of a unified guide on response to GBV, CRSV and implementation of CMR and DRR, and introduction of the cervical cancer screening programme, which were not abandoned but were delayed as a result of local authorities' readiness and/or capacities, and in some instances, lack of funding.²⁵⁵

Assumption 4.6.2. UNFPA CO BiH has used an appropriate combination of approaches to pursue the achievement of CP results.

***Finding 18:** The UNFPA CO BiH employed a variety of engagement modes, including advocacy and policy dialogue, knowledge management, capacity development, service delivery, and partnerships, tailored to individual outputs to align with the CPD-defined outcomes.*

Advocacy/Policy Dialogue was utilized to achieve CSE integration into school teaching through engagement with ministries of education and pedagogical institutions in both RS and FBiH. The Bodyright Initiative engaged parliamentarians to advance legislative reforms addressing gender-based violence and bodily autonomy. The HPV vaccination programmes and mapping of cervical cancer screening services for development of a future programme involved health ministries and other governmental bodies in BiH to prioritize these health issues. The development of population policies in RS and FBiH was largely supported by the UNFPA CO BiH data-driven advocacy efforts, and the same can be argued for the still nascent development of family friendly labour and social policies.

Knowledge Management is demonstrated through extensive work on population data collection and processing, as well as analysis of the implications of this research on policies.²⁵⁶ Thanks to the UNFPA CO BiH approach, the local authorities and the general public now avail themselves of information on population projections, reasons for youth emigration, and their implications on public spending, among other valuable data and research. The development of teacher handbooks for Healthy Lifestyles teaching is also an example of knowledge management, along with production of Family Planning services training manuals, and knowledge products relating to GBV response in migrant settings. An abundance of other maternal health, GBV/CRSV/CMR and DRR products also provide a base for further standardization of knowledge to ensure greater efficiency in the future (e.g. by replacing traditional in-person training with online training modules). There is evidence that youth peer peacebuilding training has been integrated into pedagogical faculties' teaching, showing potential for replication, and an e-module for training of members of the clergy on the provision of psychosocial care and support for CRSV survivors also demonstrates efforts to systematize knowledge and training for this target group.

There is significant evidence of regional expertise sharing and regional research initiatives that provide for professional exchange and cross-country learning. For example, the UNFPA CO BiH participated in at least two regional surveys – the Loneliness Survey, and the Mapping of Cervical Cancer Prevention Services, and has used regionally produced materials for deployment in BiH e.g. the Youth Peer Education for Peacebuilding and Conflict Transformation Manual for Trainers in the Western Balkans, which was developed by UNFPA CO Albania and RYCO, or the TFGBV glossary produced by UNFPA CO Serbia.

Capacity Development has been employed regularly by the UNFPA CO BiH, including primarily capacity development of medical professionals on family planning, maternal health, MISP, GBV response, but also development of capacities of youth peer educators on peace-building contents, as well as development of capacities of inactive and unemployed women for improving their employability. **Service provision** in the areas of GBV and SRHR has been ensured by the UNFPA CO BiH in TRCs in Sarajevo and Bihać. The UNFPA CO BiH has engaged with **non-traditional partners**, such as FBOs,

²⁵⁴ KIIs.

²⁵⁵ KIIs

²⁵⁶ KIIs; UNFPA CO BiH Annual Reports 2021, 2022, 2023.

media, private businesses, and informal groups to promote SRHR, prevention of GBV, and social cohesion, among youth and wider population.

4.11. EQ7: To what extent has UNFPA strengthened the capacity of partners and established mechanisms to ensure ownership and the durability of effects? (Sustainability)

Findings summary: Capacity building of the health sector shows some evidence of sustainability through developed handbooks, protocols, and trained trainers, but further efforts are required for institutionalization and standardization of capacity building for health sector professions, as well as integration of MISP into preparedness policy. There is potential for replication of medical students training on family planning. Sustainability of the HPV vaccination programme in BiH has been ensured with the help of UNFPA. Sustainability of the integration of Healthy Life-Styles (HLS) programmes, including Comprehensive Sexuality Education (CSE), into primary school teaching in BiH has been achieved through collaboration between UNFPA and educational authorities. There is potential for upscaling of this result by expansion to secondary schools and pedagogical faculties. Menstrual health education piloted in one canton in FBiH can be replicated across other jurisdictions in BiH.

The UNFPA CO BiH has not worked with youth-led CSOs to promote gender equality as it has identified that there are few genuinely youth-led CSOs to engage with, which automatically affected sustainability prospects. UNFPA's engagement in the Bodyright Initiative shows high potential for sustainability of results if fully implemented together with relevant institutions in BiH. Namely, the Legislative and Governance Roadmaps. Resource Packages for GBV/CRSV response require further investments for the purpose of institutionalization, while GBV service provision to migrants requires transition to local authorities.

UNFPA CO BiH invested efforts in creating sustainable mechanisms for capacity development of the Inter-religious Council (IRC) of BiH and members of clergy of different faiths but these efforts were not necessarily followed up by the intended recipients. The UNFPA CO BiH has not worked with youth-led CSOs to promote peace and reconciliation and social cohesion extensively, as it has identified that there are few genuinely youth-led CSOs to engage with, which automatically affected sustainability prospects. On the other hand, the youth peer peacebuilding training shows elements of sustainability and large potential for replication across universities in BiH.

The UNFPA CO BiH work on policy development shows elements of sustainability as relevant policies have been created based on sound analysis and are awaiting adoption or implementation by the authorities in BiH. Development of individual population and youth policies at local level shows potential for replication across jurisdictions. The Demographic Resilience Data platforms and SDG portals, along with other data collection and analysis efforts by the UNFPA, represent lasting knowledge products, owned by statistical offices in BiH, but are still dependent on UNFPA funding for technical maintenance. Pilot initiatives of women's economic empowerment show potential for scaling up given positive results and indicated contribution to building of human capital and demographic resilience.

Assumption 4.7.1. UNFPA CO BiH has succeeded in strengthening institutional capacities and establishing partnerships that promote national ownership, investment in and sustainability of supported interventions, programmes and policies.

***Finding 19:** UNFPA CO BiH has been successful in development of HPV vaccination programmes in cooperation with health authorities, and governments in BiH have fully taken over the responsibility for vaccination deployment. UNFPA has also established meaningful cooperation with individual universities to integrate educational topics, such as family planning and peer education on peacebuilding, into teaching processes, as well*

as with educational authorities to integrate CSE and menstrual health education in school teaching. UNFPA has supported several policy development initiatives, thus contributing to sustainability of youth development, population development, family friendly work, and combatting TFGBV. Some UNFPA work requires further integration into health systems in BiH, e.g. accreditation of maternal health clinical guides, GBV/CRSV SOPs for health care institutions, and integration of MISP into domestic emergency preparedness. Isolated youth-engaging interventions do not show prospects of sustainability without further external support.

Assumption 4.7.2. Results of UNFPA CO BiH are applicable and easily replicated across Bosnia and Herzegovina.

***Finding 20:** UNFPA CO BiH results in family planning student education, menstrual health education, youth peer peacebuilding education, integration of CSE in school teaching show potential for scaling up and replication.*

The UNFPA-supported youth-friendly family planning capacity building for the health systems in BiH shows some sustainability elements, but full sustainability has not been achieved. UNFPA CO BiH has invested in development of a pool of medical doctors - trainers on family planning for primary health care doctors.²⁵⁷ Necessary knowledge products have been developed – embodied largely in the Youth-Friendly Family Planning Training Manuals for FBiH and RS, which were produced by medical experts with support of UNFPA and represent valuable resources and know-how. However, the training on family planning, including youth-friendly family planning, has not been integrated into formal training obligations or programmes for the health systems in BiH to guarantee regular and continuous training for health care workers beyond UNFPA support.²⁵⁸ UNFPA efforts to integrate family planning capacity building into medical faculty teaching have been successful to the extent that a Memorandum of Understanding was signed with the Medical Faculty of the University of Banja Luka and five family planning educational modules have been integrated into teaching of several subjects, at least in the academic year 2024/2025. This model shows potential for replication across universities in BiH. Similar formal arrangements have not been made with medical faculties in FBiH, and delivery of training to medical students depends on cooperation with unions of medical students.

The sustainability of the HPV vaccination programme in BiH has been ensured with the help of UNFPA. Thanks to UNFPA advocacy efforts and technical assistance provided to the health authorities in FBiH, RS and BD, HPV vaccination programmes have been developed and formally endorsed by health authorities. These programmes have financial implications, which are now fully owned by the governments in FBiH, RS and BD, their ministries/departments of health, and public health institutes. Namely, governments have fully financed procurement of vaccines, the number of which proved to be sufficient given the information on vaccination reach and coverage.²⁵⁹ There is also evidence of individual jurisdictions in FBiH advocating and managing to procure HPV vaccines on their own (e.g. Sarajevo Canton, City of Bihać²⁶⁰). It may be expected that the domestic authorities will continue to implement adopted HPV vaccination programmes and procure vaccines. However, an inherent risk is a generally low response of the population to vaccination calls and campaigns.

As UNFPA decided to cease work on establishment of the Obstetric Surveillance and Response System in BiH, sustainability was not measured for this intervention. Consequently, this activity has been replaced by other interventions for advancing quality of maternal health through development of clinical guidelines. **Clinical guidelines in the area of maternal health represent valuable knowledge products and standard operating procedures, but sustainability of their application has not been**

²⁵⁷ KIIs.

²⁵⁸ KIIs.

²⁵⁹ KIIs.

²⁶⁰ KIIs.

fully achieved. The application of clinical guidelines is not mandatory in medical institutions (they are rather recommended practices)²⁶¹ and for sustainability of their application to be ensured it is necessary to regulate the obligation of medical staff to apply them in their practice.

Integration of the Minimum Initial Service Package into humanitarian preparedness requires further systemic support to ensure sustainability. The UNFPA CO BiH supported development of a pool of certified MISP trainers, thus establishing a so far non-existent knowledge base.²⁶² UNFPA also supported ten local communities in integration of MISP in their humanitarian preparedness plans, by developing SRH and GBViE specific action plans and standard operating procedures for response of health care institutions and other institutions. Support also included proposals for integration of MISP into local preparedness and response strategies (which could be replicated across local communities), but there is no evidence that local communities in fact integrated this policy and allocated funds for implementation of MISP in case of humanitarian situations.²⁶³ Through MISP training, which was delivered to professionals in local communities, it is expected that capacities of individuals have been built. However, without firm policy integration and budgeted MISP, it cannot be expected that MISP will actually be deployed in case of emergencies.

Sustainability of the integration of Healthy Life-Styles (HLS) programmes, including Comprehensive Sexuality Education, into school teaching in BiH has been achieved through collaboration between UNFPA and educational authorities. Advocacy efforts and technical assistance provided by the UNFPA CO BiH has led to the approval and endorsement of HLS Handbooks for primary schools by the ministries of education in both RS and FBiH.²⁶⁴ UNFPA supported training of primary school teachers to deliver quality HLS content. Another specific CSE intervention in Sarajevo shows elements of sustainability – the Sarajevo Canton Ministry of Education has approved the Cycle game, a didactic tool on menstrual health, to be used as part of homeroom teaching in all secondary schools. Also, the Sarajevo Canton Government participated in menstrual pads procurement for secondary schools in this canton.²⁶⁵ This initiative shows potential for replication across jurisdictions in BiH.

The UNFPA CO BiH has not worked with youth-led CSOs to promote gender equality as it has identified that there are few genuinely youth-led CSOs to engage with, which automatically affected sustainability prospects. UNFPA has, alternatively, worked with a well-established NGO with wide reach among youth and promoted the Girls Advance Lab (GAL), engaging large numbers of young people and developing extensive educational and creative content to promote gender equality. However, this intervention did not have elements of sustainability, save for capacity building at individual level through work with mentors. There is no evidence that financing of GAL will be continued beyond UNFPA support, except on an *ad hoc* basis depending on preferences of individual donors and their implementing partners.

On the other hand, UNFPA's engagement in the Bodyright Initiative shows high potential for sustainability of results if fully implemented together with relevant institutions in BiH. Namely, the Legislative and Governance Roadmaps, developed by experts in FBiH and RS, represent clear and actionable plans for robust integration of prevention of and protection from TBGBV into entity legislation and institutional frameworks. As a result, TBGBV provisions were entered into a proposal for the RS Law on Protection from Domestic Violence and Violence against Women, through a working group supported by UNFPA, and in proposals for amendments of the FBiH Criminal Code through individual MPs who participated in UNFPA activities.

UNFPA's work in the area of Women, Peace and Security (although not directed to youth-led CSOs) with the aim to embed procedures and capacities for adequate response of the health sector to

²⁶¹ KII.s.

²⁶² KII.s.

²⁶³ KII.s.

²⁶⁴ KII.s.

²⁶⁵ KII.s.

GBV/CRSV survivors shows some elements of sustainability although full sustainability has not been achieved. Sustainability is guaranteed to an extent through previously developed and now revised Resource Packages for GBV/CRSV response, which have continuously been used for capacity building of health care professionals by a pool of trainers previously trained with support of UNFPA. However, the Resource Packages have not been standardized by the agencies for quality assurance and standards in the health sector in FBiH and RS, and continuation of training of health care professionals depends largely on UNFPA support.²⁶⁶ Efforts to digitalize the Resource Packages had limited success due to lack of capacities of ministries of health and further efforts and investments are required for full ownership, updating and maintenance of these knowledge products by the health care authorities in BiH. Furthermore, UNFPA-supported empowerment activities for CRSV survivors, although plausible, do not guarantee sustainability and are still project-based and of such nature that it is not possible to measure their substantive and lasting human impact. GBV service provision to migrants requires transition to local authorities.

UNFPA CO BiH invested efforts in creating sustainable mechanisms for capacity development of the Inter-religious Council (IRC) of BiH and members of clergy of different faiths but these efforts were not necessarily followed up by the intended recipients. An e-learning module for training of members of the clergy on the provision of psychosocial care and support for CRSV survivors was developed with support of UNFPA and it was endorsed by the IRC. However, there is no evidence that the e-module is in regular use.²⁶⁷ Individual activities supporting special sermons and promotion of equitable and transformative views around gender, ethic and cultural identities represent *ad hoc* efforts and do not necessarily lead to sustained engagement of IRC and faith-based organizations (FBO), but serve as illustrative examples.

The UNFPA CO BiH has not worked with youth-led CSOs to promote peace and reconciliation and social cohesion extensively, as it has identified that there are few genuinely youth-led CSOs to engage with, which automatically affected sustainability prospects. Instead, UNFPA worked with municipal administrations and informal youth groups to build their capacities for civic participation and activism with the aim of building social cohesion. Pledges on social cohesion have been proposed to local administrations, but it yet remains to be seen whether cities/municipalities will in fact endorse them and implement them consistently. Activities such as Special Olympics, peacebuilding trainings, and social media engagement were supported by municipal administrations in UNFPA-selected local communities and resulted in some capacity building,²⁶⁸ for which it is uncertain that they would continue beyond UNFPA or other external support. The same can be argued for the Youth Peace Lab, the continuation of which depends on external financial support.

On the other hand, the youth peer peacebuilding training shows elements of sustainability and potential for replication given the developed Youth Peer Education for Peacebuilding and Conflict Transformation Manual for Trainers in the Western Balkans and a developed network of 20 youth-peer peace educators (Y-Peer Network). Further elements of sustainability are seen in integration of Bystander Intervention elements of the manual into curricula of at least two pedagogical faculties (in Bihać and Banja Luka).²⁶⁹

The UNFPA CO BiH work on policy development shows elements of sustainability as relevant policies have been created based on sound analysis and are awaiting adoption and implementation by the authorities in BiH. UNFPA has supported production of lasting knowledge embodied in relevant, previously non-recorded or non-utilized data in BiH for the purpose of informing evidence-based policy development. This body of knowledge and data includes the Population Projections with calculated effects of demographic changes on the provision of public services in health care, education and pension sectors, the Demographic Resilience and SDG Data platforms, the National Transfer Accounts

²⁶⁶ KIIs.

²⁶⁷ KIIs.

²⁶⁸ KIIs.

²⁶⁹ KIIs.

with policy recommendations, the Survey on Youth Emigration, the Survey on Loneliness and Social Isolation among Older People, among others. Based on these data sets and knowledge products, UNFPA supported authorities in BiH to develop informed policy proposals.

For example, UNFPA has supported development of the Sarajevo Canton Youth Strategy, which was adopted by the Sarajevo Canton Government in 2024. UNFPA has also supported two working groups in FBiH and RS to develop population strategies in FBiH and RS, including also the City of Banja Luka Population Strategy. While the Banja Luka strategy was adopted, anticipating implementation, the two entity strategies have not been formally endorsed yet. These strategic documents promise sustainability, pending adoption and depending on sufficient financing and consistent implementation. Successful policy development initiatives show potential for replication across jurisdictions in BiH.

The UNFPA CO BiH has conducted analysis of the compliance of BiH legislation with the EU Directive 2019/1158 on work-life balance for parents and caregivers, with a view of supporting policy analysis and development for integration of family-friendly provisions into labour legislation and social services legislation with the FBiH Ministry of Labour and Social Policy, in order to facilitate greater inclusion of women in the labour market and their economic empowerment. This approach shows elements of sustainability of future policy making efforts and integration of family-friendly practices on the labour market. The development of action plans of six private companies for introduction of family friendly work places and women's economic empowerment intervention by UNFPA with dm drogerie markt ltd show elements of sustainability. These pilot transformative initiatives with private companies for women's economic empowerment and integration of family-friendly work policies and practices can be replicated to more companies, depending on evaluation of results and lessons learned from current work.

UNFPA's collaboration with statistical offices in BiH shows elements of sustainability, although full sustainability has not been achieved. The development of the country's first Population Projections has been supported by specialized software, external expertise, and training, thus contributing to capacity building of statistical offices' staff, which has sustainability prospects in terms of individual knowledge increase, at least in the short term. Similarly, UNFPA's support for National Transfer Accounts (NTA) has improved the analysis of demographic structures and financial implications, but it is not likely that the methodology will be reapplied for updated research in the foreseeable future. The Demographic Resilience Data and SDG portals represent lasting knowledge products, owned by statistical offices in BiH, but are still dependent on UNFPA funding for technical maintenance.²⁷⁰ There has been no progress toward organization of a new census in BiH for political reasons.

There is evidence of interest of local authorities to open new Healthy Ageing Centres, as they have asked the UNFPA CO BiH to share its knowledge and lessons learned from its previous support in these processes, but it cannot be determined if new HACs have been opened aside of UNFPA's earlier support.²⁷¹ The UNFPA CO BiH did, however, work on integration of elements of healthy ageing in development of population development policies in RS and FBiH.

²⁷⁰ KILs.

²⁷¹ UNFPA CO BiH has been invited to share knowledge on this matter at local and international conferences.

Chapter 5: Conclusions

5.1. Strategic conclusions

Conclusion 1

CP Theory of Change. The UNFPA CO BiH interventions are grounded in the UNFPA strategic plans and aligned with the pertinent UNSDCF in BiH. In relation to the previous CPD, which consisted of clearly delineated components – SRHR, Youth and Adolescents, Gender equality/GBV, and Population Dynamics, the CPD 2021-2025 has distorted boundaries between these specific segments of the programme, which impacted adversely on the prominence and visibility of individual aspects of the UNFPA mandate. Although the CPD consistently guides CO interventions for the most part, adjustments in delivery of outputs have been observed by the CPE (e.g. suspension of work on the Obstetrics Surveillance and Response System, adaptation in relation to work with youth-led CSOs and faith-based organisation, and adding on women’s economic empowerment actions).

The selection of UNSDCF and UNFPA SP outcome indicators is not the most appropriate to demonstrate CO’s results. Moreover, the CPE, which was conducted against the UNSDCF and UNFPA SP outcome indicators, found that necessary data for measurement of achievement and results against these indicators is largely missing. The CPD output indicators are mostly quantitative, which is a shortcoming in measuring effects of CO outputs meaningfully.

The Theory of Change was changed several times to adapt to changing circumstances of the CP, mostly as result of additional funding and demonstrating the UNFPA CO BiH adaptability. However, this did not impact on the CPD output or outcome indicators. The assumptions and risks for the CP delivery were not identified adequately, which led to challenges in the implementation, particularly concerning identification of willing and capacitated partners.

Origin: Contribution analysis, EQ1, EQ3, EQ4

Associated recommendation (s): 1

Conclusion 2

CPD funding and its implications on delivery of CP. The UNFPA CO BiH started the CP implementation without all funds secured. For this reason, the UNFPA CO BiH opted to focus on Youth and Adolescents and Population Dynamics components (outcome areas) of the CP, although making them rather permeable to allow for integration of additional aspects of work (e.g. Gender Equality/GBV) should funds be secured during implementation of the CPD. Such planning impacted adversely on the traditional break up of UNFPA CP components - SRHR, Youth and Adolescents, Gender equality/GBV, and Population Dynamics. For example, not a single outcome area is dedicated specifically to Gender Equality/GBV, whilst this area ultimately constitutes the biggest share of the CP budget in relation to other components (thanks to successful fundraising).

On the other hand, activities were added to the CP through annual work plans (e.g. economic empowerment of women), which are not relatable to the CPD indicators. Furthermore, the UNFPA CP, which had previously relied on the life-cycle method, has lost on its demographic resilience approach. This has resulted in elimination of certain activities, e.g. support to healthy ageing, and adding on activities for which funding was available, e.g. economic empowerment of women and family-friendly labour policies. Whilst this agility and adaptation is welcome, it does not provide for certainty of delivery of CPD outputs, and compromises on measuring of CP effects in relation to those planned.

Origin: EQ4

Associated recommendation (s): 1

Conclusion 3

<p>Integration of vulnerable and marginalized groups. The UNFPA CO BiH interventions are largely directed to vulnerable and marginalized groups – GBV survivors, migrants, persons with disabilities, and vulnerable youth and women, although this does not come across clearly from the CPD outputs and indicators. UNFPA’s definition of vulnerabilities and marginalization of populations in BiH is wide, while the domestic authorities do not prioritize addressing the needs of vulnerable and marginalized groups. A more systemic approach toward these groups is required from the UNFPA CO, across outputs and/or through specific outputs for better results measurement.</p>

Origin: EQ1, EQ3, EQ6

Associated recommendation (s): 2

Conclusion 4

<p>Coherence with other international development partners and their interventions. Whilst the UNFPA CO BiH is rather autonomous in its interventions in the SRHR and Population Dynamics areas, it also operates in saturated fields of gender equality, youth, and social cohesion, which attract many other international development interventions. This calls for caution in future planning and close coordination with other UN agencies and other international development actors in these fields. Coordination and connectedness of the UNFPA CO BiH with other agencies in mixed-migration response is a good example of clearly delineated areas of responsibility and cooperation.</p>
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Origin: EQ2, EQ3, EQ7

Associated recommendation (s): 3

<p>Conclusion 5: Coherence with domestic policies. The CP is broadly aligned with domestic policies in the areas of SRHR, Gender equality/GBV, Youth and Adolescents, and Population Development strategies. Also, the UNFPA CO has engaged in strategy development in the areas of youth and population development, as well as in formulation of some GBV and family-friendly labour policies. Although the UNFPA CO interventions contribute broadly to some aspects of domestic policies, there is room for more targeted actions to implement specific strategic measures envisaged by domestic policies (as it has been done, for example, in the area of SRHR).</p>

Origin: EQ2, EQ3

Associated recommendation (s): 3

5.2. Programmatic conclusions

Conclusion 6

<p>Evident breakthroughs in the area of SRHR, yet sustainability is uncertain in some areas. The UNFPA CO BiH has continued to build capacities of the health systems in BiH to provide family planning services, achieving significant training reach among doctors and medical students, but with limited sustainability arrangements. A breakthrough has been achieved in the health systems in BiH by effecting HPV immunization with UNFPA support. However, the HPV vaccination coverage is still low, despite country-wide availability. Development of cervical and breast cancer screening programmes is at early stages of research, but creates assumptions for fundraising and embarking in introduction of cervical and breast cancer screening programmes in BiH. The application of maternal health/safe birth clinical guidelines/protocols remains voluntary for health care institutions in BiH, as they have</p>
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not yet been integrated into health care accreditation standards, thus challenging their sustainability. Despite the UNFPA CO BiH interventions in local communities in BiH, there has been no formal integration of MISP into local development strategies/preparedness plans. The UNFPA CO BiH is the only agency that has been working on MISP over the past years, and has proven capacities to deliver MISP training and build MISP capacities. Discontinuation of this work would be detrimental for the emergency preparedness in BiH, as exemplified in recent BiH floods.

Origin: EQ3, EQ5, EQ6

Associated recommendation (s): 4

Conclusion 7

Effective Youth and Adolescent segment of work with regard to Comprehensive Sexuality Education and Peer Peacebuilding Training, yet with less measurable results of isolated and ad-hoc actions.

The UNFPA CO BiH has successfully supported integration of Comprehensive Sexuality Education (CSE)/Healthy Lifestyles education into teaching in primary schools in FBiH (a framework solution, which needs to be disseminated across cantons) and in RS. This work shows elements of sustainability as well as possibility of replication in secondary schools and at universities. Replication of education/awareness raising on menstrual health in secondary schools, which was piloted in one canton in FBiH, is also possible.

The UNFPA CO BiH capitalized on the Youth Peer Education for Peacebuilding and Conflict Transformation Manual for Trainers in the Western Balkans to introduce youth peer peacebuilding training in BiH. It is clear that Youth Peer Education for Peacebuilding methodology provides a structured approach to working with youth and has potential to reach large numbers of relevant populations, if upheld and if further sustainability arrangements with universities are made.

Other work in the Youth and Adolescents area has not had sufficient strategic or programmatic outlook and has therefore led to isolated and largely unmeasurable effects. This area of work has suffered due to lack of strategic partnerships with youth-led civil society organisations, which is a risk that should have been anticipated in the CP planning.

Origin: EQ3, EQ5

Associated recommendation (s): 5

Conclusion 8

Gender equality and GBV interventions showing potential for upscaling and further sustainability arrangements, particularly in the areas of family-friendly labour policies, TFGBV, CRSV, and strong integration of GBV response protocols in health institutions in regular and humanitarian situations.

The assumptions for continued policy development for countering TFGBV in BiH are in place as a result of the UNFPA CO BiH actions. The training on health systems' response to GBV/CRSV has not been institutionalized, and further efforts are needed for localization of SOPs in health centres. The clinical management of rape has not been integrated in survivor-oriented provision of services in line with European standards. The direct support to GBV/CRSV survivors has been beneficial at individual level, although without plans to strategically approach the transgenerational nature of CRSV consequences.

The Women and Girls Centres and Boys and Young Men Centres established by UNFPA in Temporary Reception Centres (TRCs) have been continuously providing psycho-social support, SRH and GBV services, and empowerment activities for migrant women and girls, and boys and young men, along with supply of dignity items. The coverage of this service provision is extensive and valuable given UNFPA's specific mandate in this field and tight and unproblematic coordination with other UN agencies involved in mixed-migration management. The decrease in the number of migrants and their

shorter stay in TRCs indicates a need for reconsideration of the design of humanitarian response by UNFPA and potential shifts to more robust and structured knowledge transfer and capacity building of local institutions.

The broader results of women's empowerment initiatives by the UNFPA CO BiH, aiming at increasing women's capabilities to enter and/or remain in the labour market and fulfil their family aspirations, cannot yet be measured as they are still at nascent stage and they depend largely on changes of legislation and business sector practices. The effects of promotional and educational activities such as GAL cannot be measured without meticulous evaluation of its impact in terms of changes of knowledge, perceptions, attitudes and behaviours.

Origin: EQ3, EQ5, EQ6

Associated recommendation (s): 4, 6, 7

Conclusion 9

Effective response to demographic changes through data collection and policies and regulations. The UNFPA CO BiH support to statistical offices in BiH has proven vital for understanding population dynamics and informing population and sustainable development policies. The UNFPA CO BiH has, through its work, made relevant population data available to policy makers and created evidence for informed policy development and policy advocacy. The UNFPA CO BiH therefore supported development of entity population strategies, and one municipal population strategy was developed and adopted. These efforts revealed that the governments prioritize measures for stabilization of fertility levels and support to families with children/parenthood, but also consider the importance of economic empowerment measures as factors of population stabilization.

With a view of strengthening human capital, the UNFPA CO BiH has engaged in modelling initiatives for women's empowerment that would directly contribute to their upskilling and employment as a demographic resilience measure. Broader results of women's economic empowerment initiatives cannot yet be measured as they are only in the piloting and nascent phase but they indicate potential for replication. This component of the UNFPA CP rounds up the overall demographic resilience approach of the UNFPA, in line with its mandate, through research on youth emigration, policy implications of ageing population, assessing the status of economically inactive women, and taking into account the human capital of older persons. However, funds for support for healthy ageing have been lacking.

Origin: EQ3, EQ5

Associated recommendation (s): 8, 9

5.3. Operational conclusions

Conclusion 10

Local actions and awareness raising. The UNFPA CO BiH has engaged in work with local communities and awareness raising initiatives and has organized many events and virtual laboratories to promote issues of gender equality, disability, peace building, and social cohesion. However, it is not possible to measure the effects of such actions and their coverage is limited, although they may have had an impact on participating individuals. The monitoring of these actions was largely quantitative, and not contextualized in wider frameworks of strategic action.

Origin: EQ3

Associated recommendation (s): 3

Chapter 6: Recommendations

The following recommendations of the CPE, which are based on the CPE conclusions, are addressed to the UNFPA CO BiH.

Strategic recommendations

Recommendation 1	<p>UNFPA should design the next CP in a streamlined manner to ensure that its mandate is clearly represented, delineated and comprehensively encapsulated to allow for distinct SRHR, GBV/GE, Youth and Adolescents, and Population Dynamics interventions.</p> <p>UNFPA should carefully consider alignment with UNSDCF outcomes and indicators, and consider the latter as contextual indicators/targets to which it can realistically contribute and in a measurable way. Where possible, UNFPA should avoid selecting UNSDCF indicators for which it cannot provide data and sources of verification.</p>
Priority	High
Based on conclusions:	1, 2, 4
Directed to:	UNFPA CO BiH
Operational implications	<p>The theory of change should include an overall objective and a number of specific objectives/outcomes defined in line with the global UNFPA strategic framework (UNFPA SP outcomes and/or outputs).</p> <p>Outputs should be clearly defined towards measurable and achievable outcomes and one or more specifically defined target groups. There should be no repetition among outputs and their formulation should clearly distinguish the desired change to be achieved. Indicators should be formulated in the way to allow for identification of policies developed/endorsed, institutional and organizational capacities built, knowledge produced and managed, and measurement of reach of beneficiaries and end-users. Outputs aiming at non-measurable awareness raising and changes of understanding, attitudes and perceptions should be avoided as they cannot be easily tracked and measured. CP indicators should be the key guides to annual planning and reporting.</p> <p>In CP design, UNFPA should engage in a meticulous analysis of existing assumptions and potential risks for CP delivery. It should be ascertained that partner institutions are ready and able to participate in interventions and that they are capable recipients of assistance. In formulation of outputs, UNFPA should carefully consider how realistic individual partnerships are, if there are relevant policies to allow for interventions, and if partners have adequate absorption capacities.</p> <p>UNFPA's resource mobilization should be planned and well thought-out and should not create major disruptions in the CP delivery as planned. Lack of funds should be accounted for as a risk for the CP delivery to explain potential deviations. The current modes of engagement should be upheld along with efficient use of human resources and implementing partners.</p> <p>The UNFPA CO BiH should plan the CPD based on the available core funds, yet with a flexible outlook toward implementation of additional actions</p>

	across CP components. No component should be eliminated due to lack of additional project funds, as new funding opportunities may arise, but outputs may be unaccounted for in the intervention logic, which leads to issues in monitoring and reporting. The UNFPA CO BiH should create and regularly update its resource mobilization and partnership plans.
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Recommendation 2	Whilst it is recommended that the general population of women, youth, and older persons remain the key target groups of UNFPA, following the life cycle method and demographic resilience approach, UNFPA should also demarcate more clearly its approach toward marginalized and vulnerable groups based on data analysis in order to ensure more systemic interventions. Whilst some outputs may organically integrate marginalized and vulnerable groups (and make sure that they are distinctly accounted for), others could be solely oriented toward specific marginalized and vulnerable groups, which should be captured by specific quantitative and qualitative indicators based on data analysis. In order to ensure systemic and purposeful reach, inclusion of marginalized and vulnerable groups should not be viewed as a cross-cutting, but rather a central issue for at least some parts of the CP. This could be achieved through policy development, knowledge/data acquisition and management, and service provision.
Priority	High
Based on conclusions:	3
Directed to:	UNFPA CO BiH, Institution of the Human Rights Ombudsman of BiH
Operational implications	The UNFPA CO BiH should analyse available data and research, and determine which marginalized and vulnerable groups and their needs it wants to address through the next CP. Following identification of target groups, the UNFPA CO BiH should develop roadmaps for systemic interventions to address these target groups and their needs, in close consultation with beneficiaries. The UNFPA CO BiH should take into account the risk that issues of marginalized and vulnerable groups are not prioritized by governments in BiH.

Programmatic recommendations

Recommendation 3	Given its mandate and specific areas of intervention, UNFPA should engage more robustly in policy development and advocacy for adoption of SRH, GBV and youth strategies, or programmes and legislation in jurisdictions where they have not been adopted, in close cooperation and coordination with local and international actors. UNFPA should capitalize on its earlier results in policy development in these areas, as well as on its expertise and knowledge products.
Priority	Medium
Based on conclusions:	4, 5, 7, 10
Directed to:	UNFPA CO BiH, ministries of health in BiH, ministries of labour and social policy in BiH, gender institutional mechanisms in BiH, youth councils in BiH

Operational implications	<p>The UNFPA CO BiH should agree with relevant authorities in BiH at the beginning of CPD implementation which policies they will develop together. These may be local, cantonal, entity or state-level policies, depending on government partners' willingness. The UNFPA CO BiH should consult the matrix of other development actors' interventions to seek collaboration and synergies in policy development processes.</p> <p>UNFPA should closely monitor interventions by other international development partners and keep a register of their actions in common areas of intervention in order to ensure synergetic action and avoid duplication and overlap. This recommendation is particularly pertinent to work in the youth sector and GBV/GE areas, which have had significant donor attention over the past years. UNFPA should ensure that its interventions in the youth sector are systemic (at any chosen level of governance) and clearly discernible, in line with UNFPA's specific mandate and relying on its reputable methodologies. One-off actions, the effects of which are hardly measurable, should be minimized, or should be implemented only to add to larger-scale very encapsulated programmes. In the area of GBV/GE, UNFPA should ensure synergies with other international actors, or coordinated follow-up on their work, particularly in the area of GBV policy development and women's economic empowerment actions.</p>
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Recommendation 4	<p>UNFPA should continue to pursue its interventions in the health sector in (SRHR and GBV/CRSV response) areas with the aim of ensuring their sustainability, that is, integration of results achieved so far into institutional procedures in BiH. This relates to:</p> <ul style="list-style-type: none"> - family planning training for medical doctors, - HPV vaccination promotion, - introduction of breast and cervical cancer screening in BiH, - integration of maternal health clinical guidelines into accreditation standards for health care institutions, - integration of MISP into emergency preparedness in BiH, - further integration of GBV/CRSV response into health care institutions' policies and procedures.
Priority	High
Based on conclusions:	6, 8
Directed to:	UNFPA CO BiH, ministries of health in BiH, health sector accreditation agencies in BiH, gender institutional mechanisms in BiH
Operational implications	<p>The UNFPA CO should establish cooperation with selected universities to agree on roadmaps for integration of family planning into teaching. The UNFPA CO should establish direct contact with health sector accreditation agencies and work directly with these agencies for integration of family planning training into accreditation standards for primary health care.</p> <p>The UNFPA CO BiH should analyse which type of HPV vaccination awareness raising campaign would be the most effective and determine, through analysis, where awareness can be achieved most easily and quickly. This should include considerations of how to reach LNOB groups.</p>

	<p>The UNFPA CO BiH should carefully consider which objectives it wants to set for itself in terms of introduction of breast and cervical cancer screening in BiH and which other partners it can rely on. This could involve development of a phased approach to introduction of screening, as well as looking into possibilities of joint projects with other development partners.</p> <p>The UNFPA CO should work directly with health sector accreditation agencies for integration of maternal health clinical guidelines into accreditation standards for relevant health care institutions.</p> <p>The UNFPA CO BiH should identify and seek funding opportunities for continued MISP work.</p> <p>The UNFPA CO BiH should establish a clear roadmap and agree with ministries of health on the final transfer of training on and monitoring of health systems' response to GBV/CRSV.</p> <p>UNFPA should engage in a stock taking of the impact of its work and identification of current needs of CRSV survivors, given the passage of time, ageing, and transgenerational trauma implications within families, to tailor future systemic support for this target group and their family members.</p>
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Recommendation 5	UNFPA should support further expansion of CSE contents through Healthy Lifestyles curricula in secondary schools and university curricula for education of future teachers, based on good practices and lessons learned from work with primary education institutions. Youth should be engaged in development of Healthy Lifestyles curricula and lessons learned from menstrual health education in the Sarajevo Canton should be used.
Priority	Medium
Based on conclusions:	7
Directed to:	UNFPA CO BiH, ministries of health and education in BiH
Operational implications	<p>The UNFPA CO BiH should agree with ministries of education on further cooperation and plan out further expansion of CSE contents to secondary schools and university curricula.</p> <p>The UNFPA CO BiH should survey cantonal and entity authorities to identify whether they have interest in menstrual health education and awareness. Only those authorities that firmly commit to this project and agree to secure funds for hygiene pads should be supported.</p>

Recommendation 6	UNFPA should engage in robust and carefully designed transfer of knowledge to the authorities in BiH and frontline workers on the provision of SRH and GBV services in TRCs, as part of the transition of mixed migration management.
Priority	Medium
Based on conclusions:	8

Directed to:	UNFPA CO BiH, ministries of health in BiH, gender institutional mechanisms in BiH, BiH Service for Foreigner's Affairs
Operational implications	The UNFPA CO BiH should make sure it is at the table during mixed-migration management transition discussions with authorities in BiH, in order to agree on UNFPA's support to transition of knowledge to authorities in BiH and frontline workers on the provision of SRH and GBV services in TRCs. Such commitments would be both dependent on and reason for additional funding.

Recommendation 7	UNFPA should rely heavily on the Legislative and Governance Roadmaps as well as the TFGBV Glossary for integration of TFGBV prevention and response into legislation and institutional practices. Given the developed CMR resources, UNFPA should invest its expertise in establishment of protocols for response to rape and survivor-oriented provision of services in line with European standards, and integration of relevant provisions in legislation on protection from domestic violence and violence against women.
Priority	High
Based on conclusions:	8
Directed to:	UNFPA CO BiH, gender institutional mechanisms in BiH, ministries of health in BiH
Operational implications	<p>The UNFPA CO BiH should carefully monitor interventions of other actors in this field and identify specific room for its action. The UNFPA CO BiH should at least look for ways to introduce the use of TFGBV Glossary in relevant institutions, civil society organizations, and media.</p> <p>The UNFPA CO BiH should set an objective for the next CP of finally handing over CMR resources to local institutions. The UNFPA CO should engage more robustly with the BiH Gender Equality Agencies and ministries of health to support work of rape crisis centres with CMR – through relevant legislation amendments and training provision.</p>

Recommendation 8	<p>UNFPA should continue to advocate for adoption of population development policies in distinct jurisdictions in BiH and should plan to support relevant institutions in implementation of specific strategic measures identified in population development policies as demographic resilience measures.</p> <p>Consequently, UNFPA-supported women's economic empowerment and development of family friendly labour policies and business practices should be steered toward demographic resilience goals and coordinated with other UN actors closely. Further efforts should be invested in informed policy development and policy advocacy for changes of relevant legislation and monitoring of practices in pilot companies for capturing lessons learned and dissemination/replication of good practices. The role of the RS and FBiH associations of employers, with which UNFPA has already started cooperation, and other private sector associations, should be maximized for greater effects in policy and practice change.</p>
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Priority	High
Based on conclusions:	9
Directed to:	UNFPA CO BiH, ministries in charge of population development matters in BiH, ministries of labour and social policy in BiH, associations of employers in BiH and other private sector associations
Operational implications	The UNFPA CO BiH should work out an advocacy plan for adoption of population development policies together with relevant governmental stakeholders. The UNFPA CO BiH should offer to these stakeholders targeted support in implementation of specific strategic measures from drafted policies.

Recommendation 9	UNFPA should continue to support the statistical offices and institutions in charge of population development strategies in monitoring the implementation of these strategies through provision of necessary data. This could include continued capacity building and advocacy of integration of population projections and other relevant research into statistical offices' work programmes. Further demographic resilience efforts should integrate measures identified through data collection and research supported by UNFPA.
Priority	Medium
Based on conclusions:	9
Directed to:	UNFPA CO BiH, statistical offices in BiH
Operational implications	The UNFPA CO BiH should review with statistical offices their priorities from annual work plans and decide which ones it could support, adding however other research prioritized by the statistical offices and adding on to previous UNFPA capacity building efforts.

Annexes

Annex 1: Evaluation matrix

The evaluation matrix outlines the thematic scope of the evaluation by specifying, for each evaluation question, the related assumptions for verification, the indicators, and the methods and tools for data collection.

Evaluation Question 1: To what extent is UNFPA support adapted to the needs of vulnerable and marginalised groups?		
Evaluation Criteria: Relevance		
<p>Assumptions for verification 1.1: <i>The evolving needs of vulnerable and marginalized groups, were taken into account in programme design (both CPD and Annual Planning) and implementation (e.g. targeting/selection of beneficiaries).</i></p>	<p>Indicators:</p> <p>1.1.1: CPD Theory of Change contains the key elements – core problem, overall and specific objectives, expected outcomes, and assumptions and risks</p> <p>1.1.2: CPD Results Framework contains clear linkages between UNFPA CO BiH outputs and objectives/outcomes defined in wider strategic frameworks relevant for UNFPA CO BiH (UNSDCF, UNFPA SPs)</p> <p>1.1.3: Indicators and milestones set up in the CPD and Annual Results Plans are aligned with the assessed needs of relevant population groups and enable adequate monitoring of expected and achieved results</p> <p>1.1.4: In determining the needs of vulnerable and marginalised population groups in CPD and AWP/RRPs, CO BiH has relied on official BiH statistics, UNFPA surveys, Voluntary National Reports, and relevant international reports</p> <p>1.1.5: The choice of target groups for UNFPA CO BiH interventions is consistent with identified and evolving needs of vulnerable and marginalized population groups</p> <p>1.1.6: Proportion of CPD outputs (and financial resources) that focused on most vulnerable and marginalised population groups (including sub-categorization of these groups)</p>	<p>Methods and tools for data collection:</p> <p>1. Desk review of CPD, theory of change documents, AWP/RRPs and listed surveys and reports, UNSDCF, UNFPA SP 2018-2021, UNFPA SP 2022-2025</p> <p>2. Key informant interviews:</p> <ul style="list-style-type: none"> - UNFPA CO BiH staff - BiH Ministry of Civil Affairs, BiH Ministry of Security, BiH Service for Foreigner's Affairs (including TRCs), BiH Ombudsperson, BiH Statistics Agency - RS, FBiH and Sarajevo Canton ministries of health - RS, FBiH and Sarajevo Canton public health institutes - RS and FBiH ministries of education - RS Ministry of Youth, Family and Sports - FBiH Ministry of Labour and Social Policy - RS and FBiH statistical offices - Brčko District Government - local governments (Banja Luka, Sarajevo, Bihać, East Sarajevo)

		<ul style="list-style-type: none"> - health centres (Sarajevo and Banja Luka) - schools (Sarajevo primary and high school) - CSOs (youth CSOs, shelters for GBV survivors, and other), and inter-faith organizations (Sarajevo, Banja Luka, Bihać, Zenica, Brčko) - UN agencies (UNDP, UNICEF, IOM, UN Women, WHO, UNHCR) and RCO
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]		Sources of information [List the source(s) of evidence for each of the data collected]
<p>1.1.1 CPD Theory of Change contains the key elements – core problem, overall and specific objectives, expected outcomes, and assumptions and risks</p> <p>The CP Theory of Change (TOC) identifies the core problem that the UNFPA CO BiH aims to address in BiH - Not all women and youth, and in particular marginalized groups, are reaching their full potential. The CPD elaborates that women and youth in BiH are disenfranchised and excluded from the labour market, that there is extensive out-migration of young people, and that gender-based violence is prevalent.²⁷² These are considered to be some of the factors of the overall population decline and loss of human capital. The TOC, or the CPD, do not identify overall or specific objectives in relation to the core problem, neither does the CPD, but it does however, identify the mission for the UNFPA CO BiH in the period 2021-2025: <i>By 2025, the human capital of Bosnia and Herzegovina will be strengthened through evidence-based population policies, fulfilment of youth potentials, particularly women and girls, and affirmative social values and practices.</i> The mission places focus on women and youth, although without specifying intersectionality. The TOC also defines desired impact, which mirrors UNFPA's globally set outcomes. The CPD places focus on implementation of the ICPD PoA and the three transformative results set by the UNFPA globally. The TOC identifies long-term outcomes, which are, in fact, UNSDCF outcomes to which the UNFPA CO BiH has committed to contribute. The CPD and TOC specify two outcome areas: <i>Adolescents and Youth</i>, and <i>Population and Development</i>, which altogether combine eight outputs. This formulation of outcome areas is different from the previous CPD (2015-2020), which also included the SRHR and Gender Equality components. Such breakdown of outcome areas may be misleading in terms of definition of target groups (which also, apart from youth and adolescents, include women, and elderly people), and it may come short of adequately portraying the CP in its entirety (particularly the elements relating to GBV and women's empowerment). Nonetheless, the UNFPA CPD BiH 2021-2025 provides for a continuation of the UNFPA CO BiH work in the overall areas of access to <i>sexual and reproductive health and reproductive rights</i>, reduction in the unmet need for <i>family planning</i>, reduction in <i>gender-based violence</i> and harmful practices, and evidence-based <i>population policies</i>. Further interventions relating to <i>peace and reconciliation</i> are added to the CPD, embodied in specific outputs and in line with the political context of BiH's post-war society. The assumptions and risks stated in the TOC are non-specific to individual CP outcome areas and pertinent outputs, which is a shortcoming given UNFPA's specific and often controversial mandate and</p>		<p>UNFPA CP BiH Theory of Change documents</p> <p>UNFPA SP 2018-2021, 2022-2025</p> <p>UNSDCF 2021-2025</p> <p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH Annual Reports</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p>

²⁷² UNFPA (2020), p.2.

interventions in BiH's political, social and economic context, particularly in relation to specific target groups, including marginalized and vulnerable groups. ²⁷³	
<p>1.1.2 CPD Results Framework contains clear linkages between UNFPA CO BiH outputs and objectives/outcomes defined in wider strategic frameworks relevant for UNFPA CO BiH (UNSDCF, UNFPA SPs)</p> <p>The CPD Results Framework links individual CP outputs with individual UNSDCF and UNFPA SP outcomes. The UNFPA CO BiH contributes to four out of five UNSDCF outcomes and two UNFPA SP 2018-2021 outcomes.²⁷⁴ As noted above, the linkages with UNFPA SP are only established with the Adolescents and Youth, and Population and Development outcomes, although the CP contains specific SRHR and Gender Equality/Women's Empowerment interventions. The Results Framework has not been updated with the passage of the UNFPA Strategic Plan 2022-2025, thus lacking explicit alignment with the three transformative results. However, the eight CPD outputs are aligned with one or more UNFPA SP 2022-2025 outputs: (a) policy and accountability; (b) quality of care and services; (c) gender and social norms; (d) population change and data; (e) humanitarian action; and (f) adolescents and youth.</p>	<p>UNFPA SP 2018-2021, 2022-2025</p> <p>UNSDCF 2021-2025</p> <p>UNFPA CPD BiH 2021-2025</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p>
<p>1.1.3 Indicators and milestones set up in the CPD and Annual Results Plans are aligned with the assessed needs of relevant population groups and enable adequate monitoring of expected and achieved results</p> <p>Targets for outputs are set by the UNFPA CO BiH and outlined in the Results Framework, although not consistently in AWP/RRPs. It is possible to measure the achievement of outputs in line with CPD targets. Indicators at this level of the intervention logic largely relate to the number of governmental stakeholders and health professionals included, the number of local communities reached, or the number of specific policy, data collection, and community initiatives implemented. Only two of the total of 14 output indicators relate to reaching specific population groups – <i>Number of youth that undergo capacity training sessions using youth-peer peace methodology</i> and <i>Number of marginalized and vulnerable youth that undergo capacity training sessions using youth-peer peace methodology</i>. This indicates that the CP, as formulated in the CPD Results Framework, is largely oriented to capacity building and policy development, and not directly to end users, or specific groups of the wider population. On the other hand, the indicators at the outcome level in the Results Framework do set goals for achieving impact in relation to general population (<i>e.g. Coverage of essential health services, BiH conducted at least one population and housing census during the last 10 years</i>), and specific groups of population, most notably women, adolescents and youth (<i>e.g. Per cent of women (15-49 years) with family planning needs satisfied with modern methods, and Self-assessed levels of trust and engagement amongst young people</i>). Milestones and indicators defined in AWP/RRPs vary from year to year, which indicates a flexibility in annual planning, although not necessarily consistency in terms of monitoring by CPD</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>UNFPA SP 2018-2021, 2022-2025</p> <p>UNSDCF 2021-2025</p> <p>UNSDCF 2021-2025 Evaluation</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p>

²⁷³ For example, family planning and women's economic empowerment at times of population decline and family values political narratives; SRHR and CSE taboos in a traditionally patriarchal society; inter-ethnic reconciliation in a post-war society affected by divisive narratives and attitudes; lack of strong youth organizations at times of high youth emigration; failure to view elderly people as contributing to human capital; governments not prioritizing systemic approach to addressing the needs of marginalized and vulnerable groups; and so on.

²⁷⁴ One UNSDCF outcome to which UNFPA CO BiH does not contribute is Outcome 1. By 2025, people benefit from resilient, inclusive and sustainable growth ensured by the convergence of economic development and management of environment and cultural resources.

<p>output indicators in COARs. This was amended in 2023 and 2024 AWP/RRPs and 2023 Annual Report, which included monitoring by CPD outputs, milestones, and targets.</p> <p>Whilst it is still relatively straightforward to monitor and measure the CP output indicators, measuring results at outcome level, by using the indicators set, is challenging. Namely, there is no reliable and readily available data for the measurements by UNSDCF outcome indicators in relation to the baselines established,²⁷⁵ and not all UNFPA Strategic Plan indicators are measurable. More specifically, the recent UNSDCF evaluation was not able to measure the <i>Outcome indicator 3.a: SDG Indicator 3.8.1 - Coverage of essential health services (UHC)</i>. The same evaluation was not able to measure another UNFPA-selected <i>Outcome indicator 5.c: Self-assessed levels of trust and engagement amongst young people</i>. One UNSDCF outcome indicator to which UNFPA had committed to contribute under the CPD was measured by the UNSDCF evaluation - <i>Outcome indicator 3.d: % Women (15-49 years) with family planning needs satisfied with modern methods (SDG 3.7.1)</i>. However, it is unclear which specific sources of data were used for this measurement. Concerning UNFPA SP indicators, the indicator <i>Adolescents and youth, including marginalized adolescents and youth, are engaged in the formulation of national sexual and reproductive health policies (Y/N)</i> is set too broadly to capture specific and measurable contributions. Furthermore, the UNFPA SP indicator <i>Bosnia and Herzegovina conducted at least one population and housing census during the last 10 years (Y/N)</i> is specific and measurable, although it is not likely that the UNFPA CO BiH could have contributed to this target. Using a mixture of outcome indicators from two different sources (UNSDCF and UNFPA SP) poses a challenge for comprehensive measurement of contribution to either of the two strategic documents. This raises two questions: 1) How should UNFPA BiH CP objectives and outcomes be formulated and in relation to which strategic framework?, and 2) How can UNFPA BiH CP objectives and outcomes be formulated in order to ensure CP's clear alignment with UNFPA's mandate and strategic priorities, whilst meaningfully contributing, and in a measurable way, to the UNSDCF?</p>	
<p>1.1.4 In determining the needs of vulnerable and marginalised population groups in CPD and AWP/RRPs, CO BiH has relied on official BiH statistics, UNFPA surveys, Voluntary National Reports, and relevant international reports</p> <p>The CPD broadly identifies the needs of women and youth in BiH by stating available figures and information on unmet family planning needs, lack of comprehensive SRH screening programmes, GBV prevalence, and gender and age gaps on the labour market. The CPD also highlights the unresolved legacy of the last conflict – accumulated trauma, and unmet needs of survivors of conflict-related sexual violence, as well as other social and economic reasons/needs for youth and whole families wanting to relocate to the West. Simultaneously, the CPD highlights that there is a lack of up-to-date and disaggregated</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>2012 Multiple Indicator Cluster Survey (MICS)</p> <p>GBV prevalence surveys (2013, 2018)</p> <p>Latest CAT, CEDAW reviews, UPR</p>

²⁷⁵ The UNSDCF Evaluation (2021-2025) notes: „It is important to note that the framework for measuring UNSDCF results at the output and outcome levels exhibits several notable weaknesses. At the outcome level, there is often a lack of adequate data, which makes it challenging to effectively track and assess results. Furthermore, these indicators are set at such a high level that it becomes difficult to determine the specific contributions of the UN. At the output level, the indicators appear more as a collection of very different indicators from various projects rather than a cohesive set of indicators aligned with the Theory of Change (ToC). This lack of consistency is primarily a result of programmatic fragmentation. Additionally, targets at the output level are frequently set with lower ambitions to make them more easily achievable, potentially limiting the drive for higher performance and more impactful results. A significant issue also lies in the absence of clear logical links and consistency between the output and outcome level indicators. This disconnect makes it difficult to demonstrate how outputs effectively contribute to desired outcomes, complicating strategic adjustments and accountability.“ Disclaimer: Evaluation of UNSDCF 2021-2025 Bosnia and Herzegovina[Vasseur and Babović (2024).], Final Report, December 2024, not published at the time of CPE drafting.

<p>data to inform development priorities in BiH, particularly when it comes to the needs of marginalized and vulnerable groups. It is, therefore, largely unknown which are the LNOB groups in BiH (in terms of discrimination, geography, vulnerability to shocks, governance, and socio-economic status) and to what degree, or what is the level of intersectionality and which are the multiple layers of deprivation, disadvantage and discrimination.²⁷⁶ This is primarily related to the fact that the latest census in BiH was conducted in 2013, and that the latest Multiple Indicator Cluster Survey (MICS) in BiH was conducted in 2012.²⁷⁷ Moreover, the latest GBV prevalence survey in BiH was conducted in 2018,²⁷⁸ five years after the first such survey in BiH in 2013.²⁷⁹ It is further confirmed through consultation with various governmental and non-governmental stakeholders that the needs of marginalized and vulnerable groups were not highly prioritized by UNFPA's governmental partners in BiH. Some justify this due to the existence of vulnerabilities of the general population (as a result of unemployment, poverty, belonging to non-dominant ethnic groups in certain areas, among other factors). Still, this does not underestimate the importance of considering multiple vulnerabilities of groups, such as persons with disabilities, Roma, migrants, LGBTQIA+ population, and other routinely excluded groups.</p> <p>Although the CPD mentions contribution to monitoring of implementation of international treaties signed by BiH, no specific reference is made in AWP/RRPs or Annual Reports to how the CP can contribute, or has contributed, to the implementation of the UN Charter, the Universal Declaration of Human Rights, the Convention on the Elimination of all Forms of Discrimination against Women, the Convention against Torture²⁸⁰ in terms of improving the status and inclusion of marginalized and vulnerable population groups.</p>	<p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>UNFPA CO BiH stakeholder consultation 11 December 2024</p>
<p>1.1.5 The choice of target groups for UNFPA CO BiH interventions is consistent with identified and evolving needs of vulnerable and marginalized population groups</p> <p>In absence of up-to-date and reliable data, the CP is steered towards provision of data, to the extent possible, through conducting surveys and other research to support both CP delivery and evidence-based policy making by governments in BiH. The UNFPA CO BiH supported development of several important studies, e.g. <i>Inquiry on Sexual and Reproductive Health and Reproductive Rights in BiH</i>,²⁸¹ <i>Regional Assessment of Country Capacities for Cervical Cancer Prevention</i>,²⁸² <i>Survey on Youth Emigration</i>,²⁸³ <i>Loneliness and Social Isolation among Older People</i>,²⁸⁴ <i>Follow-Up Report on the Situation in Care</i></p>	<p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Inquiry on Sexual and Reproductive Health and Reproductive Rights in BiH</p> <p>Regional Assessment of Country Capacities for Cervical Cancer Prevention</p> <p>Survey on Youth Emigration</p>

²⁷⁶ UNSDG (2022).

²⁷⁷ UNICEF (2013).

²⁷⁸ OSCE (2019).

²⁷⁹ Babović et al. (2013).

²⁸⁰ It should be noted that the latest CAT review for BiH was published at the end of 2017, the latest CEDAW report for BiH was issued in 2019, and the latest Universal Periodic Review was published in 2019, with the fourth cycle review being planned for in January 2025.

²⁸¹ BiH Institution of Ombudsman for Human Rights (2021).

²⁸² UNFPA and ICCPA (2021).

²⁸³ UNFPA, proMente and Ipsos (2021).

²⁸⁴ Keck (2022).

<p><i>Institutions for Persons with Intellectual and Mental Disabilities in Bosnia and Herzegovina</i>,²⁸⁵ among others. UNFPA CP was also informed by the <i>Population Projections</i>,²⁸⁶ <i>the Effects of Population Changes on the Provision of Public Services in Bosnia and Herzegovina</i>,²⁸⁷ and the <i>National Transfer Accounts</i>,²⁸⁸ the development of which the UNFPA CO BiH also supported. The UNFPA CO BiH has also relied on research conducted by other actors, e.g. the <i>Youth Study Bosnia and Herzegovina 2018/2019</i>,²⁸⁹ which was conducted by Friedrich-Ebert-Stiftung (FES), and the UK-funded study <i>Reforms - how to do it right</i>,²⁹⁰ which tackles possible approaches to reforms addressing youth needs. The UNFPA CO BiH has used available data to shape the CP and steer its implementation, by integrating needs of specific groups into policy development, capacity building, and service provision.</p> <p>For example, <i>survivors of GBV</i> are broadly targeted through outputs including integration of MISP into emergency preparedness, and transformative actions engaging youth and FBOs. <i>Marginalized and vulnerable groups of youth</i> are targeted under the SRHR component of the CP through Family Planning capacity building,²⁹¹ and, more directly, through the peace and reconciliation interventions with youth.²⁹² The CP is also oriented toward the <i>elderly population</i>, as part of planned interventions relating to healthy and active ageing under the Population and Development component, although substantial funding for this work is lacking. This component, along with GE/Women's empowerment component, also targets <i>economically inactive women</i> - mothers of small children and those that have been out of the labour market,²⁹³ who can be considered as an excluded and largely invisible group, a group that is at risk of poverty and exposed to risk of economic forms of GBV, violence, due to potential lack of access to own funds, but also as a category of population that is critical for population development and demographic resilience. The <i>migrant population in BiH, in their diversity</i>, are targeted specifically through UNFPA CO BiH actions as part of the humanitarian response and service delivery to women and girls, boys and men, including persons with disability, survivors of GBV, members of LGBTQIA+ community, in Temporary Reception Centres (TRCs).</p>	<p>Loneliness and Social Isolation among Older People</p> <p>Follow-Up Report on the Situation in Care Institutions for Persons with Intellectual and Mental Disabilities in Bosnia and Herzegovina</p> <p>Population Projections</p> <p>National Transfer Accounts</p> <p>FES Youth Study Bosnia and Herzegovina 2018/2019</p> <p>UK-funded study <i>Reforms - how to do it right?</i></p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>UNFPA CO BiH stakeholder consultation 11 December 2024</p>
<p>1.1.6 Proportion of CPD outputs (and financial resources) that focused on most vulnerable and marginalised population groups (including sub-categorization of these groups)</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p>

²⁸⁵ BiH Institution of Ombudsman for Human Rights (2024).

²⁸⁶ Federalni zavod za statistiku (2020). [Institute for Statistics of FBiH (2020).] and Republika Srpska Institute of Statistics (2020).

²⁸⁷ Hadžić F., et al. (2022)

²⁸⁸ Halilbašić (2024), not published.

²⁸⁹ FES (2019).

²⁹⁰ Valicon (2019), not published.

²⁹¹ For example, the training on youth-friendly family planning services integrates specific needs of persons with people with disabilities, mental illnesses, people living with HIV, Roma population, and other vulnerable and marginalized groups of population. One training observed confirmed that the training takes on a human rights approach and focuses on elimination of stereotypes and prejudices among medical students and medical doctors. These contents are also captured in the Family Planning Training Manuals developed in cooperation with the FBiH and RS Ministries of Health [Šindrak et al. (2021a) and Šindrak et al. (2021b)]

²⁹² For example, this work integrates the needs of children and youth with disability through support for organization of Special Olympics in individual local communities.

²⁹³ The project "On-the-job training for mothers of preschool children at the company dm drogerie markt" was envisaged as a pilot project with the aim of testing how provision of support to unemployed women with small children in training, childcare, and employment, can help eliminate barriers that women often face when seeking employment, such as low wages, unsatisfactory working conditions, lack of modern skills, insufficient services for children and/or elderly family members, and discrimination due to motherhood. proMente and UNFPA (2023), not published.

The CPD cites the LNOB principle in shaping the CP and its intervention logic. The CPD Results Framework and annual budgets/financial reports show evidence of inclusion of marginalized and vulnerable groups of population as target groups in the CP design and implementation. More specifically, *survivors of GBV* are targeted through two outputs (1.2 Integration of MISP into emergency preparedness, and 2.2 Behaviour-change programmes aimed at preventing GBV). *Marginalized and vulnerable youth* are indicated as target groups under three CP outputs (3.1, 3.2 and 3.3 relating to social cohesion/peace and reconciliation), although in implementation interventions were largely reduced to support to organization of the Special Olympics and inclusion of youth with disabilities and youth from remote rural areas in community actions. *Elderly people* are targeted under one output (4.1 Evidence-based population policies), but interventions in this field have not materialized beyond the research on loneliness. Similarly, *unemployed women* as a vulnerable group are targeted under the same output. It should be noted that two remaining outputs (1.1 and 2.1 tackling wider SRHR area), tackling family planning and healthy lifestyles education, are targeting the general population of youth, with some integration of intersectionality as a cross-cutting issue. Although not accounted for in the CPD, the UNFPA CO BiH has invested considerable resources into assistance to *migrants* through its humanitarian response interventions. An overview of financial resources invested in interventions addressing the needs of marginalized and vulnerable groups, as identified by the UNFPA CO BiH, shows that **at least 80% of the budget was in fact allocated to interventions addressing needs of distinct marginalized and vulnerable groups.**

Overview of financial resources invested in actions targeting marginalized and vulnerable groups, by group, in the period 2021-2024 under the UNFPA BiH CPD 2021-2025

Outputs targeting marginalized and vulnerable groups	Target groups	Budget (2021-2024)	Utilisation (2021-2024)
Output 1.2 MISP	<i>GBV survivors</i>	796,796.13	645,920.69
Output 2.2 GBV, incl. Humanitarian response		2,906,174.33	2,652,158.30
<i>GBV</i>	<i>GBV survivors</i>	2,406,474.33	2,204,576.79
<i>Humanitarian response</i>	<i>Migrants</i>	499,700.00	447,581.51
Output 3.1, 3.2, 3.3 Special Olympics	<i>Persons with disabilities</i>	47,634.62	48,000.52
Output 4.1		137,671.62	138,936.61
<i>Piloting training of unemployed women</i>	<i>Unemployed women</i>	137,671.62	138,936.61
<i>Healthy Ageing</i>	<i>Elderly people</i>	0.00	0.00
Total specific outputs		6,794,451.03	6,137,174.42

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Total all outputs		8,028,450.00	7,147,252.58 ²⁹⁴	
Percentage of budget dedicated to distinct marginalized and vulnerable groups		78.68%	79.15%	
Assumptions for verification 1.2: UNFA CO BiH is adaptable to respond to emergency situations with particular focus on the need of affected population groups (women, youth, vulnerable and marginalized categories of populations)	Indicators: 1.2.1: CPD and AWP/RRPs contain provisions allowing for UNFPA CO BiH’s adaptability to respond to emergency situations 1.2.2: UNFPA CO BiH has achieved all Minimum Preparedness Actions to enable swift support to affected partners and stakeholders (including target groups of women, youth and vulnerable and marginalized categories of population) in case of an emergency			Methods and tools for data collection: 1. Desk review of CPD, AWP/RRPs, MPAs 2. Key informant interviews: - UNFPA CO BiH staff
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]				Sources of information [List the source(s) of evidence for each of the data collected]
1.2.1 CPD and AWP/RRPs contain provisions allowing for UNFPA CO BiH’s adaptability to respond to emergency situations UNFPA CO BiH has, under the CP 2021-2025, shown uninterrupted presence and action in emergency situations. Namely, the CPE for the period 2013-2018 demonstrated UNFPA CO’s adaptability to the migrant crisis in 2017 and the devastating floods in BiH in 2014, which was further upheld under the current CP with continued humanitarian response in migrant settings, but also with the swift reaction by the UNFPA CO BiH humanitarian response team to another humanitarian crisis caused by floods in BiH in October 2024. The CPD provides for the “development-humanitarian nexus” ²⁹⁵ as part of preparedness and disaster risk reduction interventions. This component of UNFPA CO BiH work captures CO’s humanitarian response and service delivery in migrant settings, more specifically in TRCs in Sarajevo and Bihać. Humanitarian response actions (support to Women and girls’ centres and Young men and boys’ centres in SRHR and GBV) are planned for in the AWP/RRPs and reported on in COARs, but funded largely through external sources. In this sense, the humanitarian response is integrated in the CP, although not in the CP core budget.				UNFPA CPD BiH 2021-2025 UNFPA CO BiH AWP/RRPs UNFPA CO BiH Annual Reports UNFPA CO BiH Financial Reports Stakeholder consultation: UNFPA CO BiH KIIs
1.2.2 UNFPA CO BiH has achieved all Minimum Preparedness Actions to enable swift support to affected partners and stakeholders (including target groups of women, youth and vulnerable and marginalized categories of population) in case of an emergency				UNFPA CO BiH Annual Preparedness Action Plan 2018 UNFPA CO BiH Annual Reports Stakeholder consultation: UNFPA CO BiH KIIs

²⁹⁴ The calculation was done at the beginning of December 2024, complete 2024 Financial Report was not available at the time of CPE drafting.

²⁹⁵ UNFPA (2020), p. 5.

<p>UNFPA CO BiH avails itself of an Annual Preparedness Action Plan from 2018, which is based on Minimum Preparedness Actions (MPAs) and Minimum Preparedness Requirements (MPRs) for COs. This plan provides for risk monitoring and contingency planning; coordination, advocacy and management arrangements; needs assessment/information management/response monitoring; and operational capacity and arrangements to deliver relief and protection. According to the latest monitoring in 2019, a total of 20 of 28 MPRs were achieved by the CO, two were ongoing, while six had not or hardly started. More than 20,000 USD was allocated from core funds for preparedness initiatives. In response to the October 2024 floods in Jablanica and Konjic, the UNFPA CO BiH mobilized the Emergency Fund and provided humanitarian response with help of the team working in the TRCs. The assistance included a rapid GBV assessment, provision of 400 dignity kits, deployment of GBV case worker and a psychologist working in the mixed migration response to Jablanica and Konjic for two months and providing specialized services to women and girls affected by the floods and landslides, and support to local authorities (primary health care centres, social welfare centres) and women-led CSOs and shelters for GBV survivors in GBV and SRH service provision. Since the last monitoring of the Annual Preparedness Action Plan was conducted in 2019, it is unclear to what extent this plan was in fact utilized in provision of the specific emergency response to floods in 2024.</p>	
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Evaluation Question 2: To what extent UNFPA's initiatives have been aligned with existing relevant international strategic frameworks and government policies/strategies and served as a catalyst for broader systemic or policy changes at various governance levels in BiH?		
Evaluation Criteria: Coherence		
<p>Assumptions for verification 2.1: <i>There is evidence of alignment between the UNFPA programme and a) UNFPA policies and strategies, b) goals of ICPD PoA, c) the UNSDCF, d) SDGs, and e) interventions of other development partners in the fields of health, youth, gender equality, peace and reconciliation, and population development.</i></p>	<p>Indicators:</p> <p>I.1: CPD and AWP/RRPs are aligned with the UNFPA strategic plans 2018-2021 and 2022-2025</p> <p>I.2: CPD and AWP/RRPs are aligned with the ICPD PoA goals</p> <p>I.3: CPD and AWP/RRPs are aligned with the UNSDCF outputs and outcomes</p> <p>I.4: CPD and AWP/RRPs are aligned with the SDGs</p> <p>I.5: CPD and AWP/RRPs are aligned with the EU priorities for BiH (European Commission Opinion from 2019 and EC progress reports)</p> <p>I.6: CPD and AWP/RRPs consider interventions by other development partners (Sida – youth and gender, SDC - health, youth, migration), GIZ (youth, migration) EC IPA projects (youth antidiscrimination, gender, migration), OSCE (GBV), USAID (youth), among others) and coordinate accordingly</p>	<p>Methods and tools for data collection:</p> <p>1. Desk review of CPD, UNFPA SP 2018-2021, UNFPA 2022-2025, UNSDCF, ICPD PoA, EC Opinion and progress reports, development partners' programmes (Sida, SDC, GIZ, EC, OSCE, USAID, among others)</p> <p>2. Key informant interviews:</p> <ul style="list-style-type: none"> - UNFPA CO BiH staff - UN agencies (UNDP, UNICEF, IOM, UN Women, WHO, UNHCR) and RCO)
Data collected <i>[must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</i>		Sources of information <i>[List the source(s) of evidence for each of the data collected]</i>
<p>I.1: CPD and AWP/RRPs are aligned with the UNFPA strategic plans 2018-2021 and 2022-2025</p> <p>The UNFPA CPD BiH 2021-2025 was created in line with the then pertinent UNFPA SP 2018-2021, and was not amended following the adoption of the UNFPA SP 2022-2025. Still, a majority, but not all CPD outputs envisaged in the CPD are generally aligned with either the outcomes or outputs of the two SPs in force for the duration of the CPD. Some inconsistencies are noted in relation to the CPD Output 2.2 (Capacities of youth-led civil society organizations are strengthened for delivery of behaviour change programmes aimed at promoting gender equality and preventing gender-based violence), placed under the SP 2018-2021 Outcome 2 (Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts), while clearer alignment would have been achieved with the Outcome 3 (Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings) and its pertinent Outputs 10 and</p>		<p>CPD 2021-2025</p> <p>AWP/RRPs 2021, 2022, 2023, 2024</p> <p>UNFPA SP 2018-2021</p> <p>UNFPA SP 2022-2025</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p>

11.²⁹⁶ Furthermore, a gap can be observed in the alignment of CPD Outputs 3.2 (Capacities of youth-led civil society organizations are strengthened to sustain long-term commitment and engagement to peace and reconciliation in Bosnia and Herzegovina) and 3.3 (Skills and capacities of youth are strengthened for critical thinking, and youth are empowered to promote dialogue) with Outcome 2 of the UNFPA SP 2018-2021 (Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts), but these outputs are in fact aligned with Output 8²⁹⁷ under this SP outcome. Similarly, the CPD Output 4.1 (Government institutions and other relevant stakeholders have adequate understanding of population issues and capacities for data collection and development of evidence-based population policies and legislation) does not seem to find its place under any of the UNFPA SP 2022-2025 outcomes/transformational goals, although it is aligned with Output 4²⁹⁸ of this SP. The CPD does not provide for humanitarian response, but the humanitarian response actions, as envisaged by AWP/RRPs are, in fact, aligned with the UNFPA SP 2022-2025 Output 5.²⁹⁹ Similarly, the CPD does not envisage outputs relating to the economic empowerment of women and family-friendly labour and social policies, but they have been planned under AWP/RRPs and implemented by the UNFPA CO BiH. These interventions are broadly aligned with Outcomes 3 and 4 of the UNFPA SP 2018-2022 and Output 3³⁰⁰ of the UNFPA SP 2022-2025. **Although the CPD does not always contain clear and explicit references to outcomes and outputs of UNFPA SPs, all UNFPA outputs and clusters of activities under outputs are broadly aligned with UNFPA's global strategic direction.**

CP Output(s)	SP	SP Outcome	SP output
Output 1.1 (1) Capacities of health systems are strengthened for provision of youth friendly family planning services (including access to affordable contraceptives) and prevention of reproductive illnesses, leaving no one behind	2018-2021	Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence	Output 2: Strengthened capacities to provide high-quality, integrated information and services for family planning, comprehensive maternal health, sexually transmitted infections and HIV, as well as information and services that are responsive to emergencies and fragile contexts
	2018-2021		Output 3: Strengthened capacities of the health workforce, especially those of midwives, in health management

²⁹⁶ UNFPA SP 2018-2021 Output 10: Strengthened civil society and community mobilization to eliminate discriminatory gender and sociocultural norms affecting women and girls; Output 11: Increased multisectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial support and coordination.

²⁹⁷ UNFPA SP 2018-2021 Output 8: Young people have opportunities to exercise leadership and participate in sustainable development, humanitarian action and in sustaining peace.

²⁹⁸ UNFPA SP 2022-2025 Output 4: By 2025, strengthened data systems and evidence that take into account population changes and other megatrends including ageing and climate change, in development programmes and policies, especially those related to sexual and reproductive health and reproductive rights.

²⁹⁹ UNFPA SP 2022-2025 Output 5: By 2025, strengthened the capacity of critical actors and systems in preparedness, early action and in the provision of life-saving interventions that are timely, integrated, conflict- and climate-sensitive, gender-transformative and peace-responsive.

³⁰⁰ UNFPA SP 2022-2025 Output 3: By 2025, strengthened mechanisms and capacities of actors and institutions to address discriminatory gender and social norms to advance gender equality and women's decision-making.

			and clinical skills for high-quality and integrated sexual and reproductive health services, including in humanitarian settings	
	2022-2025	Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated Outcome 2: By 2025, the reduction of preventable maternal deaths has accelerated	Output 2: By 2025, strengthened capacity of systems, institutions and communities to provide high-quality, comprehensive sexual and reproductive health information and services, including supplies, as well as essential services to address gender-based violence and harmful practices.	
Output 1.2 (2) Preparedness and disaster risk reduction capacities of governments and local institutions are strengthened to respond to gender-based violence and effectively address sexual reproductive health services in emergencies	2018-2021	Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence	Output 1: Enhanced capacities to develop and implement policies, including financial protection mechanisms, that prioritize access to information and services for sexual and reproductive health and reproductive rights for those furthest behind, including in humanitarian settings	
	2022-2025	Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated Outcome 2: By 2025, the reduction of preventable maternal deaths has accelerated Outcome 3: By 2025, the reduction in gender-based violence and	Output 5: By 2025, strengthened capacity of critical actors and systems in preparedness, early action and in the provision of life-saving interventions that are timely, integrated, conflict-and climate-sensitive, gender-transformative and peace-responsive	

		harmful practices has accelerated		
Output 2.1 (3) Capacities of the education system are strengthened for provision of healthy lifestyles education	2018-2021	Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts	Output 6: Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights, and well-being	
	2022-2025	Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated	Output 6: By 2025, strengthened skills and opportunities for adolescents and youth to ensure bodily autonomy, leadership and participation, and to build human capital	
Output 2.2 (4) Capacities of youth-led civil society organizations are strengthened for delivery of behaviour change programmes aimed at promoting gender equality and preventing gender-based violence	2018-2021	Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings	Output 10: Strengthened civil society and community mobilization to eliminate discriminatory gender and sociocultural norms affecting women and girls	
	2018-2021		Output 11: Increased multisectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial support and coordination	
	2022-2025	Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated	Output 6: By 2025, strengthened skills and opportunities for adolescents and youth to ensure bodily autonomy, leadership and participation, and to build human capital.	
	2022-2025	Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated	Output 1: By 2025, improved integration of sexual and reproductive health and reproductive rights, as well as the prevention of and response to gender-based violence and harmful	

		<p>Outcome 2: By 2025, the reduction of preventable maternal deaths has accelerated</p> <p>Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated</p>	<p>practices, into universal health coverage-related policies and plans, and other relevant laws, policies, plans, and accountability frameworks</p>	
<p>Output 3.1 (5) Capacities of faith-based organizations are strengthened to promote youth leadership and engagement in transforming the toxic legacy of war-related pain and trauma, including capacities to promote equitable and transformative views and attitudes around gender, ethnic and cultural identities</p>	2018-2021	<p>Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings</p>	<p>Output 11: Increased multisectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial support and coordination</p>	
	2022-2025	<p>Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated</p>	<p>Output 3: By 2025, strengthened mechanisms and capacities of actors and institutions to address discriminatory gender and social norms to advance gender equality and women's decision-making</p>	
<p>Outputs 3.2 (6) Capacities of youth-led civil society organizations are strengthened to sustain long-term commitment and engagement to peace and reconciliation in Bosnia and Herzegovina &</p> <p>Output 3.3 (7) Skills and capacities of youth are strengthened for critical thinking, and youth are</p>	2018-2021		<p>Output 8: Young people have opportunities to exercise leadership and participate in sustainable development, humanitarian action and in sustaining peace</p>	

empowered to promote dialogue				
Output 4.1 (8) Government institutions and other relevant stakeholders have adequate understanding of population issues and capacities for data collection and development of evidence-based population policies and legislation	2018-2021	Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development	Output 13: Improved national population data systems to map and address inequalities; to advance the achievement of the Sustainable Development Goals and the commitments of the Programme of Action of the International Conference on Population and Development; and to strengthen interventions in humanitarian crises	
	2022-2025		Output 4: By 2025, strengthened data systems and evidence that take into account population changes and other megatrends including ageing and climate change, in development programmes and policies, especially those related to sexual and reproductive health and reproductive rights	
I.2: CPD and AWP/RRPs are aligned with the ICPD PoA goals The CPD implementation, as seen through CPD outputs and AWP/RRPs, is steered toward the ICPD benchmarks and objectives. Specific focus of UNFPA interventions is placed on the ICPD PoA chapters outlined in the table below. All CPD outputs and individual activities not accounted for in the CPD are aligned with at least one ICPD PoA chapter. <i>Table: Alignment of CPD and AWP/RRP interventions with ICPD PoA</i>				CPD 2021-2025 AWP/RRPs 2021, 2022, 2023, 2024 UNFPA SP 2018-2021 UNFPA 2022-2025 UNSDCF 2021-2025 ICPD PoA
ICPD PoA Chapter		Relevant CPD outputs and AWP/RRP actions		
III Interrelationships between population, sustained economic growth and sustainable development		2.2, 4.1		
IV gender equality, equity and empowerment of women		2.2, 3.1, 4.1		
V The family, its roles, rights, composition and structure		2.2		
VI Population growth and structure		3.2, 3.3, 4.1		
VII Reproductive rights and reproductive health		1.1, 1.2, 2.1		
VIII Health, morbidity and mortality		1.1		

X International migration	2.2	
XI Population development and education	1.2	
XII Technology, research and development	4.1	
I.3: CPD and AWP/RRPs are aligned with the UNSDCF outputs and outcomes The CPD is generally well aligned with the UNSDCF, as demonstrated through alignment of the CPD outputs and the UNSDCF outcomes and indicators. This alignment is shown in the Table below. Some inconsistencies are found in relation to the CPD Output 2.2 (Capacities of youth-led civil society organizations are strengthened for delivery of behaviour change programmes aimed at promoting gender equality and preventing gender-based violence), which essentially integrates GBV/GE/WE interventions of the UNFPA CO BiH, and cannot necessarily be linked with the UNSDCF Outcome 2 (By 2025, people benefit from more inclusive and higher quality educational programmes focused on 21st century skills for enhanced employability, well-being and active participation in society, and would potentially link better with Outcome 4 (By 2025, people contribute to, and benefit from more accountable and transparent governance systems that deliver quality public services, and ensure rule of law), or even partly with Outcome 1 (By 2025, people benefit from resilient, inclusive and sustainable growth ensured by the convergence of economic development, and management of environment and cultural resources). Outcome 1 may have been better suited for the UNFPA CO BiH interventions, planned under AWP/RRPs, relating to women's economic empowerment and family-friendly labour policies and business practices. These individual inconsistencies may have been consequences of amendments to AWP/RRPs as result of receipt of additional funding for implementation of the Women, Peace and Security Agenda and women's economic empowerment actions.		CPD 2021-2025 AWP/RRPs 2021, 2022, 2023, 2024 UNFPA SP 2018-2021 UNFPA SP 2022-2025 UNSDCF 2021-2025
UNFPA CP Outputs	Clusters of activities per CP output(s)	UNSDCF
Output 1.1 Capacities of health systems are strengthened for provision of youth friendly family planning services (including access to affordable contraceptives) and prevention of reproductive illnesses, leaving no one behind	<ul style="list-style-type: none"> - SRH consultations for women and girls in humanitarian settings, - cervical cancer screenings and prenatal care, - HPV vaccination programs; - menstrual health campaigns; - training of health professionals, family medicine doctors and students in SRH and family planning, including STI 	UNSDCF Outcome 3 By 2025, people have access to better quality and inclusive health and social protection systems UNSDCF indicators: Coverage of essential health services (outputs 1.1 and 1.2)

	prevention and youth-friendly approaches.	Per cent of women (15- 49 years) with family planning needs satisfied with modern methods (outputs 1.1 and 1.2)	
Output 1.2 Preparedness and disaster risk reduction capacities of governments and local institutions are strengthened to respond to gender-based violence and effectively address sexual reproductive health services in emergencies	- integration of MISP into emergency preparedness of 10 local communities in BiH accompanied with MISP training for health professionals and educators.		
Output 2.1 Capacities of the education system are strengthened for provision of healthy lifestyles education	- integration of CSE into school curricula in BiH completed with development and delivery of teacher handbooks. - Training of educators and youth leaders to promote CSE and empower adolescents to make informed health and well-being decisions.	UNSDCF Outcome 2 By 2025, people benefit from more inclusive and higher quality educational programmes focused on 21st century skills for enhanced employability, well-being and active participation in society UNFPA SP indicator:	
Output 2.2 Capacities of youth-led civil society organizations are strengthened for delivery of behaviour change programmes aimed at promoting gender equality and preventing gender-based violence	- humanitarian response and support to migrants through girls and women's centres and boys and men's centres, - support to women's shelters, - CRSV/GBV actions, - Girls advance lab (GAL), - promotion of gender equality among youth and adolescents, - Bodyright initiative.	Adolescents and youth, including marginalized adolescents and youth, are engaged in the formulation of national sexual and reproductive health policies	
Output 3.1 Capacities of faith-based organizations are strengthened to promote youth leadership and engagement in transforming the toxic legacy of war-related pain and	- e-module for training of members of the clergy on the provision of psychosocial care and support for CRSV survivors.	UNSDCF Outcome 5	

trauma, including capacities to promote equitable and transformative views and attitudes around gender, ethnic and cultural identities		By 2025, there is stronger mutual understanding, respect and trust among individuals and communities UNSDCF indicator:			
Outputs 3.2 Capacities of youth-led civil society organizations are strengthened to sustain long-term commitment and engagement to peace and reconciliation in Bosnia and Herzegovina	- stigma alleviation initiatives, - Youth Peace Lab (YPL).	Self-assessed levels of trust and engagement amongst young people, where 1 is negative and 5 is positive: (1) Young people’s (15-30) attitudes on inter-ethnic trust, cooperation, education and the media, and (2) Young people’s attitudes on their civic engagement and partnership with government representatives			
Output 3.3 Skills and capacities of youth are strengthened for critical thinking, and youth are empowered to promote dialogue	- stigma alleviation initiatives, - Youth peace dialogue, - Youth peace exchanges.				
Output 4.1 Government institutions and other relevant stakeholders have adequate understanding of population issues and capacities for data collection and development of evidence-based population policies and legislation	- Youth emigration survey, - Loneliness survey, - population projections, - development of population policies, - transformative action for economic empowerment of women (mothers of preschool children).	UNSDCF Outcome 4 By 2025, people contribute to, and benefit from more accountable and transparent governance systems that deliver quality public services, and ensure rule of law UNFPA SP indicator: Bosnia and Herzegovina conducted at least one population and housing census during the last 10 years			
I.4: CPD and AWP/RRPs are aligned with the SDGs The CPD is aligned with the 2030 Agenda, but it specifically contributes to the Sustainable Development Goals (SDGs) 3, 4, 5, 8, 10, 16, and 17. This alignment is shown in the table below. <i>Table: Alignment of UNFPA CPD BiH 2021-2025 and specific AWP/RRP activities with SDGs</i> <table><tr><th>SDGs</th><th>CPD outputs and AWP/RRP activities</th></tr></table>			SDGs	CPD outputs and AWP/RRP activities	CPD 2021-2025 AWP/RRPs 2021, 2022, 2023, 2024 UNFPA SP 2018-2021 UNFPA SP 2022-2025 UNSDCF 2021-2025 AGENDA 2030
SDGs	CPD outputs and AWP/RRP activities				

3. Good health and well-being	1.1, 1.2, 2.2 ³⁰¹	
4. Quality Education	2.1	
5. Gender equality	1.2, 2.2, ³⁰² 3.1	
8. Decent work and economic growth	2.2, ³⁰³ 4.1 ³⁰⁴	
10. Reduced inequalities	2.2, 3.1, 3.2, 3.3 ³⁰⁵	
16. Peace, justice and strong institutions	2.2, ³⁰⁶ 3.1, 3.2, 3.3	
17. Partnership for the goals	4.1	
<p><i>1.5: CPD and AWP/RRPs are aligned with the EU priorities for BiH (European Commission Opinion from 2019 and EC progress reports)</i></p> <p>In May 2019, the European Commission issued its Opinion on Bosnia and Herzegovina's application for EU membership, identifying 14 key priorities³⁰⁷ that Bosnia and Herzegovina must fulfil to open the EU accession negotiations. These priorities are categorized into four main areas: (1) Democracy and Functionality of the State, (2) Rule of Law, (3) Fundamental Rights and (4) Public Administration Reform. In line with the CPD and AWP/RRPs, the UNFPA CO BiH has effectively contributed to individual priorities set by the EU for BiH's accession negotiations. UNFPA has contributed to one Rule of Law priority - Ensuring effective coordination, at all levels, of border management and migration management capacity, as well as ensuring the functioning of the asylum system. More specifically, UNFPA has been actively engaged in service provision in TRCs and support for the migration management in BiH. UNFPA has also contributed to three priorities in the area of Fundamental Rights - Strengthen the protection of the rights of all citizens, notably by ensuring the implementation of the legislation on non-discrimination and on gender equality (GBV prevention and response interventions under Output 2.2, women's empowerment interventions), Ensure an enabling environment for civil society, notably by upholding European standards on freedom of association and freedom of assembly (interventions with FBOs, youth councils, CSOs as implementing partners under outputs 3.1, 3.2 and 3.3), and Improve the protection and inclusion of vulnerable groups, in particular persons with disabilities, children, LGBTQIA+ persons, members of the Roma community, detainees, migrants and asylum seekers, as well as displaced persons and refugees in line with the objective of closure of Annex VII of the Dayton Peace Agreement (humanitarian response and interventions aiming at inclusion of GBV survivors, persons with disability and Roma). In relation to one priority in the area of Public Administration Reform, UNFPA has supported institutions in BiH, including statistical offices, in closing the data gap recognised as an obstacle to informed population policy development.</p> <p>The (2023) European Commission's report on Bosnia and Herzegovina notes positive progression in terms of BiH's</p>		<p>CPD 2021-2025</p> <p>AWP/RRPs 2021, 2022, 2023, 2024</p> <p>UNFPA SP 2018-2021</p> <p>UNFPA 2022-2025</p> <p>2019 EC Opinion and 2023 Progress Report</p>

³⁰¹ AWP/RRP activities relating to the health sector's response to GBV and humanitarian response – SRHR and GBV service provision.

³⁰² Including humanitarian response envisaged by AWP/RRPs.

³⁰³ Including development of family-friendly labour policies and business practices as envisaged by AWP/RRPs.

³⁰⁴ AWP/RRP activities relating to women's economic empowerment

³⁰⁵ All of these outputs integrated needs of specific marginalized and vulnerable groups - GBV survivors, migrants, persons with disabilities.

³⁰⁶ Including actions such as the Bodyright Initiative, policy development in relation to GBV, including TFGBV

³⁰⁷ European Commission (2019).

<p>migration management, while a number of concerns still remain in the area of fundamental rights. Furthermore, the existence of adequate legal and strategic framework for gender equality is overshadowed by a rise in femicide, which revealed a number of “systemic shortcomings of the institutional response to gender-based violence”.³⁰⁸ The relevance and alignment of the CPD with the BiH’s EU path is reaffirmed in the same report which highlighted health inequalities of girls and women: “Women and girls face problems with healthcare due to lack of health insurance and poorly organised services related to sexual and reproductive health, among other things. This especially affects women from marginalised groups (including Roma women, women from rural areas, women with disabilities), through a disproportionate lack of access to healthcare.”³⁰⁹ This report also recognises a lack of progress on organisation of the next census,³¹⁰ as well as significant deviations from the Eurostat requirements in the field of social statistics, which reaffirms the UNFPA CO BiH efforts dedicated to supporting statistical offices in development and production of social statistics. However, UNFPA’s contributions to BiH’s EU accession agenda have not been captured either in the CPD, AWP/RRPs, or UNFPA CO BiH Annual Reports.</p>	
<p><i>I.6: CPD and AWP/RRPs consider interventions by other development partners (Sida – youth and gender, SDC - health, youth, migration), GIZ (youth, migration) EC IPA projects (youth antidiscrimination, gender, migration), OSCE (GBV), USAID (youth), among others) and coordinate accordingly</i></p> <p>The CPD and AWP/RRPs cast a broad net in several intervention fields, including: youth, social cohesion, health (including SRH), GBV prevention and response, women’s economic empowerment, migration management and support, and population development/demographic resilience. An overview of donor-funded projects implemented in these fields in BiH (Annex 5 provides an illustrative and non-exhaustive overview of the development landscape in the fields addressed by the CP) shows a wide array of international development partners operating in pertinent areas, most notably youth and social cohesion, but also gender equality. It is indicated that at least 28 million EUR was invested in youth-targeting projects in BiH since 2017, and more than 46 million EUR in projects addressing social cohesion alone, or combining it with other topics, such as youth activism or gender equality. When it comes to funding in the field of gender equality (including, but not limited to addressing GBV and economic empowerment of women), at least 27 million EUR have been allocated to these projects since 2020. While projects in the health sector are not as numerous, three large projects are contributing to the development and accessibility of health services with some 22 million EUR from EU-IPA and SDC funding.</p> <p>The CPD, AWP/RRPs, or UNFPA CO BiH Annual Reports do not capture the development partners’ landscape or interventions explicitly, which may pose a risk of overlap of actions or uncoordinated work in some areas. For example, the areas of youth and social cohesion, and gender equality and women’s empowerment are heavily supported by donors and their implementing partners (including UN agencies), but there are examples of engagement of multiple actors in the area of education/healthy lifestyles/youth life skills (e.g. UNODC, Care International). In the health sector, SDC has invested funds in addressing gaps in the health system, although not directly related to SRHR, which falls directly</p>	<p>CPD 2021-2025</p> <p>AWP/RRPs 2021, 2022, 2023, 2024</p> <p>UNFPA SP 2018-2021</p> <p>UNFPA 2022-2025</p> <p>UNSDCF 2021-2025</p> <p>Development partners’ programmes (Sida, SDC, GIZ, EC, OSCE, USAID, among others)</p>

³⁰⁸ European Commission (2023), p. 43.

³⁰⁹ Ibid., p. 96.

³¹⁰ Ibid., p. 76.

within the UNFPA mandate. On the other hand, there is scarcity of ongoing projects in the field of population development, and the UNFPA CO BiH brings a specific value to the BiH development landscape by addressing this area.		
<p>Assumptions for verification 2.2: <i>The evolving priorities set by the national policy frameworks were taken into account in UNFPA programme design (both CPD and Annual Planning) and implementation (e.g. targeting/selection of beneficiaries).</i></p>	<p>Indicators:</p> <p>I.1: CPD interventions are developed and implemented in line with SRH and wider health care strategies in BiH</p> <p>I.2: CPD and AWP/RRPs are developed and implemented in line with youth strategies in BiH</p> <p>I.3: CPD and AWP/RRPs are developed and implemented in line with BiH's Gender Action Plan, UNSC1325 Action Plan, GBV prevention strategies</p> <p>I.4: CPD interventions address existing gaps in the national policies (e.g. population development policies in BiH, youth policy in FBiH, SRH policy in FBiH, migration management policy) and plans</p>	<p>Methods and tools for data collection:</p> <p>1. Desk review of CPD, AWP/RRPs, RS SRH strategy, RS Youth Policy, Brčko District Youth Policy, BiH's Gender Action Plan, UNSC1325 Action Plan, GBV prevention strategies, BiH's SDG Framework, RS, FBiH and local development and social inclusion strategies, migration management policies</p> <p>2. Key informant interviews:</p> <ul style="list-style-type: none"> - UNFPA CO BiH staff - BiH Ministry of Civil Affairs, BiH Ministry of Security, BiH Service for Foreigner's Affairs (including TRCs), BiH Ombudsperson, BiH Statistics Agency - RS, FBiH and Sarajevo Canton ministries of health - RS, FBiH and Sarajevo Canton public health institutes - RS Ministry of Youth, Family and Sports - FBiH Ministry of Labour and Social Policy - RS and FBiH statistical offices - Brčko District Government - local governments (Banja Luka, Sarajevo, Bihać, East Sarajevo)
Data collected <i>[must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</i>		Sources of information <i>[List the source(s) of evidence for each of the data collected]</i>
<p>I.1: CPD interventions are developed and implemented in line with SRH and wider health care strategies in BiH</p> <p>The CPD interventions take into account that the authorities in BiH have not developed comprehensive health care strategies, whilst a specific SRH Strategy (Strategy for Advancing Sexual and Reproductive Health covering period 2019-2029) was adopted and is in force only in the RS.³¹¹ In agreement with the RS authorities, all CPD interventions were</p>		<p>CPD 2021-2025</p> <p>Entity Ministries of health' current strategies</p> <p>Stakeholder consultation:</p>

³¹¹ Republika Srpska Government (2019).

<p>delivered in line with the RS SRH strategy. The SRH aspects of health policies are broadly subsumed under the Demography Section of the FBiH Development Strategy 2021-2027 and the CP is aligned with this policy.³¹²</p>	<p>UNFPA CO BiH KIIs</p> <p>RS health authorities KIIs</p>
<p><i>I.2: CPD and AWP/RRPs are developed and implemented in line with youth strategies in BiH</i></p> <p>The youth strategic framework in BiH is incomplete: the RS Youth Policy 2023-2027³¹³ is in place, while the proposal for the FBiH Youth Strategy has not yet been adopted. The CPD interventions are broadly in line with the youth strategic framework, although a more coordinated and comprehensive approach to youth issues is still missing.</p>	<p>CPD 2021-2025</p> <p>AWP/RRPs 2021, 2022, 2023, 2024</p> <p>Entity youth strategies/draft strategies</p>
<p><i>I.3: CPD and AWP/RRPs are developed and implemented in line with BiH's Gender Action Plan, UNSC1325 Action Plan, GBV prevention strategies</i></p> <p>BiH avails itself of a comprehensive strategic and legislative framework for promoting and achieving gender equality (Gender Action Plan BiH 2023-2027) and preventing domestic violence (FBiH Strategy for the Prevention and Combating of Domestic Violence 2021-2027 and RS Strategy for Combating Domestic Violence 2020-2024). Some advancements have been made in the RS legislation recognizing various forms of GBV and aligning to some extent with the Istanbul Convention, while adapted legislation has not yet been adopted in FBiH. The CPD and AWP/RRP interventions concerning promotion of gender equality, women's health, women's economic empowerment (including reconciliation of family and professional life) as well as GBV prevention and response are in line with the existing policy framework. To account for UNFPA's previous work in the area of GBV and SRHR, the 2021 BiH Gender Country Profile cites achievements in family planning, maternal health, resource packages for health sector's response to GBV, MISP, among other. The interventions relating to promotion of the Women, Peace and Security Agenda are in line with the BiH Action Plan for implementation of the UNSCR 1325.</p>	<p>CPD 2021-2025</p> <p>AWP/RRPs 2021, 2022, 2023, 2024</p> <p>BiH's Gender Action Plan, UNSCR 1325 Action Plan, GBV prevention strategies</p>
<p><i>I.4: CPD interventions address existing gaps in the national policies (e.g. population development policies in BiH, youth policy in FBiH, SRH policy in FBiH, migration management policy) and plans</i></p> <p>Under the current CPD, the UNFPA CO BiH has worked specifically on the development of a number of policies in the areas of SRH, GBV, youth, and population dynamics. Such support entailed close cooperation with relevant governments in FBiH and RS, and on occasions coordination and synergetic work with other international development actors. More specifically, UNFPA supported development of population policies in RS and FBiH, thus filling an existing policy gap and providing valuable input for development of important demographic development and resilience policies. Similarly, UNFPA is working, alongside UNICEF, on development of family-friendly labour and social legislation in FBiH. UNFPA has supported development of the Sarajevo Canton Youth Strategy, in cooperation with the</p>	<p>CPD 2021-2025</p> <p>AWP/RRPs 2021, 2022, 2023, 2024</p> <p>COARs 2021-2023</p> <p>Strategies/policies/drafts</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>UNFPA CO BiH consultant KII</p> <p>Competent RS and FBiH ministries KIIs</p>

³¹² Vlada Federacije Bosne i Hercegovine (2020). [FBiH Government (2020)].

³¹³ Ministarstvo porodice, omladine i sporta RS (2023). [Ministry of Family, Youth and Sports of the RS (2023).]

Sarajevo Canton Government. This effort has also been supported by the OSCE. ³¹⁴ In the area of GBV, UNFPA supported the RS working group on development of new legislation on protection from domestic violence and violence against women and individual MPs in FBiH in proposing amendment to criminal legislation concerning GBV. Wider in the area of GBV, UNFPA has developed legislative and institutional roadmaps for integration of TFGBV prevention and response in legislation, with a view of further advocating legislation change. As part of a joint DRR programme, UNFPA, in collaboration with UNDP, UNICEF, UNESCO, and FAO, worked on integration of MISP in local communities’ preparedness plans. Other policy developments supported by UNFPA solely include also the HPV vaccination programmes and Healthy Lifestyles programmes for primary schools, which were endorsed both in RS and FBiH.		UN agency KII RS-based NGO KII Local communities in RS and FBiH KIIs RS and FBiH health authorities KIIs RS and FBiH education authorities KIIs
Assumptions for verification 2.3: <i>There is evidence of UNFPA providing support to governments in shaping of new strategies and approaches and/or serving as a catalyst for broader systemic or policy changes at various governance levels in BiH.</i>	Indicators: I.1: Number and type of policies developed, adopted and/or implemented with UNFPA CO BiH technical support in the areas of SRH, GBV, peacebuilding, DRR, and population development, migration I.2: Other development partners or external factors are also engaged in UNFPA-assisted policy development	Methods and tools for data collection: 1. Desk review of AWP/RRPs, COARs, other development partners’ programmes, developed policies (e.g. HPV policy, inclusion of MISP in local development strategies, youth policies, population development policies in FBiH and RS) 2. Key informant interviews: - UNFPA CO BiH staff - BiH Ministry of Civil Affairs, BiH Ministry of Security, BiH Service for Foreigner’s Affairs (including TRCs), BiH Ombudsperson, BiH Statistics Agency - RS, FBiH and Sarajevo Canton ministries of health - RS, FBiH and Sarajevo Canton public health institutes - RS Ministry of Youth, Family and Sports - FBiH Ministry of Labour and Social Policy - RS and FBiH statistical offices - Brčko District Government - local governments (Banja Luka, Sarajevo, Bihać, East Sarajevo)

³¹⁴ See the introduction to the Sarajevo Canton Youth Strategy, which acknowledges support of the UNFPA, Italian Embassy to BiH and the OSCE Secretariat at <https://mon.ks.gov.ba/sites/mon.ks.gov.ba/files/2024-08/Nacrt%20Strategije%20prema%20mladima%202024%20-%202030.pdf>.

Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]	Sources of information [List the source(s) of evidence for each of the data collected]
<p>I.1: Number and type of policies developed, adopted and/or implemented with UNFPA CO BiH technical support in the areas of SRH, GBV, peacebuilding, DRR, and population development, migration</p> <p>I.2: Other development partners or external factors are also engaged in UNFPA-assisted policy development</p> <p>Under the current CPD, the UNFPA CO BiH has worked specifically on the development of a number of policies in the areas of SRH, GBV, youth, and population dynamics. Such support entailed close cooperation with relevant governments in FBiH and RS, and on occasions coordination and synergetic work with other international development actors. More specifically, UNFPA supported development of population policies in RS and FBiH, thus filling an existing policy gap and providing valuable input for development of important demographic development and resilience policies. Similarly, UNFPA is working, alongside UNICEF, on development of family-friendly labour and social legislation in FBiH. UNFPA has supported development of the Sarajevo Canton Youth Strategy, in cooperation with the Sarajevo Canton Government. This effort has also been supported by the OSCE.³¹⁵ In the area of GBV, UNFPA supported the RS working group on development of new legislation on protection from domestic violence and violence against women and individual MPs in FBiH in proposing amendments to criminal legislation in the area of GBV. Wider in the area of GBV, UNFPA has developed legislative and institutional roadmaps for integration of TFGBV prevention and response in legislation, with a view of further advocating legislation change. As part of a joint DRR programme, UNFPA, in collaboration with UNDP, UNICEF, UNESCO, and FAO, worked on integration of MISP in local communities' preparedness plans. Other policy developments supported by UNFPA solely include also the HPV vaccination programmes and Healthy Lifestyles programmes for primary schools, which were endorsed both in RS and FBiH.</p>	<p>CPD 2021-2025</p> <p>AWP/RRPs 2021, 2022, 2023, 2024</p> <p>COARs 2021-2023</p> <p>Strategies/policies/drafts</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>UNFPA CO BiH consultant KII</p> <p>Competent RS and FBiH ministries KIIs</p> <p>UN agency KII</p> <p>RS-based NGO KII</p> <p>Local communities in RS and FBiH KIIs</p> <p>RS and FBiH health authorities KIIs</p> <p>RS and FBiH education authorities KIIs</p>

³¹⁵ See the introduction to the Sarajevo Canton Youth Strategy, which acknowledges support of the UNFPA, Italian Embassy to BiH and the OSCE Secretariat at <https://mon.ks.gov.ba/sites/mon.ks.gov.ba/files/2024-08/Nacrt%20Strategije%20prema%20mladima%202024%20-%2020230.pdf>.

<p>Evaluation Question 3:</p> <p>To what extent did the UNFPA programme strengthen capacities of health and educational institutions for improved SRHR services and awareness across the country?</p> <p>To what extent did the UNFPA programme contribute to strengthened capacities of youth-led civil society organizations to deliver behaviour change programmes aimed at promoting gender equality, preventing gender-based violence and social cohesion?</p> <p>To what extent did the UNFPA programme support government entities to respond to the demographic changes through data collection and policies and regulations?</p> <p>To what extent UNFPA contributed and provided SRH and GBV response services to the migrant/refugee population in temporary reception centres across the country?</p>		
<p>Evaluation Criteria: Effectiveness</p>		
<p>EQ 3a: To what extent did the UNFPA programme strengthen capacities of health and educational institutions for improved SRHR services and awareness across the country?</p>		
<p>Assumptions for verification 3.1: <i>UNFPA CO BiH has contributed to the population having better quality and inclusive health systems.</i></p>	<p>Indicators:</p> <p>3.1.1: Capacities of health systems are strengthened for provision of youth-friendly family planning services (including access to affordable contraceptives) and prevention of reproductive illnesses, leaving no one behind</p> <p>3.1.2: Preparedness and disaster risk reduction capacities of governments and local institutions have been strengthened to respond to gender-based violence and effectively address sexual reproductive health services in emergencies</p> <p>3.1.3: Strengthened capacities of health systems for provision of youth-friendly family planning services and prevention of reproductive illnesses, leaving no one behind, have contributed to population having better quality and inclusive health systems</p> <p>3.1.4: Strengthened DRR capacities of governments and local institutions to respond to gender-based violence and effectively address sexual reproductive health services in emergencies have contributed to population having better quality and inclusive health systems</p>	<p>Methods and tools for data collection:</p> <p>1. Desk review of AWP/RRPs, COARs, EC and governmental reports, UNCT Annual Reports, available statistical data relating to UNSDCF (sources of information cited in UNSDCF are “Reports by the health authorities in BiH; WHO-Global Health Observatory; UNFPA [Global Population Portal]”)</p> <p>2. Key informant interviews:</p> <ul style="list-style-type: none"> - UNFPA CO BiH staff - BiH Ministry of Civil Affairs, BiH Ministry of Security, BiH Service for Foreigner’s Affairs (including TRCs), BiH Ombudsperson, BiH Statistics Agency - RS, FBiH and Sarajevo Canton ministries of health - RS, FBiH and Sarajevo Canton public health institutes - RS and FBiH statistical offices - local governments (Banja Luka, Bihać) - health centres (Sarajevo and Banja Luka)

		- UN agencies (IOM, WHO, UNHCR)
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]		Sources of information [List the source(s) of evidence for each of the data collected]
3.1.1: Capacities of health systems are strengthened for provision of youth-friendly family planning services (including access to affordable contraceptives) and prevention of reproductive illnesses, leaving no one behind		UNFPA CPD BiH 2021-2025
		UNFPA CO BiH AWP/RRPs
		UNFPA CO BiH Annual Reports
		Family planning trainer manuals
		Training observed
		Stakeholder consultation:
		UNFPA CO BiH-contracted trainer KII
		UNFPA CO BiH KIIs
The UNFPA CO BiH has continued to build capacities of the health systems in BiH to provide family planning services, achieving significant training reach among medical students. A group of trained trainers – primary health care doctors have continued to provide trainings on family planning for their colleagues, now in an adapted, youth-friendly form. However, delivery of trainings attracted limited interest of family medicine doctors and ministries of health in family planning topics, ³¹⁶ which is why the UNFPA CO BiH adapted its approach to support family planning training of final-year medical students in BiH, anticipating that soon-to-become young doctors will be more receptive to the topic, that they will therefore benefit more from the training, and thus be able to provide informed and modern advice and service to their patients in the future. This approach materialized through cooperation with the associations of medical students and faculties of medicine in FBiH (Sarajevo and Tuzla) and with the Faculty of Medicine in Banja Luka. One training observed by the CPE team in Sarajevo showed exceptional quality of training by three medical students and young doctors, under supervision of their university professor, very high interest of training participants, and evident changes of knowledge and attitudes as result of the training among participants. ³¹⁷ The training integrates human rights perspective and elimination of stereotypes and prejudices among future medical doctors, including also topics relating to the needs of marginalized groups – people with disabilities, mental illnesses, people living with HIV, Roma, and other LNOB groups. Unlike in FBiH, the training provided for medical students at the Banja Luka Faculty of Medicine was, as a result of the faculty dean’s and one professor’s eagerness and a memorandum of understanding signed between the Faculty and the UNFPA CO BiH, integrated into undergraduate studies, and students have attended lectures on family planning as part of their regular faculty attendance in 2023 and 2024. A total of 380 students received training in FBiH and RS,³¹⁸ although without guarantees for wider reach without systemic integration into medical training.		
The UNFPA CO BiH has achieved a breakthrough in the health systems in BiH by effecting HPV immunization. As a result of willingness of governmental partners and the UNFPA CO BiH advocacy efforts, the first HPV vaccination programme was developed and endorsed by the authorities in the Sarajevo Canton, and was further replicated, with		UNFPA CPD BiH 2021-2025
		UNFPA CO BiH AWP/RRPs
		UNFPA CO BiH Annual Reports
		Data received from the FBiH Public Health Institute, RS Public

³¹⁶ A total of 30 family medicine doctors received training in 2022, according to UNFPA CO BiH Annual Report 2022.

³¹⁷ Pre-testing and post-testing at this training showed an increase of knowledge by 21.62 percentage points (from 59.38% to 81% correct answers).

³¹⁸ CPD indicator: Number of primary health care providers whose capacities for provision of quality-assured, youth-friendly integrated SRH services are strengthened (Target: 400 female, 100 male, total 500). According to UNFPA CO BiH Annual Reports 2022, 2023 and 2024, the number of trained primary health care providers and medical students is 410 for both entities. Data received was not disaggregated by gender.

<p>some modifications, across FBiH and RS, and in the Brčko District (BD).³¹⁹ Governments in BiH took over the responsibility for the provision of vaccines, and vaccines are available in all jurisdictions for recommended age groups. The immunization is entirely voluntary and the execution depends not only on availability, but also the level of awareness of medical doctors and the wider population, in their diversity. The UNFPA CO BiH has invested efforts in the promotion of HPV immunization, and has, through its implementing partner – the FBiH Public Health Institute supported training of close to 300 health care professionals³²⁰ and other relevant stakeholders in FBiH on the epidemiology of HPV infection, available vaccines and their features, safety and effectiveness of immunisation, communication strategies with patients and parents, and organizational aspects of introducing the immunization programme. The UNFPA CO BiH supported the RS Ministry of Health in promotion of HPV vaccination among the general population, while specific promotion was organized for students of the Banja Luka Faculty of Medicine. So far, a total of 1,664 girls in FBiH received one dose of vaccination (3.01% coverage), 2,678 boys and girls in RS (4.2% coverage), and 10 girls in BD (0.2% coverage),³²¹ which indicates low coverage by vaccination despite country-wide availability.</p>	<p>Health Institute, BD Government's Department for Health</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>FBiH and RS health authorities KIIs</p>
<p>The UNFPA CO BiH work on mapping of capacities of health care institutions in FBiH and RS for provision of cervical cancer preventive services is closely linked with the HPV vaccination. The assessments, which formed parts of the Regional Assessment of Country Capacities for Cervical Cancer Prevention, which was conducted by EECA RO, resulted in specific recommendations for the two entities. Both assessments pointed toward the need of introducing HPV vaccination, establishing a cervical cancer screening programme as well as capacity building for improved diagnostics and treatment. Further research is anticipated from December 2024 on cervical, breast, colorectal and prostate cancers under IPA funding, which is expected to inform future interventions relating to introduction of screening programmes.</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Mapping of Country Capacities for Cervical Cancer Prevention</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p>
<p>The UNFPA CO BiH has discontinued work on adaptation of the Obstetrics Surveillance and Response System (OSRS) to the health systems in BiH, and this intervention was replaced by further development of maternal health/safe birth clinical guidelines/protocols.³²² The OSRS had been developed at conceptual and methodological level for the Western Balkans in 2018, including draft architecture and administrative arrangements for organizing the OSRS in health systems. The reasons for discontinuation of the UNFPA CO BiH work on adaptation of the OSRS to the health systems in BiH lie in the overall low maternal mortality in BiH³²³ and a lack of interest by the health authorities in BiH in this specific</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p>

³¹⁹ CPD indicator: Number of ministries of health which adopted the HPV vaccination programme (Target: 5). Three ministries of health (Sarajevo Canton, FBiH and RS) and one Department for Health (BD) endorsed the HPV vaccination programmes, thus ensuring whole country coverage.

³²⁰ UNFPA CO BiH Annual Reports 2023 and 2024, FBiH Public Health Institute (Implementing Partner) report.

³²¹ Data received from the FBiH Public Health Institute, RS Public Health Institute, BD Government's Department for Health. This data was presented at the meeting of the Regional Alliance for Cervical Cancer Prevention 4-8 November 2024.

³²² CPD indicator: Number of health professionals having advanced capacities for using the OSRS (Target: 30 women, 20 men). This target was not met due to discontinuation of the OSRS activities under CP.

³²³ Although the Beyond the Numbers (BtN) methodology also captures near miss cases during pregnancy and 42 days after delivery.

<p>intervention. The work on the OSRS was, therefore, replaced with further development of clinical guidelines for maternal health/safe delivery – the “Guideline for Caesarean Section” in FBiH and the “Protocol for Diagnostics and Treatment of High-Risk Pregnancy” in RS, thus adding to the previously developed body of clinical guidelines in this field. CO BiH.³²⁴</p> <p>The application of guidelines/protocols remains voluntary for health care institutions in BiH, as they have not yet been integrated into health care accreditation standards.</p>	<p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>FBiH and RS health authorities KIIs</p>
<p>3.1.2: Preparedness and disaster risk reduction capacities of governments and local institutions have been strengthened to respond to gender-based violence and effectively address sexual reproductive health services in emergencies</p> <p>As part of the Disaster Risk Reduction (DRR) programme, implemented jointly with other four UN agencies (UNDP, UNICEF, UNESCO and FAO), the UNFPA CO BiH was entrusted with integration of the Minimum Initial Service Package (MISP) into emergency preparedness plans of 10 selected local communities (five in FBiH and RS each). This entailed development of 10 action plans on SRH and GBV in emergencies based on the framework documents on organization of SRH and GBV actions in emergency situations in local communities in the two entities (developed under the previous CPD).³²⁵ The action plans were developed by relevant experts and in cooperation with locally established multidisciplinary emergency response task forces (platforms) in all 10 local communities. As a result of such collaboration, proposals for integration of MISP into local development strategies were developed (in absence of local emergency preparedness plans). In parallel, the UNFPA CO BiH supported training for close to 150 individuals (of which 43 health professionals, 57 non-health professionals and 49 youth)³²⁶ in the local communities on implementation of MISP, as a resource for local DRR task forces. This training was provided by previously trained MISP trainers,³²⁷ who were largely delegated by the ministries of health in BiH and who went through an elaborate process of knowledge development by the UNFPA EECA RO trainers on MISP. The CPE has not found evidence of formal integration of MISP into local preparedness plans/development strategies.³²⁸</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Action plans and proposals for integration of MISP into local preparedness strategies</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>RS and FBiH local communities KIIs</p> <p>UNFPA CO BiH consultant KII</p>
<p>3.1.3: Strengthened capacities of health systems for provision of youth-friendly family planning services and prevention of reproductive illnesses, leaving no one behind, have contributed to population having better quality and</p>	<p>UNFPA CPD BiH 2021-2025</p>

³²⁴ New research conducted by the UNFPA CO BiH may help further development and/or revision of maternal health clinical guidelines/protocols. A qualitative study on perceptions of childbirth experience in BiH is expected to be completed in 2025, in cooperation with the BiH Gender Equality Agency, and be used for possible direct improvement of services in this aspect.

³²⁵ These also include annexes: Analysis of risks and vulnerabilities, Programme for institutional SRH and GBV emergency preparedness, SRH and GBV Training Plan, Database on institutions and organizations in the referral system, Globally recommended protocols for prevention and treatment of STIs, Packages for MISP implementation, Minimum set of equipment and resources for emergency medical aid, family medicine, gynaecology and obstetrics, SOP for protection of GBV survivors in primary health care, SOP for health care system's referral, SOP for non-health institutions and organizations, Dignity kits, Mental Health Centres' GBViE protocol.

³²⁶ CPD indicator: Number of relevant local professionals training on MISP (Target: 150 male, 100 female). A total of 149 were in fact trained, according to the UNFPA CO BiH Annual Report 2022. Data is not disaggregated by gender.

³²⁷ BiH now avails itself of a total of nine fully certified MISP trainers in relation to only one in 2019.

³²⁸ CPD indicator: Number of preparedness plans that integrate MISP (Target: 10). CPE has not found solid evidence of MISP integration into local strategic documents, although 10 policy proposals were made.

<p><i>inclusive health systems</i></p> <p>3.1.4: Strengthened DRR capacities of governments and local institutions to respond to gender-based violence and effectively address sexual reproductive health services in emergencies have contributed to population having better quality and inclusive health systems</p> <p>The UNFPA CO BiH provision of training of the incumbent and future medical doctors on youth-friendly family planning services contributes to youth, women, general population, and marginalized and vulnerable groups having better quality and inclusive health service. The deployment of HPV immunization, mapping of capacities for introduction of cervical and breast cancer screening programmes, and development of clinical guidelines for maternal health contribute to prevention of reproductive illnesses. The development of MISP capacities in 10 local communities, through policy proposals and training of professionals, also contributes to preparedness of the health sector. The UNFPA CO BiH has therefore contributed to the UNSDCF outcome indicator Coverage of essential health services under the Outcome 3: By 2025, people have access to better quality and inclusive health and social systems. Since access to affordable contraceptives includes not only aspects of physical availability, but also the level of information that women, men, boys and girls, in all their diversity, have on the contraception availability and options, it is expected that the UNFPA CO BiH has through family planning training also contributed to the UNSDCF outcome indicator Percentage of women (15-49 years) with family planning needs satisfied with modern methods under the same outcome. It is not possible to quantify the UNFPA CO BiH contribution to the UNSDCF targets in relation to the baselines set.³²⁹ However, it should be noted that UNFPA CO BiH is the only UN agency working specifically on SRHR issues, thus its uncontested contribution in this area of intervention.</p>	<p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>UNSDCF 2021-2025</p> <p>UNSDCF 2021-2025 Evaluation</p> <p>Stakeholder consultation:</p> <p>As above</p>
<p>Assumptions for verification 3.2: UNFPA CO BiH has contributed to the population having access to more inclusive and higher quality educational programmes focused on 21st century skills for enhanced employability, well-being and active participation in society.</p>	<p>Indicators:</p> <p>3.2.1: Capacities of the ministries of education are strengthened for provision of healthy lifestyles education</p> <p>3.2.2: Strengthened capacities of the ministries of education for provision of healthy lifestyles education and strengthened capacities of youth-led CSOs for promoting gender equality and preventing gender-based violence have contributed to population having access to more inclusive and higher quality educational programmes focused on 21st century skills for enhanced employability, well-being and active participation in society</p> <p>3.2.3: Capacities of youth-led civil society organisations are strengthened for delivery of behaviour-change programmes aimed at</p> <p>Methods and tools for data collection:</p> <p>1. Desk review of AWPs/RRPs, COARs, EC and governmental reports</p> <p>2. Key informant interviews:</p> <ul style="list-style-type: none"> - UNFPA CO BiH staff - BiH Ministry of Civil Affairs, BiH Ombudsperson - RS Ministry of Youth, Family and Sports

³²⁹ UNSDCF evaluation reports that Data “in the area of modern family planning, the target [25%, in relation to the baseline of 21%] was exceeded [by 16 percentage points – 41% in 2023], reflecting effective initiatives in this sector”. However, it was not elaborated based on which data this calculation was made.

	<p>promoting gender equality and preventing gender-based violence</p> <p>3.2.4: Strengthened capacities of the ministries of education for provision of healthy lifestyles education and strengthened capacities of youth-led CSOs for promoting gender equality and preventing gender-based violence have contributed to population having access to more inclusive and higher quality educational programmes focused on 21st century skills for enhanced employability, well-being and active participation in society</p>	<p>- RS and FBiH ministries of education</p> <p>- schools (primary and secondary school in Sarajevo)</p> <p>- CSOs (youth CSOs, shelters for GBV survivors in Sarajevo, Banja Luka, Bihać, Zenica)</p> <p>- UN agencies (UNDP, UNICEF, UN Women) and RCO</p>
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]		Sources of information [List the source(s) of evidence for each of the data collected]
<p>3.2.1: Capacities of the ministries of education are strengthened for provision of healthy lifestyles education</p> <p>Building on the already developed Healthy Lifestyles Curriculum for primary schools in the Sarajevo and Bosnian Podrinje cantons in FBiH, the UNFPA CO BiH followed up to ensure integration of Comprehensive Sexuality Education (CSE) into teaching in all primary schools in FBiH and RS. A Handbook for Teachers on Healthy Lifestyles was developed, and formally endorsed and promoted by the RS Ministry of Education,³³⁰ which was followed up by training for 47 teachers³³¹ in the city of Banja Luka with support of UNFPA. The application of this manual has therefore started in Banja Luka schools (and extended across RS) and contents are delivered as part of homeroom teaching. Two handbook for teachers on Healthy Lifestyles were developed with the UNFPA CO BiH support in FBiH for two age groups of primary school children. Cantonal ministries of education were consulted in the development of teaching contents, while the formal promotion of the manuals by the FBiH Ministry of Education is yet to ensue, along with dissemination across cantons.³³² The fact that the FBiH Ministry of Education cannot order integration of Healthy Lifestyles contents into curricula for schools under cantonal jurisdiction, it cannot be guaranteed that all cantonal ministries of education will integrate this content into school programmes. Training of up to 50 teachers in two cantons in FBiH is planned for 2025. The development of manuals in the two entities was not without challenges due to prevailing traditional social norms and prejudice among education professionals and policy makers toward CSE. As a result, the manuals are not as explicit as international standards and best practice would entail. Youth themselves did not participate in the development of teaching contents, which is a shortcoming, as content development would have benefited from evidence of youth views on integration of CSE into school curricula.³³³</p>		<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Healthy Lifestyles curricula</p> <p>Interactive game Cycle, on-site visit to Medical School</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>RS and FBiH health and education authorities KIIs</p> <p>Sarajevo Canton government and education institutions KIIs</p>

³³⁰ Official announcement of the RS Republic Pedagogical Institute available at https://www.rpz-rs.org/opcija/btg_novosti/0/1912/.

³³¹ UNFPA CO BiH Annual Report 2023; also, please see <https://vladars.rs/sr-SP-Cyrl/Vlada/Ministarstva/mpk/media/vijesti/Pages/obuke-zdravi-zivotni-stilovi.aspx>.

³³² CPD indicator: Number of ministries of education which adopted Healthy Life-Styles programme (Target: 7). At least two ministries of education (RS and FBiH) endorsed the programme, on top of previous endorsements by the Sarajevo and Bosnian Podrinje cantons. Cantonal ministries of education in FBiH (10 of them) have jurisdiction over school programmes, while the FBiH Ministry of Education has a standard-setting role.

³³³ Already in 2017, a UNFPA-commissioned survey on Youth Views on CSE found that the Internet was the common source of SRHR knowledge, followed by peer education, and teachers. Almost all respondents said that reproductive health should be taught at school. Youth Views on Comprehensive Sexuality Education as a Part of Formal Education (proMENTE, 2017).

<p>The UNFPA CO BiH supported secondary schools in Sarajevo, in cooperation with the Sarajevo Canton Government and the Ministry of Education, to increase awareness among school teachers and children on menstrual health and reduce stigma surrounding menstruation. The UNFPA CO BiH took an innovative and creative approach by supporting design of an interactive game Cycle (which was formally approved by the Ministry of Education as educational content for common classroom teaching in Sarajevo Canton secondary schools³³⁴), developing online contents on menstruation and SRH, as well as installing menstrual pads dispensers and procuring free menstrual pads available to girls in all secondary schools in the Sarajevo Canton.</p>	
<p>3.2.3: Strengthened capacities of the ministries of education for provision of healthy lifestyles education have contributed to population having access to more inclusive and higher quality educational programmes focused on 21st century skills for enhanced employability, well-being and active participation in society</p> <p>It is evident that the capacities of educational institutions on SRHR issues have increased with the development of Healthy Lifestyles manuals for teachers and their endorsement by the Ministries of Education in RS and FBiH. Educational programmes were also supplemented with contents on menstrual health, at least in the Sarajevo Canton. Although effective, these activities have not necessarily contributed to the UNFPA Strategic Plan 2018-2021 outcome indicator Adolescents and youth, including marginalized adolescents and youth, are engaged in formulation of national SRH policies, as formulated in the CPD, as there is no evidence that youth and adolescents as target groups have participated in the development of CSE curricula or other SRH policies. UNSDCF does not set a relevant outcome indicator for the Outcome 2: By 2025, people benefit from more inclusive and higher quality educational programmes focused on 21st century skills for enhanced employability, well-being and active participation in society that could capture the UNFPA CO BiH contribution in this field. However, it may be concluded that the UNFPA CO BiH has, with the Healthy Lifestyles curricula development in the two entities and with menstrual health education, contributed to youth, as a population group, having access to more inclusive and higher quality educational programmes focused on 21st century skills, at least for well-being. The UNFPA CO BiH is not the sole UN agency (or other development actor) contributing to this UNSDCF outcome, however it is among rare ones specifically addressing the issues of CSE and healthy lifestyles in the education sector in BiH.³³⁵</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>UNSDCF 2021-2025</p> <p>Stakeholder consultation:</p> <p>As above</p>
<p>3.2.3: Capacities of youth-led civil society organisations are strengthened for delivery of behaviour-change programmes aimed at promoting gender equality and preventing gender-based violence</p>	

³³⁴ The CPE team has gained insight into the letter of the Sarajevo Canton Minister of Education to all secondary schools mandating usage of the game as part of the teaching process.

³³⁵ For example, Activities of the Young Men Initiative implemented by CARE Balkan over the past years have involved life skills education, including aspects of SRH, CSE and GBV for youth in cooperation with ministries of education in BiH. Also, UNODC in cooperation with Lions Quest has worked with cantonal ministries of education and primary schools to equip early adolescents with the necessary tools to navigate the challenges of adolescence and building resilience and self-responsiveness to the vulnerabilities typical of their age, including resilience against risky behaviors, learn to handle stressful situations, and development of social and emotional skills (<https://www.unodc.org/southeasterneurope/en/all-stories-june-2024-bosnia-and-herzegovina-empowering-adolescents-in-partnership-with-lions-quest-skills-for-adolescence.html>).

<p>The UNFPA CO BiH has supported the setting up of a Girls Advance Lab (GAL) as a tool to promote youth leadership in tackling pressing social issues, such as health, education and equality. The aim has been to attract girls and young women and support them through opportunities and resources for empowerment by means of a structured mentoring system for developing innovative ideas that focus on specific youth issues and offer creative and innovative solutions in order to contribute to gender equality and GBV prevention. GAL was deployed in cooperation with the Mozaik Foundation, as an implementing part with access to a large population of youth through its several programmes. In 2021, GAL resulted in seven social media and IT projects developed by several groups of girls with help of a group of selected mentors. It is reported that over 20 hours of educational content was produced for women and girls (videos, podcasts, briefs, guides, Viber bots) to promote gender equality, combat toxic masculinity and celebrate girls' empowerment in sports, STEM, healthy lifestyles, menstruation, mental health, prevention of GBV, as well as countering toxic notions of femininity pushed by the beauty industry. GAL calls repeated in 2022 and 2023 to invite more content creators - girls and young women, including journalists, to support UNFPA's Bodyright campaign against technology-facilitated GBV (TFGBV) with their creative works. It is reported that 50,000 girls (and women) were reached only in 2021³³⁶ through GAL educational actions and contents and that GAL sparked active participation in society through creative and innovative, largely online approaches. If continued and promoted, GAL could be expected to reach wide audiences of youth and women, including potentially some marginalized and vulnerable groups. However, without meticulous monitoring of its impact in terms of changes of knowledge, views, and attitudes, it will not be possible to prove GAL's effectiveness.</p> <p>The UNFPA CO BiH has engaged substantively in the Bodyright initiative aimed at countering technology-facilitated GBV (TFGBV), recognizing that women and girls, but also LGBTQIA+ and other marginalized communities, are particularly exposed to this type of violence. The UNFPA CO BiH has worked specifically at the policy level, with significant advocacy efforts, developing a set of policy documents to localize the global Bodyright campaign in BiH. These documents included Legislative, Governance, and Advocacy roadmaps for three levels of government in BiH (BiH, FBiH and RS), along with a complementary Integral Governance Roadmap for BiH, which defines the steps, roles and responsibilities of various governance structures in BiH in adoption of policies to counter TFGBV. This is an example of good practice in policy development and advocacy, providing a solid basis and clear direction for policy advocacy efforts through a comprehensive set of policy analyses, identification of responsible governance structures, and roadmaps for specific action. For example, the UNFPA CO BiH supported development of a new RS Law on Protection from Domestic Violence and Violence against Women integrating recommendations from the Bodyright Legislative Roadmap.³³⁷ UNFPA also supported individual MPs in the process of FBiH Criminal Code revision in the area of GBV. The UNFPA CO BiH advocacy efforts resulted in introduction of a significant number of stakeholders - practitioners, decision makers, youth leaders, CSO activists and media to the concept of bodily autonomy and the Bodyright campaign, through conferences,</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Implementing partner reports</p> <p>GAL online content</p> <p>Violence against women legislation</p> <p>Analysis of the compliance of BiH legislation with the EU Directive 2019/1158 on work-life balance for parents and caregivers</p> <p>Stakeholder consultation:</p> <p>Implementing partner KII</p> <p>UNFPA CO BiH KII</p> <p>GAL participant KII</p> <p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>TFGBV documents produced by UNFPA</p> <p>Council of Europe recommendations, based on GREVIO report for BiH</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>Competent RS government ministries KIIs</p> <p>RS-based NGO KII</p>
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³³⁶ Figures relating to GAL reach were not reported in UNFPA CO BiH Annual Reports 2022 and 2023.

³³⁷ This law was not adopted, however, over political controversies.

<p>forums, development of Bodyright Glossary, and media promotion. The Bodyright Glossary³³⁸ provides highly informative content and unveils nuances of TFGBV, which is vital for identification of TFGBV by individuals and institutions that can provide protection. The assumptions for continued policy development for countering TFGBV in BiH are in place as a result of the UNFPA CO BiH actions. Further targeted advocacy efforts could result in integration of various forms of TFGBV into criminal legislation and legislation for protection of individuals exposed to this type of violence, while the TFGBV glossary could be used as a very effective educational tool for youth, women, marginalized groups, teachers, police, and other professionals working on protection from TFGBV.</p> <p>More specifically, in the area of GBV prevention, the UNFPA CO BiH has continued strengthening the response to GBV by building capacities of health care and other professionals to provide adequate services to survivors of GBV and CRSV. As part of the Women, Peace and Security Joint Project implemented together with UN Women and IOM, the UNFPA CO BiH focused largely on support to GBV/CRSV survivors through building of capacities of the health sector to respond to the needs of these groups. This has entailed capitalization on the resource packages and SOPs for response of the health sectors to GBV/CRSV³³⁹ developed under the previous CPD, and their further revision and dissemination to local health centres. The continued multi-faceted training by a group of experienced experts gathered professionals from at least 30 local health care centres from six cantons³⁴⁰ which had not previously participated in similar training. However, the training on health systems' response to GBV/CRSV has not been institutionalized,³⁴¹ and further efforts are needed for localization of SOPs in health centres. In RS, the UNFPA CO BiH supported Training of Trainers (ToT) on the health system's response to GBV/CRSV, which is plausible practice, expanding the existing base of trainers by 12, who are expected to deliver trainings across RS health care facilities in 2025. Similar ToT is expected to ensue in FBiH in 2025.</p> <p>The UNFPA CO BiH has also supported training of medical professionals on clinical management of rape, including professionals from three university clinics and 12 hospitals in FBiH. A total of 42 health care workers attended the trainings. However, procedures for clinical management of rape have not yet been formalized in health care institutions in BiH. Despite efforts of the BiH Gender Equality Agency to support establishment of rape crisis centres at university clinics (at least in FBiH), protocols for response to rape have not been established and resources have not been</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Previous CPE</p> <p>Resource packages</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>FBiH and RS health authorities KIIs</p> <p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p>
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³³⁸ The development of the Glossary was supported by UNFPA Serbia (<https://serbia.un.org/en/233886-bodyright-campaign-continues-raise-awareness-technology-facilitated-gender-based-violence>).

³³⁹ According to the previous CPE (Karađinović, N. et al. (2019)), by the end of 2018, two comprehensive resource packages have been produced for response of the health sectors to GBV/CRSV in FBiH and RS. In FBiH, the resource package consists of 11 knowledge and operational products including a resource pack for strengthening health sector's response to GBV, training modules and materials for health sector's response to GBV, psychosocial treatment of GBV and CRSV victims, psychosocial treatment of GBV perpetrators, the role of youth in protection from GBV in general and in crisis, treatment of GBV victims in crisis, and two protocols for treatment of GBV victims. In RS, the package consists of eight knowledge and operational products, including a resource pack for strengthening health sector's response to GBV, a resource pack for strengthening psychosocial treatment in cases of GBV, training modules for health sectors' response and psychosocial response to GBV, minimal standards for prevention and response to GBV in crisis, and protocol for treatment of GBV victims.

³⁴⁰ Herzegovina-Neretva Canton, Western Herzegovina Canton, Canton 10, Tuzla Canton, Zenica-Doboj Canton, and Central Bosnia Canton.

³⁴¹ The UNFPA CO BiH has invested efforts in digitalizing the resources packages as knowledge products, but they have not been taken over by ministries of health for technical reasons.

<p>invested in survivor-oriented provision of services in line with international standards, most notably the Istanbul Convention and Council of Europe Committee recommendations for BiH³⁴² concerning response to sexual violence. Also, the failure to integrate clinical management of rape into legislation on protection from domestic violence and violence against women in both RS and FBiH is an opportunity lost.</p> <p>The direct work with GBV/CRSV survivors, through the implementing partner NGO Snaga Žene, has included psychosocial support, including occupational therapy and economic empowerment activities, as well as raising of awareness on the needs and challenges faced by CRSV survivors. This entailed direct support to eight shelters in BiH in provision of psychosocial and legal support, counselling and food for GBV survivors, and counselling for CRSV survivors. It is reported by the implementing partner NGO Snaga Žene that a total of 153 GBV/CRSV survivors received support in and outside shelters only in 2021³⁴³ and an additional 70 in 2023 and 2024.³⁴⁴ In 2024, the UNFPA CO BiH engaged with non-traditional partners – largely media and journalists on changing narratives and reducing stigma in public space regarding GBV/CRSV and promoting the Women, Peace and Security agenda. The effects of this work are yet to be measured. The continuous work on strengthening the health sector and other partners to provide adequate services to GBV/CRSV survivors keeps the issue part of the public discourse and sensibilizes health care and other professionals to the specifics of work with GBV/CRSV survivors through defined SOPs. The direct support to GBV/CRSV survivors has been beneficial at individual level, with some survivors experiencing economic and social transformation and their children benefiting from psychosocial services too. According to health professionals, work with perpetrators of GBV still requires considerable attention through training of mental health professionals to deliver psychosocial treatment, amongst other measures.</p> <p>In the broader area of gender equality and women’s empowerment, the UNFPA CO BiH has aimed at increasing women’s capabilities and agency to make decisions to enter and/or remain in the labour market and fulfil their family aspirations and ensuring more gender-responsive and sustainable development, through participation in the regional project Expanding Choices: Gender-Responsive Family Policies for the Private Sector in the Western Balkans. Under this project, the UNFPA CO BiH engaged in policy analysis and development for integration of family-friendly provisions into labour legislation with the FBiH Ministry of Labour and Social Policy (synergies are established with UNICEF, which is contributing to improvement of social services legislation) in order to facilitate greater inclusion of women in the labour market and their economic empowerment. The policy development and advocacy are based on analysis of the</p>	<p>Council of Europe recommendations, based on GREVIO report for BiH</p> <p>Stakeholder consultation:</p> <p>FBiH health authorities KIIs</p> <p>UNFPA CO BiH KIIs</p> <p>Gender institutional mechanisms KIIs</p> <p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>UN agency KII</p> <p>Implementing partner KII</p> <p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Analysis of the compliance of BiH legislation with the EU Directive 2019/1158 on work-life balance for parents and caregivers</p>
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³⁴² Council of Europe (2022).

³⁴³ Implementing partner report from 2021.

³⁴⁴ Implementing partner report from 2023; UNFPA CO BiH Annual Report 2024.

<p>compliance of BiH legislation with the EU Directive 2019/1158 on work-life balance for parents and caregivers.³⁴⁵ Piloting transformative actions to ensure more family-friendly work places, the UNFPA CO BiH has established cooperation with six assorted companies in BiH, employing around 5,000 people, to develop family-friendly business policies and action plans in the business sector. This intervention can be viewed as one that is building on earlier UN Women actions for integration of Women's Empowerment Principles (WEPs) into business of several Bosnian IT companies,³⁴⁶ although formal linkages have not been established. The broader results of women's empowerment initiatives by the UNFPA CO BiH cannot yet be measured as they are still at nascent stage and they depend largely on changes of legislation and business sector practices.</p>	<p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>UN agency KII</p> <p>FBiH government representatives KII</p>
<p>3.2.4: Strengthened capacities of the ministries of education for provision of healthy lifestyles education and strengthened capacities of youth-led CSOs for promoting gender equality and preventing gender-based violence have contributed to population having access to more inclusive and higher quality educational programmes focused on 21st century skills for enhanced employability, well-being and active participation in society</p> <p>It is evident that youth CSOs have only marginally been included under the UNFPA CP BiH in promoting gender equality and prevention of GBV.³⁴⁷ However, youth and women are the key target groups for the UNFPA CO BiH work in this area, including informal youth groups as part of GAL. As the CPD does not have a specific component dedicated to gender equality/women's empowerment and GBV, the UNFPA CO BiH has placed this work under Adolescents and Youth outcome area (and partly the Population and Development). For this reason, the designated UNFPA Strategic Plan 2018-2021 indicator Adolescents and youth, including marginalized adolescents and youth, are engaged in formulation of national SRH policies is not an adequate measurement. UNSDCF does not set a relevant outcome indicator for the Outcome 2: By 2025, people benefit from more inclusive and higher quality educational programmes focused on 21st century skills for enhanced employability, well-being and active participation in society that could capture UNFPA's contribution in this field.³⁴⁸ It is, therefore, not possible to make conclusions to what extent capacities of youth-based CSOs to promote gender equality and GBV prevention have been strengthened, or what was effectiveness of the UNFPA CO BiH overall gender equality/women's empowerment/GBV work in relation to 21st century skills for enhanced employability, well-being and active participation in society. The UNFPA CO BiH engages in gender equality/women's empowerment/GBV interventions alongside a number of other UN agencies and other development partners. Synergies</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>UNSDCF 2021-2025</p> <p>Stakeholder consultation:</p> <p>As above</p>

³⁴⁵ UNFPA (2023).

³⁴⁶ Karadinović, N. (2021).

³⁴⁷ CPD indicator: Number of communities with youth-led CSOs that are capacitated, resourced and well positioned to promote gender equality in BiH (Target: 15). UNFPA CO BiH did not plan for meeting this target in AWP/RRPs before 2025, and the results cannot be quantified in relation to the target. Further indicators are added in AWP/RRP 2024 to capture other interventions under this output - Improved knowledge of medical and non-medical professionals for service-provision to conflict-affected and marginalized women, in line with the newly developed referral guidelines; Strengthened capacities of relevant stakeholders for the provision of psycho-social support to CRSV and GBV survivors; Legislative and normative framework changes to promote more gender-responsive family policies and inclusive labour markets adopted.

³⁴⁸ Indicators are related to pre-school enrolments, PISA levels, young people (aged 15-24 years) not in education, employment or training, and presence of working cooperation between employers and decision makers in education and training institutes.

<p>between these interventions are not formally established and potential for overlap is significant, thus restricting possibility of contribution measurement.</p> <p>UNSDCF addresses gender equality under Outcome 3: By 2025, people have access to better quality and inclusive health and social protection systems and Outcome 4: By 2025, people contribute to, and benefit from more accountable and transparent governance systems that deliver quality public services, and ensure rule of law, with indicators relating to social protection and labour analysis and sector policy options with gender equality provisions to optimise social protection system performance (social protection; employment; education; health), and to GBV and DV prevention and response. However, the UNFPA CO BiH has not, in its CPD, selected these indicators.</p>			
<p>EQ3b: To what extent did the UNFPA programme contribute to strengthening capacities of youth-led civil society organizations for delivery of behaviour change programmes aimed at promoting gender equality, preventing gender-based violence and social cohesion?</p>			
<p>Assumptions for verification 3.3: <i>UNFPA CO BiH has contributed to stronger mutual understanding, respect for gender equality and trust among different youth and ethnic groups</i></p>	<table border="1"> <tr> <td data-bbox="609 584 1319 1378"> <p>Indicators:</p> <p>3.3.1: Capacities of faith-based organizations are strengthened to promote youth leadership and engagement in transforming the toxic legacy of war-related pain and trauma, including capacities to promote equitable and transformative views and attitudes around gender, ethnic and cultural identities</p> <p>3.3.2: Capacities of youth-led civil society organizations are strengthened to sustain long-term commitment and engagement to peace and reconciliation in Bosnia and Herzegovina</p> <p>3.3.3: Skills and capacities of youth strengthened for critical thinking, and youth are empowered to promote dialogue and cooperation in divided communities</p> <p>3.3.4: Strengthened capacities of inter-faith organizations and youth-led organizations, and strengthened capacities of youth, including marginalized and vulnerable youth, for engagement in peace and reconciliation initiatives have contributed to stronger mutual understanding, respect and trust among individuals and communities</p> </td><td data-bbox="1319 584 1995 1378"> <p>Methods and tools for data collection:</p> <p>1. Desk review of AWP/RRPs, COARs, EC and governmental reports, UNCT Annual Reports, available statistical data relating to UNSDCF (sources of information cited in UNSDCF are “2019: Dialogue for the Future (DFF) 2 BiH End-line Perception Survey 2019 (indicators 3.a and 3.b) 2025: CDA (pending funding)”, SDG Data portal of BHAS (sdg.bhas.gov.ba)</p> <p>2. Key informant interviews:</p> <ul style="list-style-type: none"> - UNFPA CO BiH staff - BiH Ministry of Civil Affairs - RS Ministry of Youth, Family and Sports - Brčko District Government - local governments (Banja Luka, Sarajevo, East Sarajevo) - CSOs and inter-faith organizations (Sarajevo, Banja Luka, Zenica, Brčko) - UN agencies (UNDP, UNICEF) and RCO </td></tr> </table>	<p>Indicators:</p> <p>3.3.1: Capacities of faith-based organizations are strengthened to promote youth leadership and engagement in transforming the toxic legacy of war-related pain and trauma, including capacities to promote equitable and transformative views and attitudes around gender, ethnic and cultural identities</p> <p>3.3.2: Capacities of youth-led civil society organizations are strengthened to sustain long-term commitment and engagement to peace and reconciliation in Bosnia and Herzegovina</p> <p>3.3.3: Skills and capacities of youth strengthened for critical thinking, and youth are empowered to promote dialogue and cooperation in divided communities</p> <p>3.3.4: Strengthened capacities of inter-faith organizations and youth-led organizations, and strengthened capacities of youth, including marginalized and vulnerable youth, for engagement in peace and reconciliation initiatives have contributed to stronger mutual understanding, respect and trust among individuals and communities</p>	<p>Methods and tools for data collection:</p> <p>1. Desk review of AWP/RRPs, COARs, EC and governmental reports, UNCT Annual Reports, available statistical data relating to UNSDCF (sources of information cited in UNSDCF are “2019: Dialogue for the Future (DFF) 2 BiH End-line Perception Survey 2019 (indicators 3.a and 3.b) 2025: CDA (pending funding)”, SDG Data portal of BHAS (sdg.bhas.gov.ba)</p> <p>2. Key informant interviews:</p> <ul style="list-style-type: none"> - UNFPA CO BiH staff - BiH Ministry of Civil Affairs - RS Ministry of Youth, Family and Sports - Brčko District Government - local governments (Banja Luka, Sarajevo, East Sarajevo) - CSOs and inter-faith organizations (Sarajevo, Banja Luka, Zenica, Brčko) - UN agencies (UNDP, UNICEF) and RCO
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Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]	Sources of information [List the source(s) of evidence for each of the data collected]
<p>3.3.1: Capacities of faith-based organizations are strengthened to promote youth leadership and engagement in transforming the toxic legacy of war-related pain and trauma, including capacities to promote equitable and transformative views and attitudes around gender, ethnic and cultural identities</p> <p>The UNFPA CO BiH has followed up on its breakthrough results³⁴⁹ achieved in cooperation with the BiH Inter-religious Council (IRC) under the previous CP and it has continued working with faith-based organizations (FBOs) on countering the legacy of war and promoting inclusive identities. This resulted in development of an e-module for training of members of the clergy (Islamic, Orthodox Christian, Catholic and Jewish) on the provision of psychosocial care and support for CRSV survivors, which was endorsed by the IRC, , but was never operationalized . This training, if deployed systemically, could significantly increase capacities of FBOs and members of the clergy to promote equitable and transformative views around gender, ethnic and cultural identities. However, it is unknown to what extent members of the clergy rely on the e-training, and how training participation and its effects can be monitored, given that the work with IRC was eventually discontinued.³⁵⁰ Some evidence of clergy involvement is found in the 2023 five special sermons delivered by Serb Orthodox Church and Catholic Church in the Una-Sana Canton and the Islamic Community in Zenica on GBV/CRSV, peace and tolerance. However, this work proved to be continuously challenging, not least because FBOs are not strictly bound by recommendations of the IRC and because their effects depend largely on motivated and open individuals.</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>NGO representative KII</p>
<p>3.3.2: Capacities of youth-led civil society organizations are strengthened to sustain long-term commitment and engagement to peace and reconciliation in Bosnia and Herzegovina</p> <p>3.3.3: Skills and capacities of youth strengthened for critical thinking, and youth are empowered to promote dialogue and cooperation in divided communities</p> <p>The UNFPA CO BiH has opted under the CP to approach work with youth on peacebuilding through direct contact with and presence in individual local communities in BiH (15 were selected and targeted). Although CPD places focus on strengthening capacities of youth CSOs in these communities to sustain peace and reconciliation in divided communities in BiH, UNFPA shifted focus on work with local authorities and informal youth groups. This decision was made following recognition that there were very few genuinely youth-led CSOs in BiH.³⁵¹ A wide array of assorted activities and</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Implementing partner reports</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>Implementing partner KII</p> <p>Local communities in FBiH and RS KIIs</p>

³⁴⁹ A Declaration on Denouncing stigma against CRSV survivors was prepared in cooperation with IRC, and publicly signed and announced in 2017. In 2018, an IRC Manual for members of the clergy working with survivors of conflict related sexual violence was produced and promoted.

³⁵⁰ Cessation of funding and disruptions within IRC.

³⁵¹ CPD indicator: Number of communities with youth-led CSOs that are capacitated, resourced and well positioned to sustain peace and reconciliation in divided communities across BiH (Target: 15). This target was not met due to a shift from strengthening youth-led CSOs to strengthening local authorities and informal youth groups.

<p>interventions were delivered in target communities with the aim of building capacities of youth and local authorities for peacebuilding and social cohesion. Some of these included peer peacebuilding trainings, development of promotional videos by youth for other youth visiting their communities in cooperation with tourism boards, deployment of peace board game to schools, engagement of social media influencers in peacebuilding and social cohesion narratives, engagement of youth from neighbouring yet divided communities in joint community actions, study exchanges to promote interculturalism, marking of important dates, organization of special events engaging marginalized and vulnerable groups, among other. This also led to building of capacities of individuals working in local administrations to organize and implement actions engaging youth. However, this capacity building was largely limited to coordinators engaged with support of UNFPA in every local community and did not extend significantly to the rest of local administration and local leaders (mayors, municipal assemblies). Local administrations' commitment was sought in target communities by offering to them to sign pledges on social cohesion,³⁵² but this did not materialize until the end of 2024. More substantive policy work is seen only in the Sarajevo Canton, where, as a result of UNFPA's work through the implementing partner NGO Step by Step, eight policy proposals were made by youth within the process of development of the Sarajevo Canton Youth Strategy. Assorted youth NGOs in at least eight communities³⁵³ were supported through capacity building and local initiatives, as reported, along with nascent actions targeting youth councils in RS and FBiH and their role in promoting Youth, Peace and Security agenda.³⁵⁴ Whilst youth have engaged in civic and community actions for peacebuilding and social cohesion in target communities, these actions are largely reduced to <i>ad hoc</i> support by external actors and are reactive to external incentives. Moreover, many small communities have very small youth populations (given internal migration of students), they do not have many youth CSOs that would gather youth, so schools and individual extra-curricular activities (such as music, sports) generally remain the meeting points for youth. There is potential in UNFPA CO BiH resuming work with RS and FBiH youth councils and several youth-led CSOs on localizing the Youth, Peace and Security (YPS) agenda.</p> <p>The UNFPA CO BiH capitalized on the Youth Peer Education for Peacebuilding and Conflict Transformation Manual for Trainers in the Western Balkans, which was developed in 2021 by UNFPA Albania and RYCO to introduce youth peer peacebuilding training (including Bystander Intervention methods) in BiH. A network of 20 youth-peer peace educators was developed (following a public call) and trained (Y-Peer Network) in 2022 and they delivered training in 2023 to close to 300 young people³⁵⁵ from 12 communities. It is not reported how many of these participants came from marginalized and vulnerable groups.³⁵⁶ The training was also tested at the University of Bihać and University of Banja Luka</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p>
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³⁵² The proposal for Partner Cities' Pledge for the Prevention of Hate Speech and Promotion of Inclusive Communities includes principles of Zero Tolerance for Hate Speech, Public Awareness and Education, Inclusive Policies and Programs, Collaboration with Stakeholders, Support for Victims of Hate Speech, Capacity Building and Training, Monitoring and Evaluation, Knowledge Sharing and Learning.

³⁵³ UNFPA CO BiH Annual Report 2024.

³⁵⁴ UNFPA CO BiH Annual Reports 2023, 2024; interview data.

³⁵⁵ CPD indicator: Number of youth that undergo capacity training sessions using youth peer peace methodology (Target: 500 female, 500 male). This target was not reached, according to the UNFPA CO BiH Annual Report 2023, while figures for 2024 were not reported.

³⁵⁶ CPD indicator: Number of marginalized and vulnerable youth that undergo capacity training sessions using youth peer peace methodology (Target: 100 female, 100 male). There is no evidence for this indicator in UNFPA CO BiH Annual Reports.

<p>(pedagogical faculties) and students improved their understanding of personal and group identity, stereotypes and prejudices, discrimination, understanding peace and violence and conflict transformation.³⁵⁷ Evaluation at the University of Bihać showed that the majority of students (84,2%) stated that the training was excellent, and they mostly appreciated segments relating to emotional connection, genuine listening, and content related to prejudices.³⁵⁸ This activity was scaled up, in cooperation with the implementing partner NGO Step by Step, to integrate the contents of the Manual into university teaching. Following adaptation of the manual contents to university rules, the regional peacebuilding manual was institutionalized as a part of the educational curricula at the pedagogical faculties of the University of Banja Luka and University of Bihać. It is clear that Youth Peer Education for Peacebuilding methodology provides a structured approach to working with youth and has potential to reach large numbers of relevant populations.</p> <p>As part of stigma alleviation initiatives, Youth Peace Lab (YPL) was established already under the previous CP, and has served as a creative space for youth and peace solutions within three programmatic areas: Arts and Culture, Media and ICT, and Entrepreneurship. A total of eight youth teams were supported through YPL, in cooperation with UNFPA's implementing partner, the Mozaik Foundation, in 2021 and this resulted in development of a corpus of creative and innovative content for youth peacebuilding, including six webisodes on building peace, 30 one-minute laboratory of peace videos, three games (board and escape room games)³⁵⁹ for civic and democratic engagement, one digital application providing a virtual experience of war-time events to tourists and youth, one documentary on women raped during the war and children conceived that way, four radio show episodes complemented with "Compliment Battle"³⁶⁰ and tutorial playlists to cover the topics of media literacy, inner peace-spirituality, art as peace promoter, and dialogue and tolerance, as well as one agricultural inter-ethnic entrepreneurship initiative. Contents were largely created by informal groups of young people and reached wide audiences. Although the reach of these actions was significant, without meticulous monitoring of its impact in terms of changes of knowledge, views, and attitudes, it will not be possible to prove YLPs effectiveness.</p> <p>The UNFPA CO BiH reports inclusion of marginalized and vulnerable youth in its assorted interventions in local communities. Specific interventions were delivered through the implementing partner Special Olympics Bosnia and Herzegovina in 15 local communities, hosting sports competitions engaging youth with disabilities alongside other populations in the period 2021-2024. The sports events gathered the local population, CSOs, and schools – totalling around 750 participants from urban and rural areas, including Roma. The events have contributed to raising awareness</p>	<p>Implementing partner reports</p> <p>Youth Peer Education for Peacebuilding and Conflict Transformation Manual for Trainers in the Western Balkans</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>Implementing partner KII</p> <p>Universities KIIs</p> <p>Local communities in FBiH and RS KIIs</p> <p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Implementing partner reports</p> <p>YLB online content</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>Implementing partner KII</p> <p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Implementing partner reports</p>
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³⁵⁷ A total of 45 students participated at the University of Bihać and around 30 at the University of Banja Luka (Implementing Partner report 2023 and interview data).

³⁵⁸ Implementing Partner report 2023.

³⁵⁹ Please see <https://humanityinaction.org/gamescape-4fk-the-4-stages-of-conflict-board-game/>

³⁶⁰ For example, <https://www.youtube.com/watch?v=TIGwbp8rC-o>.

<p>of issues of persons with disabilities and their social conclusion. However, these issues have not been addressed systemically to ensure more sustainable engagement of the local authorities.</p>	<p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>Implementing partner KII</p> <p>Local communities in FBiH and RS KIIs</p>
<p>3.3.4: Strengthened capacities of inter-faith organizations and youth-led organizations, and strengthened capacities of youth, including marginalized and vulnerable youth, for engagement in peace and reconciliation initiatives have contributed to stronger mutual understanding, respect and trust among individuals and communities</p> <p>The UNFPA CO BiH has engaged inter-faith/faith-based organizations in peacebuilding and social cohesion interventions and it can be argued that capacities of these organizations were strengthened at least to some extent through the e-module for clergy on the provision of psychosocial care and support for CRSV survivors. This and other work engaging members of the clergy, but targeting youth, is also expected to have contributed to social cohesion to some extent, although these results cannot be quantified. On the other hand, the UNFPA CO BiH has not worked extensively with youth-led CSOs on peacebuilding and social cohesion issues. Still, it can be assumed that the abundance of assorted youth-engaging community actions contributed to youth's views on peace and reconciliation, social cohesion, and their civic participation, in cooperation with local authorities. Youth peer education on peacebuilding and conflict transformation has high potential for effective transformation of youth views, attitudes and practices, and has already reached a certain number of young people. The YLB has also had sizable reach, although it is not possible to measure to what extent it contributed to stronger mutual understanding, respect and trust among individuals and communities. For these reasons, it is assumed that the UNFPA CO BiH contributed to the UNSDCF Outcome indicator: Self-assessed levels of trust and engagement amongst young people - Young people's (15-30) attitudes on inter-ethnic trust, cooperation, education and the media and Young people's attitudes on their civic engagement and partnership with government representatives under Outcome 5: By 2025 there is stronger mutual understanding, respect and trust among individuals and communities, as identified in the CPD,³⁶¹ in relation to baseline, although this contribution cannot be quantified. The measurement of contribution becomes even more difficult taking into account the multitude of donor-funded projects (not least within the UN system in BiH) targeting youth, their civic participation, and social cohesion.</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Stakeholder consultation:</p> <p>As above</p>
<p>EQ3c: To what extent did the UNFPA programme support government entities to respond to the demographic changes through data collection and policies and regulations?</p>	
<p>Assumptions for verification 3.4: <i>UNFPA CO BiH has contributed to the population having access to more accountable and transparent governance systems aimed at delivering quality public services, and ensuring the rule</i></p>	<p>Indicators:</p> <p>3.4.1: Government institutions and other relevant stakeholders have adequate understanding of population issues and capacities for data collection and development of evidence-based population policies and legislation</p> <p>Methods and tools for data collection:</p> <p>1. Desk review of AWPs/RRPs, COARs, EC and governmental reports, UNFPA CO BiH youth emigration survey, loneliness survey, population projections, population development policies,</p>

³⁶¹ It is unclear why the UNFPA CO BiH has not selected more suitable indicators under UNSDCF Outcome 5, e.g. No. Young people participating in community-level initiatives that promote dialogue, social cohesion and appreciation of diversity, for clearer attribution.

of law.	3.4.2: Adequate understanding of government institutions and other relevant stakeholders of population issues and capacities for data collection and development of evidence-based population policies and legislation has contributed to population having access to more accountable and transparent governance systems aimed at delivering quality public services, and ensuring the rule of law	<p>research on the effects of demographic changes on the provision of public services</p> <p>2. Key informant interviews:</p> <ul style="list-style-type: none"> - UNFPA CO BiH staff - BiH Ministry of Civil Affairs, BiH Statistics Agency - RS Ministry of Youth, Family and Sports - FBiH Ministry of Labour and Social Policy - RS and FBiH statistical offices - CSOs (Banja Luka and Sarajevo) - RCO
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]		Sources of information [List the source(s) of evidence for each of the data collected]
<p>3.4.1: Government institutions and other relevant stakeholders have adequate understanding of population issues and capacities for data collection and development of evidence-based population policies and legislation</p> <p>The UNFPA CO BiH has continued to support statistical offices in BiH in production of statistical reports vital for understanding population dynamics and informing population and wider development policies. Population Situation Analysis³⁶² and Population Projections³⁶³ had been developed for the first time in BiH under the previous CPD, and the UNFPA CO BiH followed up on this work by supporting development of updated Population Projections and calculating the effects of demographic changes on the provision of public services in health care, education and pension sectors. This included capacity building of individual staff of BiH, RS and FBiH statistical offices through elaborate internationally-provided training, to apply new methodologies and improve existing methodological frameworks, as well as increase their data processing and analysis skills. Pertinent research has indicated inauspicious population trends in terms of decreasing fertility rate, increasing emigration, reduction in the size of working population, aging of population, and consequently increasing public health, education, and pension expenditures, threatening also deterioration of access to health, education enrolments, increasing violence and deteriorating security situation, as well as increasing marginalization of population groups and their vulnerabilities. The UNFPA CO BiH has, through its work, made relevant population data available to policy makers and created evidence for informed policy making and policy advocacy. Research findings on effects of demographic changes on the provision of public services in health care, education and</p>		<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Population Projections</p> <p>Demographic Resilience Data platforms</p> <p>National transfer accounts</p> <p>Survey on Root Causes of Youth Emigration</p> <p>Survey on Loneliness and Social Isolation among Older People in the Eastern Europe and Central Asia Region</p> <p>Websites of FBiH and RS associations of employers</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p>

³⁶² SeConS and UNFPA (2019).

³⁶³ Federalni zavod za statistiku (2020). [Institute for Statistics of FBiH (2020).] and Republika Srpska Institute of Statistics (2020).

<p>pension sectors are expected to represent vital inputs for the development of the state or entity-level strategies and policies. However, this depends on a number of factors, not least political willingness and public administrations' commitment to development of evidence-based policies.</p> <p>In order to make population statistical data (from the Population Situation Analysis and the Population Projections) widely and easily available,³⁶⁴ in digitized form, for use by researchers and policy makers, the UNFPA CO BiH has worked with the statistical offices in BiH and public health institutes to produce the first Demographic Resilience Data platforms (one at state level and two at the level of entities)³⁶⁵ by providing methodological and technological support. These portals are interactive and easy-to-use online tools offering a considerable amount of up-to-date statistical data across the domains of population, census, health, social protection, education, economy, labour force and living standard, and violence. The platforms are owned by the statistical offices, while the UNFPA CO BiH still provides maintenance support due to a shortage of in-house IT experts in the statistical institutions. The UNFPA CO BiH has ensured that available statistical data on vital population matters is publicly available for three jurisdictions.</p> <p>The UNFPA CO BiH has also supported the statistical offices in BiH in development of SDG portals.³⁶⁶ These portals provide information by individual SDG indicators, which is regularly updated, and represents a valuable source of information for monitoring progress in achieving the 2030 Agenda.</p> <p>The UNFPA CO BiH has worked further on strengthening capacities of all three statistical institutions in the country to produce the <i>National Transfer Accounts (NTA)</i>³⁶⁷ and offer data to policy makers and other interested audiences for better understanding of financial transfers per age profiles and calculation of life-cycle deficit. The statistical offices' staff received training on development of NTA to perform calculations of data on demographic structures in relation to their impact on public finances. NTA resulted in data sets and analysis of data, which yielded specific policy recommendations. For example, it was found, based on NTA, that considerable labour income, as well as a surplus over consumption, is generated for a relatively short period of time in the life cycle in BiH, that socialisation of care for the youngest and the oldest is at a relatively low level, that period in the life cycle when no deficit is recorded between consumption and labour income is relatively short, and that children and youth's deficit is funded primarily through private transfers, and that of older people through public transfers. NTA identifies policy implications and provides further evidence of informed policy development in BiH.</p> <p>Apart from research conducted directly in cooperation with statistical offices for purposes of informing policy development in BiH, the UNFPA CO BiH engaged in its own research of specific population matters revealing</p>	<p>Statistical offices KII</p>
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³⁶⁴ CPD indicator: Publicly available population projections and other statistical data at national and subnational levels, disaggregated by age, sex, location (Target: Yes). This indicator was met with establishment of Demographic Resilience Data platforms for BiH and the entities.

³⁶⁵ Available at <https://pdo.bhas.gov.ba/> for BiH, and pdo.fzs.ba and pdo.rzs.rs.ba.

³⁶⁶ Available at <https://sdg.rzs.rs.ba/> for RS and at <https://sdg.fzs.ba/> for FBiH.

³⁶⁷ Halilbašić, M. (2024).

<p>population dynamics and informing population development. For example, the UNFPA CO BiH conducted the <i>Survey on Root Causes of Youth Emigration</i>,³⁶⁸ which showed that almost half of young people (18-29) would like to leave the country in the subsequent 12 months. The survey also revealed youth's views and status concerning employment opportunities, family dependencies, confidence in institutions, social cohesion factors, among other. More specifically, the survey yields profile characteristics of an average young person, aged 18-29, from BiH, who is more likely to consider emigrating from the country. The UNFPA CO BiH has also participated in implementation of the regional <i>Survey on Loneliness and Social Isolation among Older People in the Eastern Europe and Central Asia Region</i>,³⁶⁹ which found that 79% of older people were at least moderately lonely, with 18% being extremely lonely, identifying four primary contributors to loneliness in the population: lack of tangible support, social network size, social support and social confidence. This survey also provides recommendations for policy development and relevant programmes, including not only development of healthy ageing policies, establishment of healthy ageing centres, which UNFPA has contributed to under the previous CPD, but also programming for all ages to emphasize healthy ageing throughout the lifespan with a focus on preventative measures and to promote intergenerational networks and volunteerism. This aligns with findings of the Population Projections and NTA mentioned above, and it reinforces the need for continued considerations of health ageing. UNFPA has therefore created assumptions for adequate understanding among relevant stakeholders on benefits of healthy and active ageing to population development.³⁷⁰ The UNFPA CO BiH has generally relied on youth and loneliness survey findings, along with other sources, in its advocacy efforts relating to population policies. However, the responsibility for usage of available data for informed policy making lies with government authorities in BiH.</p> <p>The UNFPA CO BiH provided technical support to RS and FBiH governments in development of population strategies. Entity working groups were established and they worked on the basis of situation analyses' findings, using also inputs from UNFPA-supported surveys. The population policy development was also informed by lessons learned from the women's empowerment project, which distinguishes a large population of women who are inactive on the labour market as an asset to socio-economic development and demographic resilience. The draft strategies have not yet been adopted by entity governments.³⁷¹ In the meantime, UNFPA also supported development of the City of Banja Luka Population Strategy, which prioritizes promotion of family and parenthood, material and non-material support to families with children, reconciliation of family and professional life, and improvement of reproductive health. This is combined with envisaged measures for health improvement through prevention and screening programmes for middle-aged and elderly population, and support for families caring for their elderly, flexible retirement conditions to allow for longer presence on the labour market, and enhancing capacities for service provision to elderly persons through health ageing centres and other solutions. The development of the strategy was preceded by a population survey, which indicated that low desired fertility among the population in prime reproductive age was due to economic insecurity,</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Strategies (drafts)</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>RS and FBiH government ministries KIIs</p>
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³⁶⁸ UNFPA, proMente and Ipsos (2021).

³⁶⁹ Keck, T. (2022).

³⁷⁰ CPD indicator: Adequate understanding among relevant stakeholders on benefits of healthy and active ageing to population development (Target: Yes). This target was achieved with the provision of Survey on loneliness and its recommendations.

³⁷¹ CPD indicator: Entity-level evidence-based population policies developed (Target: Yes). This indicator was met with the development of draft RS and FBiH population strategies.

<p>political insecurity, and absence of work flexibility. The UNFPA CO BiH support for the authorities in RS and FBiH to draft population strategies revealed that the governments prioritize measures for stabilization of fertility levels and support to families with children/parenthood, but also consider the importance of economic empowerment measures as factors of population stabilization.</p> <p>With a view of strengthening human capital, the UNFPA CO BiH has engaged in modelling initiatives for women’s empowerment that would directly contribute to their upskilling and employment as a population development measure. Women’s economic empowerment was previously supported by the UNFPA CO BiH only as a measure for GBV prevention and for support to GBV/CRSV survivors. With new measures aiming at socio-economic development, building of human capital, and population development, the UNFPA CO BiH has entered into a new area of intervention in BiH, linking gender equality and demographic measures. For this purpose, under the Population Development outcome area, the UNFPA CO BiH supported, through the implementing partner Mozaik Foundation, organisation of on-the-job training for women with pre-school children in cooperation with the private sector and women of the age 40-49. As a result of this training in 2023, 29 women with pre-school children received training while working in dm drogerie markt Ltd, their 23 children were placed in child care institutions for the duration of the training. Six women remained in employment with dm drogerie markt Ltd.³⁷² Also, in 2024, 24 women aged 40-49 participated in the programme. Evaluation of the 2024 programme showed high satisfaction of participants with the quality of the programme and they emphasized that their work experience at dm drogerie markt significantly contributed to increasing their self-confidence and life satisfaction.³⁷³ Broader results of the women’s economic empowerment initiatives cannot yet be measured as they are only in the piloting and nascent phase, while further systemic measures for women’s employment as a demographic measure for building human capital are needed. As part of women’s empowerment interventions, two round tables were organised in cooperation with RS³⁷⁴ and FBiH³⁷⁵ associations of employers in order to present lessons learned to other employers and to relevant government institutions. One of the main conclusions from the round tables was that women, as the majority of unemployed and inactive population in the country, represent a significant potential for development, while certain measures were proposed, including measures for reconciliation of family and professional life. This initiative with associations of employers is only an example of potential cooperation with these associations, which gather large membership of employers – as a forum of transfer of good practices in women’s economic empowers and family friendly work policies. Moreover, the associations have also demonstrated engagement in wider population development issues, including research on effects of demographic changes on economic growth and sustainability of the social protection system,³⁷⁶ which could be an asset in population development policy development and implementation. Broader results of women’s economic empowerment initiatives cannot yet be measured as they are</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Evaluation reports</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>Employers’ associations KIIs</p>
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³⁷² proMENTE and UNFPA (2023).

³⁷³ proMENTE (2024).

³⁷⁴ Available at <https://unijauprs.org/odrzan-okrugli-sto-integracija-zena-u-svijet-rada-problemi-i-rjesenja/>.

³⁷⁵ Available at <http://www.upfbih.ba/upfbih-i-unfpa--oko-pola-miliona-zena-u-bih-nema-vlastite-prihode-i-njih-treba-hitno-ukljuciti-u-trz>.

³⁷⁶ The RS Union of Employers has also engaged in EU-funded research on effects of demographic trends on economic growth and sustainability of the social protection system. Unija poslodavaca Republike Srpske [RS Union of Employers] and EISE (2023).

<p>only in the piloting and nascent phase, while more systemic measures for women's employment as a demographic measure for building human capital are needed.</p>	
<p>3.4.2: Adequate understanding of government institutions and other relevant stakeholders of population issues and capacities for data collection and development of evidence-based population policies and legislation has contributed to population having access to more accountable and transparent governance systems aimed at delivering quality public services, and ensuring the rule of law</p> <p>The focus of Population and Development activities has been on strengthening the capacities of government authorities and other relevant stakeholders for data collection, analysis and dissemination, and development of evidence-based population policies in BiH. In addition, the focus of the UNFPA CO BiH work has been on achieving the country's demographic resilience by building human capital. However, this work has not been accounted for under the CPD. It is evident that the work on securing relevant data on population matters (population projections and effects of demographic changes on the provision of public services in health care, education and pension sectors, NTA, youth emigration survey, survey on loneliness) and making them widely available has contributed to understanding of government institutions and other relevant stakeholders of population issues, as well as building of capacities of statistical offices and other institutions for data collection and processing. Available data has also contributed to development of evidence-based population policies in the two entities and one city. It is assumed that provision of evidence base for policy development has contributed to UNSCDF Outcome 4: By 2025, people contribute to, and benefit from more accountable and transparent governance systems that deliver quality public services, and ensure rule of law, as envisaged by the CPD. However, the UNFPA SP 2018-2021 indicator: BiH conducted at least one population and housing census during the last 10 years has not been reached. It is unclear why this indicator was selected given that the UNFPA CO BiH has not envisaged working on the issue of census and cannot contribute to its implementation due to a variety of factors, technical and political. The UNFPA CO BiH work on the economic empowerment of women and youth-friendly work policies cannot be accounted for under the pertinent or other UNSDCF outcome, as it has not been envisaged by the CPD.</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>UNSDCF 2021-2025</p> <p>Stakeholder consultation:</p> <p>As above</p>
<p>Assumptions for verification 3.5: Delivery of CPD has had a balanced effect on people of all genders and has included marginalized and vulnerable groups.</p>	<p>Indicators:</p> <p>3.5.1: There is gender balance among target groups reached through CPD delivery</p> <p>3.5.2: Content of capacity building on SRH, MISP, behaviour-change, peace and reconciliation, data collection, developed policies is gender-balanced</p> <p>3.5.3: CPD delivery in the areas of SRH, MISP, GBV, peace and reconciliation, and population development focused on marginalized and vulnerable as target groups</p> <p>Methods and tools for data collection:</p> <p>1. Desk review of AWP/RRPs, COARs; training agendas for SRH, MISP, behaviour-change, peace and reconciliation, data collection trainings; SRH, youth and population development policies developed with assistance of UNFPA CO BiH</p> <p>2. Key informant interviews:</p> <ul style="list-style-type: none"> - UNFPA CO BiH staff - BiH Ministry of Civil Affairs, BiH Ministry of Security, BiH Service

		<p>for Foreigner's Affairs (including TRCs), BiH Ombudsperson, BiH Statistics Agency</p> <ul style="list-style-type: none"> - RS, FBiH and Sarajevo Canton ministries of health - RS, FBiH and Sarajevo Canton public health institutes - RS and FBiH ministries of education - RS Ministry of Youth, Family and Sports - FBiH Ministry of Labour and Social Policy - RS and FBiH statistical offices - Brčko District Government - local governments (Banja Luka, Sarajevo, Bihać, East Sarajevo) - health centres (Sarajevo and Banja Luka) - schools (Sarajevo) - CSOs (youth CSOs, shelters for GBV survivors, and other), and inter-faith organizations (Sarajevo, Banja Luka, Bihać, Zenica, Brčko) - UN agencies (UNDP, UNICEF, IOM, UN Women, WHO, UNHCR) and RCO
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]		Sources of information [List the source(s) of evidence for each of the data collected]
<p>3.5.1: There is gender balance among target groups reached through CPD delivery</p> <p>Women and girls are the most prominent target groups of the UNFPA CP BiH across components. In line with the nature of interventions, women and girls feature significantly in the areas of family planning, HPV vaccination and cervical cancer prevention and screening, maternal health, and integration of MISP into local emergency preparedness plans. Women and girls are also the key target groups for the interventions addressing gender equality, GBV/CRSV, and women's empowerment. Specific actions in the gender equality area of intervention target men specifically, e.g. Tackling Gender Inequality and Gender-Based Violence: Men and Boys as Agents of Change.³⁷⁷ On the other hand, general youth population, providing gender balance, is targeted through CSE, and youth peacebuilding and social cohesion work under the UNFPA CP BiH.</p>		<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p>

³⁷⁷ UNFPA and UN WOMEN (2024).

<p>3.5.2: Content of capacity building on SRH, MISP, behaviour-change, peace and reconciliation, data collection, developed policies is gender-balanced</p> <p>Capacity building actions in the SRH field target female professionals predominantly, in line with indicatively larger numbers of female primary health care doctors, gynaecologists and obstetricians. The training for integration of MISP in local emergency preparedness plans gathered 150 women and 102 men. A majority of certified MISP trainers are also women. A majority of certified MISP trainers are women. On the other hand, it is assumed that participation in youth peer peacebuilding training was gender-balanced, while the e-training of clergy would have mostly targeted men. The general population is targeted under population development interventions, although with focus on disaggregation of data by sex in data collection and research interventions. Capacity building for economic empowerment under population development outcome has exclusively targeted unemployed women with pre-school children.</p> <p>Policy development supported by the UNFPA CO BiH in the areas of gender equality/GBV/women's empowerment is likely to have the biggest effects on women, e.g. through development of the RS Law on Protection from Domestic Violence and Violence against Women, MPs' proposals for amendments of the Criminal Code in FBiH to integrate TFGBV provisions, proposals to integrate MISP into local policies, and development of population policies and family-friendly work policies (given focus on reconciliation of family and professional, with which women struggle the most). Development of CSE and youth policies is likely to have provided gender-balanced contents.</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p>
<p>3.5.3: CPD delivery in the areas of SRH, MISP, GBV, peace and reconciliation, and population development focused on marginalized and vulnerable as target groups</p> <p>Marginalized groups are included in the UNFPA CP BiH delivery through, for example, integration of approach to specific marginalized and vulnerable groups into content of family planning training, organization of Special Olympics events, and youth peer peacebuilding training (although the figures on inclusion of marginalized and vulnerable groups are not available as per output indicator). However, GBV/CRSV survivors and migrant population are the most dominant marginalized and vulnerable target groups reached by the UNFPA CO BiH. Gender-balanced approach to service provision to migrant population in TRCs has been ensured by establishment and operations of separate centres for women and girls, and men and boys.</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p>
<p>EQ3d: To what extent UNFPA contributed and provided SRH and GBV response services to the migrant/refugee population in temporary reception centres across the country?</p>	
<p>Assumptions for verification 3.6: UNFPA CO BiH responded to emergency situations in quality and timely fashion to support migrant/refugee population in temporary reception centres</p>	<p>Indicators:</p> <p>3.6.1: UNFPA CO BiH provided adequate SRH and GBV response services to migrants</p> <p>Methods and tools for data collection:</p> <p>1. Desk review of AWP/RRPs, COARs, EC and governmental reports, UNCT Annual Reports, Mixed Migration Group documents and reports</p>

		2. Key informant interviews: - UNFPA CO BiH staff - BiH Ministry of Security, BiH Service for Foreigner's Affairs (including TRCs), BiH Ombudsperson - UN agencies (IOM, UNHCR, UNICEF) and RCO
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]		Sources of information [List the source(s) of evidence for each of the data collected]
3.6.1: UNFPA CO BiH provided adequate SRH and GBV response services to migrants <p>The UNFPA CO BiH has provided humanitarian response since the onset of the migrant crisis. As evidenced by the previous CPE, the UNFPA CO BiH played a vital role in provision of emergency GBV and SRH services to both women and men, boys and girls in Temporary Reception Centres (TRCs). In the period covered by this CPE, Women and Girls Centres (WGCs) and Boys and Young Men Centres (BYMCs) established by UNFPA in TRCs have been continuously providing psycho-social support, SRH and GBV services, and empowerment activities for migrant women and girls and boys and young men, along with supply of dignity items. Psycho-social support has been provided by UNFPA-contracted psychologists based on UNFPA's Mental Health and Psychosocial Support programme (MHPSS), and it has included individual and group sessions to provide psychological assistance and build mental resilience of vulnerable populations. GBV and SRH services have been provided by the UNFPA-contracted coordinators and consultants (gynaecologist, urologist) in cooperation with health care and other institutions in Sarajevo and Bihać. This entailed establishment of continuous cooperation between UNFPA staff and these institutions, which was built on the GBV SOP and referral mechanisms established earlier.³⁷⁸ SRH services include medical check-ups, provision of treatment, assistance in pregnancies and terminations, if necessary, consultation and family planning services. Empowerment activities have been ensured through UNFPA-contracted empowerment officers. These activities have included a variety of life-skills building sessions (e.g. based on the Boys on the Move methodology and similar resource for women and girls on the move³⁷⁹), including creative workshops, awareness raising sessions, trainings, among others.</p> <p>The CPE on-site visits to TRCs Borići and Lipa have confirmed capacities of WGCs and BYMCs, and exceptional engagement of staff with the affected population in order to provide good quality services adapted to the needs of vulnerable populations.³⁸⁰ The WGCs and BYMCs have been created as safe spaces for users, taking into account their</p>		UNFPA CPD BiH 2021-2025 UNFPA CO BiH AWP/RRPs UNFPA CO BiH Annual Reports UNFPA knowledge products on WGCs and BYMCs On-site visits Stakeholder consultation: UNFPA CO BiH KIIs BiH authorities for foreigners' affairs KIIs UN agency KII

³⁷⁸ For example, Standard operating procedures (SOPs) for treatment of gender-based violence (GBV) victims had been developed in cooperation with the Una-Sana Canton Ministry of Health and Social Policy and the authorities of the Sarajevo Canton.

³⁷⁹ Vujović, S. and Pezerović, A. (2022a).

³⁸⁰ An informal conversation with two Cuban families in one TRC indicated high satisfaction with UNFPA staff and services.

multiple vulnerabilities, not least their exposure to GBV and other types of violence, their sexual orientation, age (particularly unaccompanied minors and women/families with children), disability, and need for SRH services and psycho-social support while on the move. The centres have regular working hours and are envisaged as walk-in centres, save for activities planned by specific timetables. They are visible to users and well-marked, although they may not provide enough discretion in sensitive cases. The staff speak several languages of users' countries of origin, or have learned new languages through communication with users. Provision of services has proven to be challenging for the UNFPA field staff under circumstances of humanitarian crisis, given multiple vulnerabilities of the affected population, and it has demonstrated the need for continuous support to service providers too. UNFPA staff have reacted and provided assistance in a number of life-threatening situations for the affected population too, largely involving GBV and SRH needs of individuals on the move. **The content, availability and regularity of services provided by UNFPA indicate adequate timeliness, coverage, and effectiveness of GBV, SRH and other services for different categories of migrant population.**

The knowledge and capacities of the UNFPA CO BiH to provide humanitarian response in emergency situations was proven in the case of October 2024 devastating floods in Jablanica and Konjic. The UNFPA CO BiH team has been able to react swiftly and GBViE Programme Manager and EECARO GBViE Specialist were deployed to affected areas, to conduct a rapid GBV assessment to identify the needs of the affected communities. Preliminary findings from UNFPA's GBV Rapid Assessment revealed that displacement, loss of households and livelihoods, privacy, security, social networks, and access to vital services, coupled with increased stress and trauma, are creating a fertile ground for a surge in GBV, particularly intimate partner violence, sexual violence, and sexual exploitation and abuse. Based on these findings, GBV and SRH intervention priorities were identified and subsequently mainstreamed into UNCT emergency response. UNFPA also deployed a GBV case worker and a psychologist working in the mixed migration response to provide specialized services to women and girls affected by the floods and landslides. The UNFPA CO BiH has procured and delivered 400 Dignity Kits for distribution in affected areas. **This intervention shows replication of knowledge and skills from response to migrant crisis to a different emergency situation, which also confirmed the necessity for integration of MISP into local emergency preparedness plans for adequate response of local authorities and services.**

Evaluation Question 4: To what extent UNFPA has made good/reasonable use of its human and financial resources to achieve results?					
Evaluation Criteria: Efficiency					
Assumptions for verification 4.1: UNFPA CO BiH has made good use of its human and financial resources to pursue the achievement of results defined in CPD		Indicators: I.1: CO BiH human and financial resources used to achieve the outputs/outcomes and their distribution is proportional to the value of achieved outputs and outcomes I.2: The planned inputs and resources were available/received as set out in the AWP/RRPs and agreements with donors I.3: Implementation of financial resources is steady I.4: Outputs were delivered on time		Methods and tools for data collection: 1. Desk review of AWP/RRPs, COARs, UNFPA CO BiH financial reports 2. Key informant interviews: - UNFPA CO BiH staff	
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]				Sources of information [List the source(s) of evidence for each of the data collected]	
I.1: UNFPA CO BiH human and financial resources used to achieve the outputs/outcomes and their distribution is proportional to the value of achieved outputs and outcomes The overall expenditure of the UNFPA CP BiH budget from its beginning in 2021 up to the beginning of December 2024 was 7,147,252.58 USD, compared to the available budget of 8,028,450 USD (for the period 2021-2024). ³⁸¹ The CP expenditure summary from 2021 through 2023 is indicative of high execution rate averaging 92.7% for the observed period. The highest expenditure rate was achieved in 2021: 96.8%, while lower expenditure rates were recorded in the subsequent years: 2022: 90.2%; 2023: 90.8% ³⁸² ; 2024 (until the beginning of December 3): 84.05%. Expenditures by individual CP outputs are presented in the table below. Table: Overview of planned CP budget and expenditures, 2021-2024, by outputs				UNFPA CO BiH AWP/RRPs UNFPA CO BiH Annual Reports UNFPA CO BiH Financial Reports Stakeholder consultation: UNFPA CO BiH KIIs	
Outcome area	Output No.	Budget (USD)	Expenditure (USD)	Execution level (%)	
SRHR	Output 1.1	647,264.56	611,560.19	94.48	
	Output 1.2	796,796.13	645,981.12	81.07	
	Output 2.1	452,890.79	438,025.04	96.72	
	Total SRHR	1,896,951.48	1,695,566.35	89.38	
GBV/GE	Output 2.2	2,906,174.33	2,652,158.30	91.26	

³⁸¹ UNFPA CO BiH Financial Reports 2021,2022,2023, 2024.

³⁸² It should be noted that the UNFPA CO BiH also has multi-year projects, apart from core funds distributed by years. This implies that expenditure rates should not necessarily be viewed only at annual level but for the whole project duration.

	Total GBV/GE	2,906,174.33	2,652,158.30	91.26
Youth/Social cohesion	Output 3.1	36,855.81	36,529.55	99.11
	Output 3.2	618,951.67	515,598.80	83.30
	Output 3.3	683,614.57	570,814.71	83.50
	Total Youth/Social cohesion	1,339,422.05	1,133,943.06	84.66
Population Dynamics	Output 4.1	1,031,785.62	956,328.51	92.69
	Total PD	1,031,785.62	956,328.51	92.69
TOTAL outputs		7,174,333.48	6,437,996.22	89.74
TOTAL CP budget ³⁸³		8,028,450	7,147,252.58	89.02

It is clear from the table above that the biggest resources were invested in the GBV/GE outcome area (this outcome area includes humanitarian action), followed by SRHR, Youth/Social cohesion, and PD outcome areas. This is somewhat conflicting, given that the UNFPA CPD BiH 2021-2025 establishes focus on Youth and Adolescents, and Population and Development outcome areas, and it, in fact, shows that the UNFPA CP BiH in fact maintained its previous outcome structure (SRHR, GBV/GE, Youth and Adolescents, and PD) rather than focusing on two specific outcome areas. The resourcing and expenditures show that the delivery of the CPD is in fact steered by available resources, as they are raised from external donors, and that consistency between planning and actual implementation is not guaranteed. There were, therefore, numerous revisions of AWP/RRPs, as explained below. **The UNFPA CO BiH work depends on external resourcing, which often calls for an adaptive approach and compromises in relation to initially set priorities.**

The funds allocated to Output 1.1 were largely spent on training of medical professionals for provision of youth-friendly family planning services, cervical cancer prevention campaigns and advocacy, and further development of maternal health clinical guidelines, which have resulted in a significant reach of trainees and potential for effectiveness. Under Output 1.2 funds were utilised mainly towards MISP integration into emergency preparedness plans and MISP training, which has contributed to building of individual professional capacities, but has not effectively materialized in local preparedness planning and delivery. The funds allocated to Output 2.1 were considerable in relation to production of three Healthy Lifestyles teacher manuals and supply of hygiene pads for menstrual health awareness in one canton in FBiH. Numerous and assorted GBV/GE actions were funded under Output 2.2, which also includes humanitarian action in TRCs in Bihać and Sarajevo. The humanitarian response part of the Output 2.2 budget is significant (close to 2 million USD) and proportional to the results achieved. Other GBV/GE interventions under this output are assorted, the effects

³⁸³ The difference between total outputs and total CP budget is attributed to programme coordination, position management and resource management, which are not attributed to individual outputs, but rather to the CP delivery.

<p>of some of them are difficult to measure (e.g. Girls Advance Lab), while some are still nascent (e.g. women's empowerment, Bodyright initiative). The overall Social Cohesion work under Outputs 3.1, 3.2 and 3.3 is distributed across a dozen local communities and requires significant funds, and assorted activities are difficult to assess in terms of effectiveness. The Output 4.1 shows clear correlation between substantial data collection and research actions and the funds budgeted and utilized. The women's economic empowerment work under this output has not been planned initially and it forms only a small portion of the PD budget/expenditures (254,188.61 USD).</p> <p>In addition to the CP output expenses, further 17% was expended as operational costs (i.e. Position Management, PCA and Optimized management of resources) out of the total expenditure of 7,147,252.58 USD, out of the budgeted 8,028,450 USD for the period until the end of 2024. For instance, Position Management expenses amounting to USD 1,030,646.38 appear only in 2024 and they can be transparently linked with funding of staff positions. As expenses that cannot be directly attributed to individual CP outputs in 2021, 2022 and 2023 amount to USD 250,667.12 for the 3-year period, it is concluded that position funding was encompassed by the output-linked budget in this period. For this reason, the proportion of the CP budget utilised towards the CP staff cannot be determined through the CPE. The UNFPA CO BiH employs 17 staff (of 21 planned³⁸⁴) and a number of long-term and short-term consultants, including WGCs and BYMCs' staff who have been recruited as consultants.</p> <p>Five of the 17 staffed (i.e. overall 21) positions are funded from a budget stream which is not a part of the CP budget. As the accounting practice in the UNFPA CO BiH changed, the staff expenditure for 2023 could be calculated based on financial reports and it amounts to 579,898.67 USD, which stands for 30.6% of the overall 2023 CP budget expenditure. Staff expenditure (excluding 5 positions funded from a separate source) in the first 11 months of 2024 amounted to USD 610,774.11, which represents 33.2% of the overall budget expenditure in the first 11 months of 2025. The CP results are a direct consequence of a good use of core staff and consultants (local and international).</p> <p>The UNFPA CO BiH also relies on implementing partners, most frequently well-established NGOs, such as the Mozaik Foundation, Step-by-Step, Special Olympics, Snaga Žene, among others, but also public institutions, such as the FBiH Public Health Institute.</p>	
<p><i>1.2: The planned inputs and resources were available/received as set out in the AWP/RRPs and agreements with donors</i></p> <p>The UNFPA CO BiH AWP/RRPs show numerous revisions as a result of incoming funds. Resource mobilization by the UNFPA CO BiH has proven to be successful over the years, although the beginning of the CP 2021-2025 was marked</p>	<p>UNFPA CO BiH Annual Reports</p> <p>UNFPA CO BiH Financial Reports</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH</p>

³⁸⁴ The UNFPA CO/CP organisational structure includes the following 21 positions, of which 4 are vacant: (1) Representative; (2) Assistant Representative; (3) Programme Specialist, PD & M&E; (4) Programme Assistant (vacant); (5) Project Manager, WPS; (6) Project Manager, GBViE/DRR; (7) Programme Assistant, GBViE (vacant); (8) Programme Analyst, SRH/Youth; (9) Project Associate; (10) Programme Analyst, Youth and Peace; (11) Programme Assistant; (12) Programme Finance Assistant; (13) Programme Analyst, Comm.; (14) Personal Assistant to the Rep; (15) Admin/Finance Associate; (16) Administrative Assistant; (17) Driver/Logistics Clerk; (18) Driver (vacant); (19) Programme Assistant, Youth (vacant); (20) Programme Analyst; (21) Volunteer.

by financial uncertainty. The latest Integrated Resource Mobilization, Partnership, South-South Cooperation Plan was developed by the UNFPA CO BiH in March 2020 and it was not updated further. However, the UNFPA CO BiH has engaged in robust resource mobilization under the CPD 2021-2025, which resulted in mobilization of a total of 5,021,623.7 USD from 11 donors (see table).

Donor	Project Budget USD
Austrian Development Agency	72,732.64
Czech Republic	375,266.04
European Commission	1,862,505.07
IOM	168,146.34
Italy	457,631.94
Slovenia	87,673.53
Spain - Basque	156,287.19
UNFPA Humanitarian Action Thematic Fund (HTF)	306,020.30
UNDP -Multi-Partner Trust Fund (including Swiss/SDC) - PBF	1,142,619.48
United Kingdom	367,741.17
Canton Sarajevo	25,000.00
TOTAL MOBILISED from external sources	5,021,623.7

By the end of 2024, overall CP budget reached USD 8.6 million, of which USD 3.6 million came from UNFPA sources (41.8%), while the larger portion of the CP budget (58.2%) came from other sources. The UNFPA CO BiH completed a donor mapping exercise in 2022, with the purpose of ascertaining the changes in the donor landscape and opportunities, including the review of CO's donor strategies, which is a plausible practice that needs to be upheld and repeated regularly for the purpose of continuous resource mobilization efforts. The revisions of AWP/RRPs showed adaptive management, but also unveiled inconsistencies in planning of CPD delivery and adjustments in relation to availability of resources. This shows that the CPD 2021-2025 started without all funds secured, which posed a significant risk for CPD delivery.

1.3: Implementation of financial resources is steady

The CP expenditure summary from 2021 through 2023 is indicative of high execution rate averaging 92.7% for the observed period 2021-2024. The highest expenditure rate was achieved in 2021: 96.8%, while lower expenditure rates were recorded in the subsequent years: 2022: 90.2%; 2023: 90.8%³⁸⁵; 2024 (until the beginning of December 3): 84.05%.

1.4: Outputs were delivered on time

UNFPA CO BiH Financial Reports

UNFPA CO BiH AWP/RRPs

³⁸⁵ It should be noted that the UNFPA CO BiH also has multi-year projects, apart from core funds distributed by years. This implies that expenditure rates should not necessarily be viewed only at annual level but for the whole project duration.

<p>Majority of UNFPA CPD BiH 2021-2025 outputs have been delivered in line with the timeframes planned by AWP/RRPs, although taking into account their many revisions. The UNFPA CO BiH had to give up on individual activities, such as the adaptation of the Obstetrics Surveillance and Response System, which was not endorsed by the health authorities in BiH. Individual other activities were also abandoned, including TV Promotion of Comprehensive Sexuality Education (CSE). Certain inefficiencies were observed in the development of an e-learning system on GBV response, development of a unified guide on response to GBV, CRSV and implementation of CMR and DRR, and introduction of the cervical cancer screening programme, which were not abandoned but were delayed as a result of local authorities’ willingness and/or capacities.</p>	<p>UNFPA CO BiH Financial Reports</p> <p>UNFPA CO BiH Annual Reports</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH</p>	
<p>Assumptions for verification 4.2: <i>UNFPA CO BiH has used an appropriate combination of approaches to pursue the achievement of CP results</i></p>	<p>Indicators:</p> <p>I.1: CO BiH made a good choice of modes of engagement, which is appropriate for individual outputs (advocacy/policy dialogue and advice, knowledge management, capacity development, service delivery, partnerships with traditional and non-traditional partners) with a view of achieving four CPD-defined outcomes</p> <p>I.2: Partnership and resource mobilization plans have been developed, updated and implemented</p>	<p>Methods and tools for data collection:</p> <p>1. Desk review of AWP/RRPs, COARs, UNFPA CO BiH financial reports</p> <p>2. Key informant interviews:</p> <ul style="list-style-type: none">- UNFPA CO BiH staff- BiH Ministry of Civil Affairs, BiH Ministry of Security, BiH Service for Foreigner’s Affairs (including TRCs), BiH Ombudsperson, BiH Statistics Agency- RS, FBiH and Sarajevo Canton ministries of health- RS, FBiH and Sarajevo Canton public health institutes- RS and FBiH ministries of education- RS Ministry of Youth, Family and Sports- FBiH Ministry of Labour and Social Policy- RS and FBiH statistical offices- Brčko District Government- local governments (Banja Luka, Sarajevo, Bihać, East Sarajevo)- health centres (Sarajevo and Banja Luka)- schools (Sarajevo)- CSOs (youth CSOs, shelters for GBV survivors, and other), and

		<p>inter-faith organizations (Sarajevo, Banja Luka, Bihać, Zenica, Brčko)</p> <p>- UN agencies (UNDP, UNICEF, IOM, UN Women, WHO, UNHCR) and RCO</p>
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]		Sources of information [List the source(s) of evidence for each of the data collected]
<p>I.1: CO BiH made a good choice of modes of engagement, which is appropriate for individual outputs (advocacy/policy dialogue and advice, knowledge management, capacity development, service delivery, partnerships with traditional and non-traditional partners) with a view of achieving four CPD-defined outcomes</p> <p>The CO BiH employed a variety of engagement modes, including advocacy and policy dialogue, knowledge management, capacity development, service delivery, and partnerships, tailored to individual outputs to align with the CPD-defined outcomes. Advocacy/Policy Dialogue was utilized to achieve CSE integration into school curricula through engagement with ministries of education and pedagogical institutions in both RS and FBiH. The Bodyright Initiative engaged parliamentarians to advance legislative reforms addressing gender-based violence and bodily autonomy and contributed to the development of the RS Law on Protection from Domestic Violence and Violence against Women. The HPV vaccination programmes and mapping of cervical cancer screening services for development of a future programme involved health ministries and other governmental bodies in BiH to prioritize these health issues. The development of population policies in RS and FBiH was largely supported by the UNFPA CO BiH data-driven advocacy efforts, and the same can be argued for the still nascent development of family friendly labour and social policies.</p> <p>Knowledge Management is demonstrated through extensive work on population data collection and processing, as well as analysis of the implications of this research on policies. Thanks to the UNFPA CO BiH approach, the local authorities and public now avail themselves of information on population projections, reasons for youth emigration, and their implications on public spending, among other valuable data and research. The development of teacher handbooks for Healthy Lifestyles teaching is also an example of knowledge management, along with production of Family Planning services training manuals, and knowledge products relating to GBV response in migrant settings. An abundance of other maternal health, GBV/CRSV/CMR and DRR products also provide a base for further standardization of knowledge. There is evidence that youth peer peace building training has been integrated into pedagogical faculties' teaching, showing potential for replication, and an e-module for training of members of the clergy on the provision of psychosocial care and support for CRSV survivors also demonstrates efforts to systematize knowledge and training for this target group.</p> <p>There is significant evidence of regional expertise sharing and regional research initiatives that provide for professional exchange and cross-country learning. For example, the UNFPA CO BiH participated in at least two regional surveys – the Loneliness Survey, the Mapping of Cervical Cancer Prevention Services, and has used regionally produced materials for deployment in BiH e.g. the Youth Peer Education for Peacebuilding and Conflict Transformation Manual for Trainers in the Western Balkans, which was developed by UNFPA Albania and RYCO, or the TFGBV glossary produced by UNFPA Serbia.</p> <p>Capacity Development has been employed regularly by the UNFPA CO BiH, including primarily capacity development of medical professionals on family planning, maternal health, MISP, GBV response, but also development of capacities</p>		<p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Financial Reports</p> <p>UNFPA CO BiH Annual Reports</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH</p>

<p>of youth peer educators on peace-building contents, as well as development of capacities of unemployed women for better employment chances. Service provision in the areas of GBV and SRHR has been ensured by the UNFPA CO BiH in TRCs in Sarajevo and Bihać. The UNFPA CO BiH has engaged with non-traditional partners, such as FBOs, media, private businesses, and informal groups to promote SRHR, prevention of GBV, and social cohesion, among youth and wider population.</p>	
<p><i>1.2: Partnership and resource mobilization plans have been developed, updated and implemented</i></p> <p>The latest Integrated Resource Mobilization, Partnership, South-South Cooperation Plan was developed by the UNFPA CO BiH in March 2020 and it was not updated further. However, the UNFPA CO BiH has engaged in robust resource mobilization under the CPD 2021-2025, which resulted in mobilization of a total of 5,021,623.7 USD from 11 donors (please find a detailed overview of resource mobilization from various donors in the Evaluation Matrix). By the end of 2024, overall CP budget reached USD 8.6 million, of which USD 3.6 million came from UNFPA sources (41.8%), while the larger portion of the CP budget (58.2%) came from other sources. The UNFPA CO BiH completed a donor mapping exercise in 2022, with the purpose of ascertaining the changes in the donor landscape and opportunities, including the review of CO's donor strategies, which is a plausible practice that needs to be upheld and repeated regularly for the purpose of continuous resource mobilization efforts. The revisions of AWP/RRPs showed adaptive management, but also unveiled inconsistencies in planning of CPD delivery and adjustments in relation to availability of resources. This shows that the CPD 2021-2025 started without all funds secured, which posed a significant risk for CPD delivery.</p>	<p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Financial Reports</p> <p>UNFPA CO BiH Annual Reports</p> <p>Resource Mobilization, Partnership, South-South Cooperation Plan</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH</p>

Evaluation Question 5: To what extent has UNFPA strengthened the capacity of partners and established mechanisms to ensure ownership and the durability of effects?		
Evaluation Criteria: Sustainability		
<p>Assumptions for verification 5.1: UNFPA CO BiH has succeeded in strengthening institutional capacities and establishing partnerships that promote national ownership, investment in and sustainability of supported interventions, programmes and policies.</p>	<p>Indicators:</p> <p>5.1.1: Youth-friendly SRH capacity building is embedded in health systems and locally owned capacity building will continue beyond UNFPA CO BiH support</p> <p>5.1.2: HPV vaccination programmes is implemented by health authorities beyond UNFPA CO BiH support</p> <p>5.1.3: Health authorities implement the Obstetric Surveillance and Response System beyond UNFPA CO BiH support</p> <p>5.1.4: MISP is integrated in preparedness plans and budgets in selected local communities for implementation of these plans and their monitoring beyond UNFPA CO BiH support</p> <p>5.1.5: Ministries of education in selected administrative areas integrated Healthy Life-Styles programmes in school curricula, teachers are trained, and programmes are implemented beyond UNFPA CO BiH support</p> <p>5.1.6: Selected youth-led CSOs are capacitated to promote gender equality beyond UNFPA CO BiH support.</p> <p>5.1.7: Selected inter-faith organizations are capacitated to promote transformative and equitable views around gender, ethnic and cultural identities beyond UNFPA CO BiH support</p> <p>5.1.8: Selected youth-led CSOs are capacitated to promote peace and reconciliation beyond UNFPA CO BiH support</p> <p>5.1.9: Relevant governments in BiH adopted and implemented policies and strategies developed in collaboration with UNFPA CO BiH</p> <p>5.1.10: Statistical institutions in BiH regularly update population projections and other statistical indicators</p> <p>5.1.11: Sub-national authorities continue opening new Healthy Ageing Centres beyond UNFPA CO BiH support</p>	<p>Methods and tools for data collection:</p> <p>1. Desk review of AWP/RRPs, COARs, EC and governmental reports, UNCT Annual Reports</p> <p>2. Key informant interviews:</p> <ul style="list-style-type: none"> - UNFPA CO BiH staff - BiH Ministry of Civil Affairs, BiH Ministry of Security, BiH Service for Foreigner's Affairs (including TRCs), BiH Ombudsperson, BiH Statistics Agency - RS, FBiH and Sarajevo Canton ministries of health - RS, FBiH and Sarajevo Canton public health institutes - RS and FBiH ministries of education - RS Ministry of Youth, Family and Sports - FBiH Ministry of Labour and Social Policy - RS and FBiH statistical offices - Brčko District Government - local governments (Banja Luka, Sarajevo, Bihać, East Sarajevo) - health centres (Sarajevo and Banja Luka) - schools (Sarajevo) - CSOs (youth CSOs, shelters for GBV survivors, and other), and inter-faith organizations (Sarajevo, Banja Luka, Bihać, Zenica, Brčko) - UN agencies (UNDP, UNICEF, IOM, UN Women, WHO, UNHCR) and RCO
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]		Sources of information [List the source(s) of evidence for each of the data collected]
<p>5.1.1: Youth-friendly SRH capacity building is embedded in health systems and locally owned capacity building will continue beyond UNFPA CO BiH support</p> <p>The UNFPA-supported youth-friendly family planning capacity building for the health systems in BiH shows some sustainability elements, but full sustainability has not been achieved. UNFPA CO BiH has invested in development of a pool of medical doctors - trainers on family planning for primary health care and this pool persists in delivering training to their peers. However, the training on family planning, including youth-friendly family planning, has not been</p>		<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Family planning trainer manuals</p> <p>Stakeholder consultation:</p>

<p>integrated into formal training obligations or programmes for the health systems in BiH, and there have been few participants in the training. UNFPA should have anticipated the risk of insufficient interest of primary health care doctors in training that is not mandatory for them. Necessary knowledge products have, however, been developed – embodied largely in the Youth-Friendly Family Planning Training Manuals for FBiH and RS, which were produced by medical experts with support of UNFPA and represent valuable resources and know-how. However, these have not been formally endorsed by the health authorities in BiH to guarantee regular and continuous training for health care workers beyond UNFPA support. UNFPA efforts to integrate youth-friendly family planning capacity building into medical faculty teaching have been successful to extent that a Memorandum of Understanding was signed with the Medical Faculty of the University of Banja Luka and family planning educational modules have been integrated into teaching of several subjects, at least in the academic year 2024/2025. Further monitoring efforts are required to establish whether this training is delivered continuously and consistently in the future. Similar formal arrangements have not been made with medical faculties in FBiH, and delivery of training to medical students depends on cooperation with unions of medical students. Further efforts and direct arrangements with medical faculties are required for integration of family planning contents into regular teaching.</p>	<p>UNFPA CO BiH KIIs</p> <p>UNFPA CO BiH recruited trainers KIIs</p> <p>RS and FBiH health authorities KIIs</p>
<p>5.1.2: HPV vaccination programmes is implemented by health authorities beyond UNFPA CO BiH support</p> <p>The sustainability of the HPV vaccination programme in Bosnia and Herzegovina has been ensured with help of UNFPA. Thanks to UNFPA advocacy efforts and technical assistance provided to the health authorities in FBiH, RS and BD, HPV vaccination programmes have been developed and formally endorsed by health authorities. These programmes have financial implications, which are now fully owned by the governments in FBiH, RS and BD, their ministries/departments of health, and public health institutes. Namely, governments have fully financed procurement of vaccines, the number of which proved to be sufficient given the information on vaccination reach and coverage. There is also evidence of individual jurisdictions in FBiH advocating and managing to procure their own vaccines (e.g. Sarajevo Canton, City of Bihać). It may be expected that the domestic authorities will continue to implement adopted HPV vaccination programmes and procure vaccines. However, an inherent risk is a generally low response of the population to vaccination calls and campaigns. Further awareness raising and monitoring of vaccination are required to establish vaccination reach and further promotion and procurement needs. In parallel with HPV vaccination, cervical cancer screening is a preventive SRH measure, which UNFPA has supported. The necessary assessments have been completed and further research necessary for development of comprehensive cervical and breast cancer screening programmes in BiH is underway. Sustainability can be assessed only screening policies and procedures are developed.</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>RS and FBiH health authorities KIIs</p> <p>Canton, local communities in FBiH KIIs</p>
<p>5.1.3: Health authorities implement the Obstetric Surveillance and Response System beyond UNFPA CO BiH support</p> <p>As UNFPA decided to cease work on establishment of the Obstetric Surveillance and Response System (OSRS) in BiH, sustainability was not measured for this intervention. UNFPA CO BiH should have anticipated the risks relating to willingness of health authorities to work on establishment of OSRS, based on lessons learned from the previous CP, and should have checked for the key assumptions for this specific intervention (not least taking into account low maternal mortality in BiH). Consequently, this activity has been replaced by other interventions for advancing maternal health through development of clinical guidelines. Clinical guidelines in the area of maternal health represent valuable knowledge products and standard operating procedures, but sustainability of their application has not been fully achieved. The application of clinical guidelines is not mandatory in medical institutions (they are rather recommended</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p>

<p>protocols) and for sustainability of their application to be ensured it is necessary to regulate the obligation of medical staff to apply them in their practice. This could be achieved through standardization of clinical guidelines through standards and monitoring by the health care quality control and standardization agencies.</p>	
<p>5.1.4: MISP is integrated in preparedness plans and budgets in selected local communities for implementation of these plans and their monitoring beyond UNFPA CO BiH support</p> <p>Integration of the Minimum Initial Service Package (MISP) integration into emergency preparedness plans and budgets in BiH shows progress but further systemic support is required to ensure sustainability. UNFPA CO BiH supported development of a pool of certified MISP trainers, thus establishing a so far non-existent knowledge base. UNFPA also supported ten local communities in integration of MISP in their emergency preparedness plans, by developing SRH and GBViE specific action plans and standard operating procedures for response of health care institutions and other institutions. Support also included proposals for integration of MISP into local preparedness policies, but there is no evidence that local communities in fact integrated this policy and allocated funds for implementation of MISP in case of emergency situations. Through MISP training, which was delivered to professionals in local communities, it is expected that capacities of individuals have been built. However, without firm policy integration and budgeted MISP, it cannot be expected that MISP will actually be deployed in case of emergencies. The recent floods in Jablanica and Konjic have confirmed this, as UNFPA had to mobilize its emergency fund to ensure swift SRH and GBViE response instead of local institutions. Further efforts are required to formally integrate MISP into emergency preparedness policy and operational framework at the level of BiH, FBiH, RS and BD, which would be further cascaded down to all local communities.</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Action plans and proposals for integration of MISP into local preparedness plans</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>RS and FBiH health authorities KIIs</p> <p>Local communities in FBiH and RS KIIs</p> <p>MISP trainers KIIs</p>
<p>5.1.5: Ministries of education in selected administrative areas integrated Healthy Life-Styles programmes in school curricula, teachers are trained, and programmes are implemented beyond UNFPA CO BiH support</p> <p>Sustainability of the integration of Healthy Life-Styles (HLS) programmes, including Comprehensive Sexuality Education (CSE), into school teaching in Bosnia and Herzegovina has been achieved through collaboration between UNFPA and educational authorities. Advocacy efforts and technical assistance provided by UNFPA CO BiH has led to the approval and endorsement of HLS curriculum for primary schools by the Ministries of Education in both RS and FBiH. To support this, UNFPA developed teacher handbooks and supported training of primary school teachers to deliver HLS content. Further efforts are required for monitoring of application of HLS curricula and the reach of schools. Further efforts may be required too to ensure training of all teachers delivering these contents in classrooms. Another specific CSE intervention in Sarajevo shows elements of sustainability – the Sarajevo Canton Ministry of Education has approved the Cycle game, a didactic tool on menstrual health, to be used as part of homeroom teaching in all secondary schools. Also, government financing has been ensured for procurement of menstrual pads and continuous provision to secondary schools in the Sarajevo Canton, as a result of joint activities between the Sarajevo Canton Government and UNFPA CO BiH. Further efforts should be invested in replication of Sarajevo Canton results across BiH.</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Healthy lifestyles curricula</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>RS and FBiH education authorities</p> <p>Sarajevo Canton Government and education institutions KIIs</p>
<p>5.1.6: Selected youth-led CSOs are capacitated to promote gender equality beyond UNFPA CO BiH support</p> <p>UNFPA CO BiH has not worked with youth-led CSOs to promote gender equality as it has identified that there are few genuinely youth-led CSOs to engage with, which automatically affected sustainability prospects. This risk should have</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p>

<p>been identified in CP design, given UNFPA's previous work with the youth sector and lessons learned. UNFPA has, alternatively, worked with a well-established NGO with wide reach among youth and promoted the Girls Advance Lab (GAL), engaging large numbers of young people and developing extensive educational and creative content to promote gender equality. However, this intervention did not have elements of sustainability, save for capacity building at individual level through work with mentors. There is no evidence that financing of GAL will be continued beyond UNFPA support, except on an <i>ad hoc</i> basis depending on preferences of individual donors and their implementing partners.</p> <p>On the other hand, UNFPA's engagement in the Bodyright Initiative shows high potential for sustainability, of results if fully implemented together with relevant institutions in BiH. Namely, the Legislative and Governance Roadmaps, developed by experts for FBiH and RS, represent clear and actionable plans for robust integration of prevention of and protection from TBGBV into entity legislation and institutional frameworks. As a result, TBGBV provisions were entered into a proposal for RS Law on Protection from Domestic Violence and Violence against Women, through a working group supported by UNFPA, and proposed amendments to the FBiH Criminal Code. While the RS law suffered political debacle (beyond UNFPA's influence), an opportunity was lost to affect legislation in FBiH, not only in the area of TBGBV but also in relation to other forms of GBV defined by the Istanbul Convention, particularly sexual violence. Further efforts are required for changes of legislation in RS and FBiH through integration of provisions on all forms of GBV and protection of these types of violence, not least including aspects of clinical management of rape. Subject to legislation changes, further capacity building of professionals to consistently apply new provisions will be required.</p> <p>UNFPA's work in the area of Women, Peace and Security (although not directed to youth-led CSOs) with the aim to embed procedures and capacities for adequate response of the health sector to GBV/CRSV survivors shows some elements of sustainability although fully sustainability has not been achieved. Sustainability is guaranteed to an extent through previously developed and now revised Resource Packages for GBV/CRSV response, which have continuously been used for capacity building of health care professionals by a pool of trainers previously trained with support of UNFPA. However, the Resource Packages have not been standardized by the agencies for quality assurance and standards in the health sector in FBiH and RS, and continuation of trainings for health care professionals depends largely on UNFPA support. Efforts to digitalize the Resource Packages had limited success due to lack of capacities of ministries of health and further efforts and investments are required for full ownership, updating and maintenance of these knowledge products by health care authorities in BiH. Furthermore, UNFPA-supported empowerment activities for CRSV survivors, although plausible, do not guarantee sustainability and are still project-based and of such nature that it is not possible to measure their lasting human impact. Years after the end of the conflict and years after UNFPA's engagement in support for CRSV survivors, efforts should be invested in an analysis of what works and what does not work in ensuring comprehensive, fully available, consistent support for CRSV survivors and to what extent have their true needs be met, taking into account their personal psycho-social and health needs, economic stability needs, reparation, access to legal aid and continuous programmes of support, as well as needs of their children to minimize effects of transgenerational trauma.</p>	<p>UNFPA-produced TFGBV documents</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>RS and FBiH health authorities KIIs</p> <p>GAL participant KII</p> <p>UN agency KII</p> <p>Implementing partner KIIs</p>
<p>5.1.7: Selected inter-faith organizations are capacitated to promote transformative and equitable views around gender, ethnic and cultural identities beyond UNFPA CO BiH support</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p>

<p>UNFPA CO BiH invested efforts in creating sustainable mechanisms for capacity development of the Inter-religious Council (IRC) of BiH and members of clergy of different faiths but these efforts were not necessarily followed up by the intended recipients. An e-learning module for training of members of the clergy (Islamic, Orthodox Christian, Catholic and Jewish) on the provision of psychosocial care and support for CRSV survivors was developed with support of UNFPA and it was endorsed by the IRC. However, there is no evidence that the e-module is in regular use. Individual activities supporting special sermons and promotion of equitable and transformative views around gender, ethic and cultural identities represent <i>ad hoc</i> efforts and do not necessarily lead to sustained engagement of IRC and faith-based organizations (FBO), but serve as illustrative examples. The sustainability of these efforts hinges on the willingness and capacity of interfaith organizations and FBOs to independently maintain and expand on transformative narratives for tangible impact. Without further UNFPA support, results will be reduced to individual champions of transformative and equitable views around gender, ethnic and cultural identities. Further efforts should be invested in revitalizing deployment of the e-learning module and capturing its application and effects among FBOs and their members.</p>	<p>Stakeholder consultation: UNFPA CO BiH KIIs NGO representatives KIIs</p>
<p>5.1.8: Selected youth-led CSOs are capacitated to promote peace and reconciliation beyond UNFPA CO BiH support</p> <p>UNFPA CO BiH has not worked with youth-led CSOs to promote peace and reconciliation, and social cohesion, as it has identified that there are few genuinely youth-led CSOs to engage with, which automatically affected sustainability prospects. This risk should have been identified in CP design, given UNFPA's previous work with the youth sector and lessons learned. Instead, UNFPA worked with municipal administrations and informal youth groups to build their capacities for civic participation and activism with the aim of building social cohesion. Pledges on social cohesion have been proposed to local administrations, but it yet remains to be seen whether cities/municipalities will in fact endorse them and implement them consistently. Activities such as Special Olympics, peacebuilding trainings, social media engagement were supported by municipal administrations in UNFPA-selected local communities and resulted in some capacity building, for which it is uncertain that they would continue beyond UNFPA or other external support. The same can be argued for the Youth Peace Lab, the continuation of which depends on external financial support.</p> <p>On the other hand, the youth peer peacebuilding training shows elements of sustainability given the developed Youth Peer Education for Peacebuilding and Conflict Transformation Manual for Trainers in the Western Balkans and a developed network of 20 youth-peer peace educators (Y-Peer Network). Further elements of sustainability are seen in integration of Bystander Intervention elements of the manual into curricula of at least two Pedagogical Faculties (in Bihać and Banja Luka). Further efforts should be invested in monitoring of the delivery of educational contents and these faculties and development of replication plans based on lessons learned.</p>	<p>UNFPA CPD BiH 2021-2025 UNFPA CO BiH AWP/RRPs UNFPA CO BiH Annual Reports Youth Peer Education for Peacebuilding and Conflict Transformation Manual for Trainers in the Western Balkans</p> <p>Proposal for pledge on social cohesion</p> <p>Stakeholder consultation: UNFPA CO BiH KIIs Implementing partner KIIs Local communities in RS and FBiH KIIs Universities KIIs</p>
<p>5.1.9: Relevant governments in BiH adopted and implemented policies and strategies developed in collaboration with UNFPA CO BiH</p> <p>UNFPA's work on policy development shows elements of sustainability as relevant policies have been created based on sound analysis and are awaiting adoption or implementation by the authorities in BiH. UNFPA has supported production of lasting knowledge embodied in relevant, previously non-recorded or non-utilized data in BiH for the purpose of informing evidence-based policy development. This body of knowledge and data includes the Population Projections with calculated effects of demographic changes on the provision of public services in health care, education and pension sectors, the Demographic Resilience Data platforms, the National Transfer Accounts with policy</p>	<p>UNFPA CPD BiH 2021-2025 UNFPA CO BiH AWP/RRPs UNFPA CO BiH Annual Reports Stakeholder consultation: UNFPA CO BiH KIIs Statistical offices KIIs</p>

<p>recommendations, the Survey on Root Causes of Youth Emigration, the Survey on Loneliness and Social Isolation among Older People, among other. Based on these data sets and knowledge products, UNFPA supported authorities in BiH to develop informed policy proposals.</p> <p>For example, UNFPA has supported development of the Sarajevo Canton Youth Strategy, which was adopted by the Sarajevo Canton Government in 2024. UNFPA has also supported two working groups in FBiH and RS to develop Strategies for Demographic Recovery in FBiH and RS, including also the City of Banja Luka Population Strategy. While the Banja Luka strategy was adopted, anticipating implementation, the two entity strategies have not been formally endorsed yet. These strategic documents promise sustainability, pending adoption and depending on sufficient financing and consistent implementation. Further efforts should be invested in regular monitoring of the implementation of strategies and measuring their effects. Ways to support youth strategy development in other jurisdictions too should be explored too.</p> <p>UNFPA CO BiH has conducted analysis of the compliance of BiH legislation with the EU Directive 2019/1158 on work-life balance for parents and caregivers, with a view of supporting policy analysis and development for integration of family-friendly provisions into labour legislation and social services legislation with the FBiH Ministry of Labour and Social Policy, in order to facilitate greater inclusion of women in the labour market and their economic empowerment. This approach shows elements of sustainability of future policy making efforts and integration of family-friendly practices on the labour market. This has been exemplified also through development of action plans of six companies for introduction of family friendly work places. Further efforts should be invested in informed policy development and policy advocacy for changes of relevant legislation and monitoring of practices in pilot companies for capturing lessons learned and dissemination of good practices. Although used as a pilot, women's economic empowerment intervention by UNFPA with dm drogerie markt showed elements of sustainability, at least at individual level, as a result of capacity building of unemployed women with pre-school children and employment of some of them.</p>	<p>FBiH and RS competent ministries KIIs</p> <p>Employers' associations KIIs</p> <p>UN agency KII</p>
<p>5.1.10: Statistical institutions in BiH regularly update population projections and other statistical indicators</p> <p>UNFPA's collaboration with statistical offices in BiH shows elements of sustainability, although full sustainability has not been achieved. The development of the country's first Population Projections has been supported by specialized software, external expertise, and training, thus contributing to capacity building of statistical offices' staff, which has sustainability prospects in terms of individual knowledge increase, at least in the short term. Similarly, UNFPA's support for National Transfer Accounts (NTA) has improved the analysis of demographic structures and financial implications, but it is not likely that the methodology will be reapplied for updated research in the foreseeable future. The Demographic Resilience Data platforms represent lasting knowledge products, owned by statistical offices in BiH, but are still dependent on UNFPA funding for technical maintenance. There has been no progress toward organization of a new census in BiH for political and technical reasons. Further efforts should be invested in advocacy for integration of updating of Population Projections to regular statistical offices' programmes and their wider use, as well as advocating capacitating statistical offices with more robust and lasting IT support.</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>Statistical offices KIIs</p>
<p>5.1.11: Sub-national authorities continue opening new Healthy Ageing Centres beyond UNFPA CO BiH support</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p>

<p>There is evidence of interest of local authorities to open new Healthy Ageing Centres, as they have asked the UNFPA CO BiH to share its knowledge and lessons learned from its previous support in these processes.³⁸⁶ However, UNFPA was unable to fundraise for opening of the new centres and therefore has not monitored their establishment across the country. The UNFPA CO BiH did, however, work on integration of elements of health ageing in development of population development policies in RS and FBiH.</p>		<p>UNFPA CO BiH Annual Reports</p> <p>Stakeholder consultation</p> <p>UNFPA CO BiH KIIs</p>
<p>Assumptions for verification 5.2: <i>Results of UNFPA CO BiH are applicable and easily replicated across Bosnia and Herzegovina.</i></p>	<p>Indicators:</p> <p>5.2.1: UNFPA CO BiH initiatives/results could be replicated across BiH</p> <p>5.2.2: There is UNFPA CO BiH plan for scaling up successful initiatives to other administrative areas in the country</p>	<p>Methods and tools for data collection:</p> <p>1. Desk review of AWP/RRPs, COARs, EC and governmental reports, UNCT Annual Reports</p> <p>2. Key informant interviews:</p> <ul style="list-style-type: none"> - UNFPA CO BiH staff - BiH Ministry of Civil Affairs, BiH Ministry of Security, BiH Service for Foreigner's Affairs (including TRCs), BiH Ombudsperson, BiH Statistics Agency - RS, FBiH and Sarajevo Canton ministries of health - RS, FBiH and Sarajevo Canton public health institutes - RS and FBiH ministries of education - RS Ministry of Youth, Family and Sports - FBiH Ministry of Labour and Social Policy - RS and FBiH statistical offices - Brčko District Government - local governments (Banja Luka, Sarajevo, Bihać, East Sarajevo) - health centres (Sarajevo and Banja Luka) - schools (Sarajevo) - CSOs (youth CSOs, shelters for GBV survivors, and other), and inter-faith organizations (Sarajevo, Banja Luka, Bihać, Zenica, Brčko) - UN agencies (UNDP, UNICEF, IOM, UN Women, WHO, UNHCR) and RCO
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>		<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>
<p>5.2.1: UNFPA CO BiH initiatives/results could be replicated across BiH</p> <p>Individual results achieved under UNFPA CP show potential for replication across BiH. For example, the integration of family planning training for medical students, based on evaluation and lessons learned from the Banja Luka Medical Faculty, can be replicated across medical faculties in BiH. The same can be argued for the results achieved in education</p>		<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p>

³⁸⁶ UNFPA has been invited to share knowledge on this matter at local and international conferences.

<p>on menstrual health and relieving stigma around menstruation, where the practice and lessons learned from the Sarajevo Canton can be replicated further across the country. Although depending on a number of factors, not least interest of local authorities, integration of MISP into local emergency preparedness plans can be replicated based on lessons learned in communities where UNFPA worked. Moreover, there is potential for replication of the model of integration of youth peer peacebuilding training into universities and secondary schools, based on good practice and lessons learned from the Pedagogical Faculties in Bihać and Banja Luka. Similarly, the pilot transformative initiatives with private companies on integration of family-friendly work policies and practices can be replicated to more companies, depending on evaluation of results and lessons learned from current work.</p>	
<p>5.2.2: There is UNFPA CO BiH plan for scaling up successful initiatives to other administrative areas in the country</p> <p>The UNFPA CO BiH does not avail itself of a specific scaling up/replication plan, but individual measures have been planned for the final year of the CPD 2021-2025. In several areas of intervention, UNFPA has demonstrated how its earlier results were scaled up, showing potential for further augmentation of results. For example, UNFPA's previous support for development of HLS curricula in two cantons has grown, under the current CP, into development of HLS programmes for all primary schools in FBiH and RS. There is room for further expansion of HLS/CSE educational efforts to include primary education across the country, as well as expansion to training of future teachers at pedagogical faculties. Similarly, UNFPA has supported expansion of the HPV vaccination based on the initial programme and experiences of the Sarajevo Canton. This shows how individual programmes evolve to cover the whole country. For example, the MISP knowledge base created by UNFPA has high utilization potential and it is necessary to formally integrate MISP into emergency preparedness policy and operational framework at the level of BiH, FBiH, RS and BD, which would be further cascaded down to all local communities. Support to development of youth strategies and their implementation can be augmented to cover other jurisdictions, following the example of the Sarajevo Canton. Following experiences with capacity building of unemployed women and cooperation with associations of employers and employment bureaus, there is potential for expansion of efforts to include more women in capacity building for better prospects of employment as a demographic resilience measure.</p>	<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p>

Evaluation Question 6: To what extent migrants/refugees facing life-threatening suffering have been reached by UNFPA emergency actions?				
Evaluation Criteria: Coverage				
Assumptions for verification 6.1: <i>UNFPA CO BiH has succeeded in reaching sizeable population of migrants/refugees facing life-threatening suffering through its emergency actions.</i>		Indicators: 6.1.1: Number of migrants/refugees reached by UNFPA CO BiH emergency actions, disaggregated by gender and age 6.1.2: Number/proportion of migrant/refugee centres reached by UNFPA CO BiH emergency actions 6.1.3: Emergency actions have been conducted incorporating needs of different groups of migrants/refugees		Methods and tools for data collection: 1. Desk review of AWP/RRPs, COARs, EC and governmental reports, UNCT Annual Reports, Mixed Migration Group documents and reports 2. Key informant interviews: - UNFPA CO BiH staff - BiH Ministry of Security, BiH Service for Foreigner's Affairs (including TRCs) - UN agencies (IOM, UNHCR, UNICEF) and RCO
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]			Sources of information [List the source(s) of evidence for each of the data collected]	
6.1.1: Number of migrants/refugees reached by UNFPA CO BiH emergency actions, disaggregated by gender and age 6.1.2: Number/proportion of migrant/refugee centres reached by UNFPA CO BiH emergency actions 6.1.3: Emergency actions have been conducted incorporating needs of different groups of migrants/refugees As part of its humanitarian response to the migrant crisis in BiH, the UNFPA CO BiH has provided GBV and SRH services to female and male migrants in Temporary Reception Centres (TRCs) in Bihać and Sarajevo. This initially included seven TRCs (Bira, Borići, Miral, Lipa, Sedra, Ušivak and Blazuj), which were opened in BiH at the onset of the migrant crisis. Three TRCs (Bira, Sedra and Miral) were subsequently closed in 2020, 2021 and 2022, respectively, so UNFPA continued to work in the remaining four TRCs. WGCs and BYMCs were established and have been operational in four TRCs (Borići, Lipa in Bihać, and Ušivak, Blažuj in Sarajevo). This proves full coverage of migrant centres by UNFPA services in BiH. The following is an overview of the number of services provided and users of services in WGCs and BYMCs over the years.			UNFPA CPD BiH 2021-2025 UNFPA CO BiH AWP/RRPs UNFPA CO BiH Annual Reports On-site visits Stakeholder consultation: UNFPA CO BiH KIIs BiH authorities for foreigners' affairs KIIs UN agency KII	
Type of service/year	2021	2022	2023	2024
Participations of women and girls in PSS activities	3,026	2,662	2,132	1,554 (up to October 2024)
Comprehensive GBV services for women and girls	1,383	932	897	431 (up to November 2024)
SRH services for women and girls	1,636	1,137	842	672 (up to October 2024)

Participations of women and girls in empowerment activities	5,409	4,881	3,380	3,370 (up to October 2024)	
Dignity kits for women and girls, young men and boys	4,273	2,938	637	914 (up to November 2024)	
Participations in Boys on the Move Life skills education for young men and boys	14,283 participations of boys and young men in Boys on the Move life skills activities	19,721 participations of boys and young men in Boys on the Move life skills activities	13,670 participations of boys and young men in Boys on the Move life skills activities	10,752 (up to November 2024) participations of boys and young men in Boys on the Move life skills activities	
SRH services for young men and boys	2,362	2,232	1,818	1,429 (up to November 2024)	
GBV Psycho-social support services for young men and boys	68	1,471	1,059	720 (with November 2024)	
Comprehensive GBV services for boys and young men	525	629	454	293 (with November 2024)	
<p>WGCs and BYMCs have also assisted migrant population with who experience multiple marginalization and vulnerabilities, in line with the LNOB principle. For example, it is reported that in 2023, the centres in Sarajevo and Bihać assisted 39 persons from the LGBTQIA+ community,³⁸⁷ while there are also reported cases of assistance to women and men with disability. Survivors of GBV are accounted for in the table above. Additionally, the UNFPA CO BiH has, in collaboration with the BiH Service for Foreigners' Affairs (SFA) and IOM, operated the Green Zones in TRC Blažuj and TRC Lipa, ensuring that young male residents (ages 18-20) have access to protection-sensitive accommodation and services.³⁸⁸ UNFPA's service provision under humanitarian response in TRCs has had wide reach, as evidenced by the number and profile of users.</p> <p>However, as the table above shows, there has been a decrease in the number of users of WGCs and BYMCs over the past years. While in 2021 the centres provided double the number of services in relation to the number planned, due to high numbers of migrants in TRCs, the numbers have decreased progressively in subsequent years. This is a result of the changing nature of migration and the duration of stay of migrants in TRCs.³⁸⁹ Migrants do not tend to stay as long as</p>					

³⁸⁷ UNFPA CO BiH Annual Report 2023.

³⁸⁸ UNFPA (2024).

³⁸⁹ For more information on numbers, age and gender, and duration of stay of migrants over time, <https://bih.iom.int/situation-reports>

before in TRCs, which affects the possibility for effective provision of services, save for satisfaction of immediate needs. Nevertheless, visits to WGCs and BYMCs are still regular, although by fluctuating numbers of users. The decrease in the number of migrants and their shorter stay in TRCs indicates a need for reconsideration of the design of humanitarian response by UNFPA and potential shifts to more robust and structured knowledge transfer and capacity building of local institutions.		
Assumptions for verification 6.2: <i>UNFPA CO BiH has a clear plan for transition from emergency to development assistance</i>	Indicators: 6.2.1: UNFPA CO BiH emergency actions are aligned with wider development goals in supporting migrants and refugees	Methods and tools for data collection: 1. Desk review of AWP/RRPs, COARs, EC and governmental reports, UNCT Annual Reports, Mixed Migration Group documents and reports 2. Key informant interviews: - UNFPA CO BiH staff - BiH Ministry of Security, BiH Service for Foreigner's Affairs (including TRCs) - UN agencies (IOM, UNHCR, UNICEF) and RCO
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]		Sources of information [List the source(s) of evidence for each of the data collected]
<p>6.2.1: UNFPA CO BiH emergency actions are aligned with wider development goals in supporting migrants and refugees</p> <p>Humanitarian response by UNFPA, or other UN agencies, has not been integrated as part of the UNSDCF, as it is considered an emergency action. For this reason, no linkages are established between the UNFPA CO BiH emergency actions and wider development goals for the country. The UNFPA CO BiH has therefore engaged in efforts to transfer responsibility for migration management and service provision to migrants in TRCs to the authorities in BiH. The transition towards a state-led management of the mixed migration response foresees a gradual transfer of the responsibility of camp management and assistance to migrants, asylum seekers and refugees to the government, by providing technical support, capacities, tools, and resources to strengthen national ownership of the response. UNFPA took an active role during the preparatory meetings for the first Transition meeting to be held by the EU Delegation to BiH, UN agencies and relevant state ministries in the direction of strengthening the process of transition to state-owned response. However, the handover to the authorities has been slow due to lack of a mutually agreed transition plan at the level of authorities in BiH.³⁹⁰ Humanitarian actors and partners are still awaiting to receive the State Transition strategy which will help guide involved humanitarian agencies in the progressive transition of key responsibilities to local, cantonal, and state authorities/institutions in BiH.</p> <p>The UNFPA CO BiH has worked largely with local health care sector in provision of services and development of GBV response procedures, collaborating mostly with four local health centres across the Sarajevo and Una-Sana cantons to</p>		<p>UNFPA CPD BiH 2021-2025</p> <p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>UNSDCF 2021-2025</p> <p>UNFPA knowledge products on WGCs AND BYMCs</p> <p>On-site visits</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>BiH authorities for foreigners' affairs KIIs</p> <p>UN agency KII</p>

³⁹⁰ Please see the news from 2023 https://www.eeas.europa.eu/delegations/bosnia-and-herzegovina/further-advancement-towards-independent-migration-management-bosnia-and-herzegovina_en?s=219 and 2024 <https://n1info.ba/vijesti/formirana-radna-skupina-za-plan-tranzicije-u-upravljanju-migracijama/>.

<p>provide comprehensive SRH services, including specialized support for pregnant women, and comprehensive response in GBV cases. UNFPA has taken measures to transfer knowledge and building capacities of local institutions to continue providing GBV response following transition to state-owned migration management. For example, in 2023, UNFPA provided GBV training sessions for SFA personnel from TRC Lipa with a view of strengthening capacities and knowledge on standard operating procedures, referral pathways and GBV case management. Further, in 2024, UNFPA organized GBV training sessions for medical and public health staff in the Una-Sana and Sarajevo cantons for transition of medical screening services and making sure that relevant staff are equipped with knowledge to recognize and address GBV effectively. Participants were introduced to GBV concepts and referral mechanisms for reporting violence in TRCs, empowering frontline service providers to take concrete actions within their professional roles to respond effectively to GBV.³⁹¹ Transition efforts are also aided by development and presentation of a number of resource documents and guidance notes on development and implementation of humanitarian GBV and SRH response in migrant settings over the past years in BiH.³⁹² The staff contracted by UNFPA to provide GBV, SRH, psychosocial and empowerment services represent a pool of experienced individuals who can contribute to transition of WGC and BYMC activities to the Service of Foreigners' Affairs and other local actors. By handing over knowledge and powers to local authorities, the UNFPA CO BiH would contribute to overall development and effectiveness of health care and other institutions, thus contributing to the developmental goals of access to health for all, in line with the LNOB principle.</p>	
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³⁹¹ UNFPA (2024).

³⁹² For example, Vujović, S. and Pezerović, A. (2022a), Vujović, S. and Pezerović, A. (2022b), Vujović, S. and Pezerović, A. (2022c) and Vujović, S. and Pezerović, A. (2022d).

Evaluation Question 7: To what extent UNFPA emergency actions complement actions of other relevant government and UN stakeholders in supporting migrants/refugees?		
Evaluation Criteria: Connectedness		
Assumptions for verification 7.1: <i>UNFPA emergency actions complement actions of other relevant government and UN stakeholders in supporting migrants/refugees</i>	Indicators: 7.1.1: Overview of non-UNFPA emergency actions supporting migrants/refugees and types/locations of actions (governments in BiH and UN) 7.1.2: Level of overlap/complementarity/synergies between UNFPA and other emergency actions 7.1.3: Level of UNFPA contribution to the UN Mixed Migration Group 7.1.4: Level of UNFPA engagement in transfer of migration management to authorities in BiH	Methods and tools for data collection: 1. Desk review of COARs, non-UNFPA programmes and reports (including UN agencies, other development partners, institutions in BiH) 2. Stakeholder interviews, most notably with UNFPA team, other development partners (primarily other UN agencies), and beneficiaries
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]		Sources of information [List the source(s) of evidence for each of the data collected]
7.1.1: Overview of non-UNFPA emergency actions supporting migrants/refugees and types/locations of actions (governments in BiH and UN) 7.1.2: Level of overlap/complementarity/synergies between UNFPA and other emergency actions 7.1.3: Level of UNFPA contribution to the UN Mixed Migration Group <p>Migration management has been a demanding task for UN agencies and the authorities in BiH since the onset of the migrant crisis in 2017. The IOM Mission in BiH has largely supported the authorities in BiH to effectively manage a protection-sensitive reception system that is in line with international standards and that provide living conditions where the dignity of those accommodated is maintained and their basic needs met.³⁹³ Other UN agencies – UNFPA, UNICEF and UNHCR, along with other partners, including the Danish Refugee Council and Save the Children, have engaged in providing mixed migration response, each within their mandates and areas of intervention. The UNFPA CO BiH has participated in migration working groups at the level of UN agencies³⁹⁴ and other partners in the field. Inter-agency coordination meetings and day-to-day communication between agencies involved has ensured that every agency acts within its own mandate and area of responsibility, thus minimizing risk of duplication.</p>		UNFPA CPD BiH 2021-2025 UNFPA CO BiH AWP/RRPs UNFPA CO BiH Annual Reports On-site visits Stakeholder consultation: UNFPA CO BiH KIIs BiH authorities for foreigners' affairs KIIs UN agency KII
7.1.4: Level of UNFPA engagement in transfer of migration management to authorities in BiH		UNFPA CPD BiH 2021-2025

³⁹³ Please see <https://bih.iom.int/migration-management>.

³⁹⁴ The Mixed Migration Group led by IOM and consisting of UN agencies, Red Cross, and implementing partners meets quarterly and is attended by agencies' managers. Interagency meetings at BiH level are held on monthly basis, under leadership of IOM and UNHCR, and are attended by technical staff. There are also specific cantonal inter-agency meetings, held, for example, in the Una-Sana Canton.

<p>The transition towards a state-led management of the mixed migration response foresees a gradual transfer of the responsibility of camp management and assistance to migrants, asylum seekers and refugees to the government, by providing technical support, capacities, tools, and resources to strengthen national ownership of the response. UNFPA took an active role during the preparatory meetings for the first Transition meeting to be held by the EU Delegation to BiH, UN agencies and relevant state ministries in the direction of strengthening the process of transition to state-owned response. However, the handover to the authorities has been slow due to lack of a mutually agreed transition plan at the level of authorities in BiH.³⁹⁵ Humanitarian actors and partners are still awaiting to receive the State Transition strategy which will help guide involved humanitarian agencies in the progressive transition of key responsibilities to local, cantonal, and state authorities/institutions in BiH.</p> <p>The UNFPA CO BiH has worked largely with local health care sector in provision of services and development of GBV response procedures, collaborating mostly with four local health centres across the Sarajevo and Una-Sana cantons to provide comprehensive SRH services, including specialized support for pregnant women, and comprehensive response in GBV cases. UNFPA has taken measures to transfer knowledge and building capacities of local institutions to continue providing GBV response following transition to state-owned migration management. For example, in 2023, UNFPA provided GBV training sessions for SFA personnel from TRC Lipa with a view of strengthening capacities and knowledge on standard operating procedures, referral pathways and GBV case management. Further, in 2024, UNFPA organized GBV training sessions for medical and public health staff in the Una-Sana and Sarajevo cantons for transition of medical screening services and making sure that relevant staff are equipped with knowledge to recognize and address GBV effectively. Participants were introduced to GBV concepts and referral mechanisms for reporting violence in TRCs, empowering frontline service providers to take concrete actions within their professional roles to respond effectively to GBV.³⁹⁶ Transition efforts are also aided by development and presentation of a number of resource documents and guidance notes on development and implementation of humanitarian GBV and SRH response in migrant settings over the past years in BiH.³⁹⁷ The staff contracted by UNFPA to provide GBV, SRH, psychosocial and empowerment services represent a pool of experienced individuals who can contribute to transition of WGC and BYMC activities to the Service of Foreigners' Affairs and other local actors. By handing over knowledge and powers to local authorities, the UNFPA CO BiH would contribute to overall development and effectiveness of health care and other institutions, thus contributing to the developmental goals of access to health for all, in line with the LNOB principle.</p>	<p>UNFPA CO BiH AWP/RRPs</p> <p>UNFPA CO BiH Annual Reports</p> <p>Stakeholder consultation:</p> <p>UNFPA CO BiH KIIs</p> <p>BiH authorities for foreigners' affairs KIIs</p> <p>UN agency KII</p>
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³⁹⁵ Please see the news from 2023 https://www.eeas.europa.eu/delegations/bosnia-and-herzegovina/further-advancement-towards-independent-migration-management-bosnia-and-herzegovina_en?s=219 and 2024 <https://n1info.ba/vijesti/formirana-radna-skupina-za-plan-tranzicije-u-upravljanju-migracijama/>.

³⁹⁶ UNFPA (2024).

³⁹⁷ For example, Vujović, S. and Pezerović, A. (2022a), Vujović, S. and Pezerović, A. (2022b), Vujović, S. and Pezerović, A. (2022c) and Vujović, S. and Pezerović, A. (2022d).

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- 82. UNFPA CO BiH Annual Reports 2021, 2022, 2023, 2024.
- 83. UNFPA CO BiH AWP/RRP 2021, 2022, 2023, 2024.
- 84. UNFPA CO BiH Financial Reports.
- 85. Implementing partners' reports (Mozaik, Step by Step, Konjuh Lab, FBiH Public Health Institute, Special Olympics).

Annex 3: List of persons met and their organizational affiliations/institutions

No.	Position	Institution/Organisation	Location	Sex	Outputs	Meeting modality
1	Representative to BiH	UNFPA CO BiH	Sarajevo	F	ALL OUTPUTS	In-Person
2	Assistant Representative	UNFPA CO BiH	Sarajevo	F	ALL OUTPUTS	In-Person
3	Programme Analyst, SRH/Youth	UNFPA CO BiH	Sarajevo	F	1.1, 1.2, 2.1	In-Person
4	Programme Analyst, Youth and Peace	UNFPA CO BiH	Sarajevo	M	2.2, 3.1, 3.2, 3.3	In-Person
5	Programme Specialist, PD & M&E	UNFPA CO BiH	Sarajevo	M	2.2	In-Person
6	Project Manager, WPS	UNFPA CO BiH	Sarajevo	F	2.2	In-Person
7	Programme Associate	UNFPA CO BiH	Banja Luka	F	ALL OUTPUTS	Online
8	Project Manager, GBViE/DRR	UNFPA CO BiH	Bihać	F	2.2	In-Person
9	Psychologist, Women and Girls Centre Borići	UNFPA CO BiH	Bihać	F	2.2	In-Person
10	Women Empowerment Officer, Women and Girls Centre Borići	UNFPA CO BiH	Bihać	F	2.2	In-Person
11	Women Empowerment Officer, Women and Girls Centre Borići	UNFPA CO BiH	Bihać	F	2.2	In-Person
12	Coordinator/ GBV Case Manager, Boys and Young Men Centre Lipa	UNFPA CO BiH	Bihać	F	2.2	In-Person
13	Men Empowerment Officer, Boys and Young Men Centre Lipa	UNFPA CO BiH	Bihać	M	2.2	In-Person

14	Men Empowerment Officer, Boys and Young Men Centre Lipa	UNFPA CO BiH	Bihać	M	2.2	In-Person
15	Protection Coordinator	IOM	Sarajevo	F	2.2	Online
16	Social Policy Professional (Shock-Responsive Social Protection and Disaster Risk Reduction)	UNICEF	Sarajevo	F	1.2, 2.2	Online
17	Representative to BiH	UN Women	Sarajevo	F	2.2	Online
18	WPS Programme Specialist	UN Women	Sarajevo	F	2.2	In-Person
19	Assistant Director, Sector for Demography and Social Statistics	BiH Agency for Statistics	Sarajevo	M	4.1	In-Person
20	Former Director of Public Health Institute	Sarajevo Canton Public Health Institute	Sarajevo	F	1.1	In-Person
21	Head of the Department for Normative and Legal affairs	FBiH Ministry of Health	Sarajevo	F	1.1, 1.2, 2.1	In-Person
22	Director	FBiH Association of Employers	Sarajevo	M	4.1	Online
23	Human Rights Ombudsperson of BiH	BiH Institution of the Human Rights Ombudsman	Sarajevo	F	1.1, 1.2, 2.2	In-Person
24	Head of Readmission Department and Coordinator at TRC Ušivak	BiH Service for Foreigners' Affairs	Sarajevo	M	2.2	Online
25	Assistant Minister, Sector for Social Protection and Protection of Family and Children	FBiH Ministry of Labour and Social Policy	Sarajevo	M	2.2, 4.1	In-Person
26	Senior Expert Associate for EU Integration at Ministry of Security of BiH	BiH Ministry of Security	Sarajevo	F	2.2	Online

27	Expert Associate for European Integration and Coordination of Project Implementation	Sarajevo Canton Prime Minister's Office	Sarajevo	F	2.1	Online
28	Assistant Minister for Higher Education	FBiH Ministry of Education and Science	Sarajevo	F	2.1	Online
29	Expert Advisor	BiH Ministry for Human Rights and Refugees, Gender Equality Agency	Sarajevo	M	2.2	Online
30	Assistant Minister for Family Affairs	RS Ministry of Family, Youth, and Sports	Banja Luka	F	2.2, 4.1	In-Person
31	Senior Professional Associate	RS Ministry of Family, Youth, and Sports	Banja Luka	F	1.2	In-Person
32	Director	RS Employers' Union	Banja Luka	M	4.1	In-Person
33	Senior Associate for Health Care	RS Ministry of Health and Social Protection	Banja Luka	F	1.2	In-Person
34	DRR Coordinator	City of Banja Luka Civilian Protection	Banja Luka	M	1.2	In-Person
35	Head of Sector for Demography and Social Statistics	RS Institute of Statistics	Banja Luka	M	4.1	In-Person
36	Acting Assistant Director	RS Institute of Statistics	Banja Luka	M	4.1	In-Person
37	Associate Professor, Department of Family Medicine and Department of Nursing	Faculty of Medicine of the University of Banja Luka	Banja Luka	F	1.1	In-Person
38	Executive Director	Udružene žene Banja Luka	Banja Luka	F	2.2	Online
39	Full Professor	Pedagogical Faculty of the University of Banja Luka	Banja Luka	F	3.3	Online

40	Head of Department	Pedagogical Faculty of the University of Bihać	Bihać	F	3.3	Online
41	Head of Department for Local and Religious Communities	Bihać City Administration	Bihać	M	1.2	In-Person
42	Executive Director	Association Žene UNA	Bihać	F	1.2	Online
43	Expert Associate	City of East Sarajevo, City Development Agency RAIS	Istočno Sarajevo	M	3.2	Online
44	Head of Department for European Integration and International Cooperation	Government of the Brčko District	Brčko	M	3.2	Online
45	President	Brčko Youth Council	Brčko	M	3.2	Online
46	Expert Associate for Youth and NGO Cooperation	Bosanski Petrovac Municipality	Bosanski Petrovac	M	3.2	In-Person
47	Pedagogue	High School Jezero	Sarajevo	F	2.1	In-Person
48	Local Programme Officer	Regional Youth Cooperation Office BiH	Sarajevo	M	3.3	
49	Executive Director	Center for Educational Initiatives Step by Step	Sarajevo	M	3.3	Online
50	Community Care Director	Foundation Mozaik	Sarajevo	F	2.2, 3.2, 4.1	Online
51	Director of Human Resources Management Department	Addiko Bank d.d.	Sarajevo	F	2.2	Online
52	Executive Director	Special Olympics BiH	Sarajevo	F	3.2	Online
53	Executive Director	Humanity in Action	Sarajevo	F	3.2	Online
54	Artistic Director, Movement Artist, Dancer and Teacher	Fresh Generation	Sarajevo	F	2.2, 3.2	Online

55	Expert Advisor	Interreligious Council BiH	Sarajevo	F	3.1	Online
56	Teacher	Primary School Otoka	Bosanska Otoka	F	2.1	Online
57	Pedagogue	Primary School Otoka	Bosanska Otoka	M	2.1	Online
58	Director	Primary School Otoka	Bosanska Otoka	F	2.1	Online
59	President	Association Snaga Žene	Tuzla	F	2.2	Online

Annex 4: Data collection tools

Interview Guide

Introduction: Thank you for agreeing to meet with us today. Our names are XXX and YYY. We are independent evaluation consultants and have been hired to conduct an evaluation of the UNFPA CP for 2021- 2025.

Goals and objectives of the evaluation: After more than 3 years since the beginning of the programme, this evaluation aims:

- to provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support;
- to provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives;
- to provide an assessment of the role played by the UNFPA CO BiH in the coordination mechanisms of the United Nations Country Team (UNCT) and the Mixed-Migration Group; and
- to draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

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

This evaluation will cover UNFPA interventions planned and/or implemented within the time period of the current CP: starting from January 2021 up to today. The interview should not take more than *** minutes to complete. Following the interview, we may reach out to you again for confirmation or clarification of the information shared.

If you have no objection, we would like to record this discussion. All recordings and notes will remain confidential and will be kept in a safe place. The recordings will be used for analysis purposes only. Do you have any other questions about the study or this interview?

1. **Date of Interview:** __Day__ Mo __Year
2. **Location of Interview:** _____
3. **Name:**
4. **Position and Organization:**
5. **Confirmation that the respondent knows what the UNFPA CP.** Validate this by asking them to briefly describe the outputs/outcomes they are most familiar with and any examples of specific activities UNFPA is supporting in this area. **Circle one:** i) Little ii) Some iii) Well informed
6. **Which of the following UNFPA areas of intervention are you most familiar with?**
Circle the one most familiar with.
 - a) **Strengthening capacities of health and educational institutions for improved SRHR services and awareness across the country**
 - b) **Contributing to social cohesion between different youth and ethnic groups**
 - c) **Contributing to women's empowerment and protection from violence?**

- d) **Supporting government entities to respond to the demographic changes through data collection and policies and regulations**
- e) **Providing protection to the migrant/refugee population in temporary reception centres across the country?**

Introduction “You have said that you are most familiar with [mention the area of intervention they are most familiar with]. We would like to ask some questions about this particular part of the UNFPA Country Program (CP), as well as the UNFPA CP as a whole, to the extent that are your familiar with its visions and results.

If you feel the question is too general or is at a level you are not comfortable with, please feel free to say so and we will move on to another question.

9. Relevance

EQ 1: To what extent is UNFPA support adapted to the needs of vulnerable and marginalised groups?

The following questions apply to all intervention areas.

Question 9a: In your opinion, to what extent is the UNFPA programme adapted to the needs of vulnerable and marginalised groups? Potential follow-up question: Which specific groups of population, and which specific groups of vulnerable and marginalised groups?

Question 9b: How do you perceive the design of the UNFPA programme in terms of incorporating the needs of vulnerable and marginalised groups? Potential follow-up question: Are outputs and outcomes defined appropriately to achieve results?

Question 9c: To what extent is the UNFPA programme adaptable to respond to emergency situations?

10. Coherence

EQ 2: To what extent UNFPA’s initiatives have been aligned with existing government policies/strategies or shaped new strategies and approaches and served as a catalyst for broader systemic or policy changes at various governance levels in BiH?

Question 10a: In your opinion, to what extent is the UNFPA programme in line with national policy frameworks? (National policy frameworks include all levels of administration)

Question 10b: In your opinion, to what extent is the UNFPA programme in line with UNFPA strategic plans?

Question 10c: In your opinion, to what extent is the UNFPA programme in line with ICPD PoA goals?

Question 10d: In your opinion, to what extent is the UNFPA programme in line with UNSDCF?

Question 10e: In your opinion, to what extent does the UNSDCF, reflect the interests, priorities and mandate of UNFPA?

Question 10f: In your opinion, to what extent is the UNFPA programme in line with SDGs?

Question 10g: In your opinion, to what extent is the UNFPA programme in complementary or not complementary with interventions by other development partners?

Question 10h: In your opinion, to what extent does UNFPA contribute to coordination mechanisms in the UN system at the country level and has UNFPA contribution led to systemic changes?

Question 10g: In your opinion, to what extent has the UNFPA programme contributed to development of new policies at various governance levels? Follow-up question: Which other actors have contributed to development of these policies?

11. Effectiveness

EQ 3: To what extent did the UNFPA programme strengthen capacities of health and educational institutions for improved SRHR services and awareness across the country? To what extent did the UNFPA programme contribute to social cohesion between different youth and ethnic groups? To what extent did the UNFPA programme support government entities to respond to the demographic changes through data collection and policies and regulations? To what extent UNFPA provided protection to the migrant/refugee population in temporary reception centres across the country?

These questions apply to all intervention areas.

Question 11a: In your opinion, to what extent have the intended programme outputs been achieved? (Before proceeding with this question, confirm that respondent is familiar with at least one output and one outcome. An “output” can refer to any specific UNFPA supported activity the respondent is familiar with that fits within an outcome the respondent is familiar with.)

Question 11b: In your opinion, to what extent have the intended programme outputs contributed to:

- i. strengthening capacities of health and educational institutions for improved SRHR services and awareness across the country,**
- ii. social cohesion between different youth and ethnic groups**
- iii. women’s empowerment and protection from violence**
- iv. responding to the demographic changes through data collection and policies and regulation**
- v. protection to the migrant/refugee population in temporary reception centres across the country?**

Question 11c: In your opinion, to what extent has UNFPA programme ensured gender sensitive and gender balanced approach in its interventions?

Question 11d: In your opinion, to what extent has the UNFPA programme contributed to improvement of well-being of vulnerable and marginalized groups? Follow-up question: Which specific groups?

Question 11e: In your opinion, which is/are the most significant change/s that have happened within UNFPA intervention areas?

Question 11f: Which other, non-UNFPA actors, have contributed to these changes?

Question 11g: In your opinion, what is the main UNFPA added value in BiH?

Question 11h: In your opinion, to what extent has the UNFPA programme contributed to an improved emergency preparedness in BiH, including MISP preparedness?

Question 11i: In your opinion, to what extent has the UNFPA programme been able to respond to emergency situations, declared or not declared, over the past three years?

Question 11j: What was the quality and timeliness of the UNFPA response to any emergency situations?

12. Efficiency

EQ4: To what extent UNFPA has made good/reasonable use of its human and financial resources to achieve results?

These questions apply to all intervention areas.

Question 12a: In your opinion, to what extent has UNFPA made good use of its human resources to pursue the achievement of results of the UNFPA programme?

Question 12b: In your opinion, to what extent has UNFPA made good use of its financial resources to pursue the achievement of results of the UNFPA programme?

Question 12c: In your opinion, to what extent has UNFPA used an appropriate combination of tools and approaches to pursue the achievement of results of the UNFPA programme?

Question 12d: In your opinion, to what extent has UNFPA established partnerships for achievement of results of the programme?

Question 12e: In your opinion, to what extent has UNFPA been able to mobilize resources for programme delivery?

13. Sustainability

EQ5: To what extent UNFPA has strengthened institutional capacities and to what extent partners from the public sector are contributing to ensure sustainability?

These questions apply to all intervention areas.

Question 13a: In your opinion, are UNFPA programme results sustainable in a short-term perspective (<=3 years) and how?

Question 13b: In your opinion, are programme results sustainable in a long-term perspective (> 3 years) and how?

Question 13c: Are the mechanisms for post-intervention monitoring? Follow-up question: Which kind of mechanisms?

Question 13d: In your opinion, have local institutions in the country taken over ownership to ensure sustainability of UNFPA programme results and how? (E.g. policy development and implementation, institutionalization of tools and approaches, capacity building, budgeting, partnerships)

Question 13e: In your opinion, is geographical coverage of UNFPA interventions sufficient? Follow-up question: Why and how?

Question 13f: Which is the potential for replication of UNFPA results across the country?

Question 13g: Are there replication plans and which kind?

14. Coverage

EQ 6: To what extent migrants/refugees facing life-threatening suffering have been reached by UNFPA emergency actions?

These questions apply only to emergency response interventions.

Question 14a: What is the proportion of migrants/refugees reached by UNFPA emergency actions?

Question 14b: Which target groups of migrants/refugees have been reached by UNFPA emergency actions?

15. Connectedness

EQ7: To what extent UNFPA emergency actions complement actions of other relevant government and UN stakeholders in supporting migrants/refugees?

These questions apply only to emergency response interventions.

Question 15a: Which are non-UNFPA interventions supporting migrants/refugees?

Question 15b: In your opinion, to what extent did UNFPA contribute to ensuring complementarity, seeking synergies and avoiding overlaps and duplication of activities in relation to other emergency actions in the country?

Question 15c: In your opinion, to what extent does UNFPA contribute to the Mixed Migration Group?

Question 15d: In your opinion, to what extent has UNFPA contributed to transfer of migration management to the authorities in BiH?

Question 15e: In your opinion, how do UNFPA emergency actions link with wider development objectives?

Question 16: Do you have any final comments you would like to share about UNFPA?

Thank you for your cooperation.

Observation During On-Site Visits

Evaluator Date of visit

Name/Type of Site

Location

External environment (brief description) <i>[insert text here]</i>
Ease of access (location, transport access, etc) <i>[insert text here]</i>
Opening hours (and are they suited to users) <i>[insert text here]</i>
Sufficiency of facilities: size, rooms, overcrowding, equipment (space for privacy as well as service provision, whether all equipment functioning, condition of the rooms etc) <i>[insert text here]</i>
Range of services that can be accessed and are fully operational (i.e. supplement to documented services); indicate anything that is not operational <i>[insert text here]</i>
Availability of IEC/BCC materials, leaflets and posters etc (e.g. variety, numbers, documents to take away etc, language, attractiveness, relevance, range, catering to which client groups) <i>[insert text here]</i>
Male and female condoms – available, sufficient for clients to take all they want, privately obtainable e.g. in toilets or only through provider; are numbers taken recorded per named client <i>[insert text here]</i>
Comprehensiveness of service provisions (adapt to specific type of service) <i>[insert text here]</i>
Interactions between staff and clients (friendly, relaxed, rushed?)³⁹⁸

³⁹⁸ Only to be addressed in appropriate circumstances without infringement of privacy or service

[insert text here]

Guarantee of privacy for consultation/counseling/physical examination (note adequate doors/walls to prevent any overlooking or overhearing); any lapses in privacy observed

[insert text here]

Queueing for services, streamlined flow of integrated service provision or multiple queueing required for different services/staff to client ratio

[insert text here]

Youth and gender-friendliness (e.g. youth and gender-related materials, youth corner/youth-related activities, appropriate opening hours, staff trained to be youth and gender friendly, privacy and confidentiality for young people)

[insert text here]

Disability inclusion: wheelchair accessible, wide corridors for the wheelchair to turn easily, ramps, stair railings, toilets for persons with disability, availability of braille materials, staff who know sign language, other criteria

[insert text here]

Other observations/comments

[insert text here]

Annex 5: Indicative, non-exhaustive overview of projects covering BiH implemented by other stakeholders in the intervention fields tackled by the UNFPA CP 2021-2025

Implementing organization/agency and partners	Project title and donor	Implementing period and Budget	Project type	Project focus
Youth, Social Cohesion & Peacebuilding				
Implementing organization: Swiss Cooperation Programme in Bosnia and Herzegovina	Title: Empowering Youth for Sustainable Development through the Youth Advisory Board Donor: Swiss Agency for Development and Cooperation SDC	Period: May 2022 - April 2025 Budget: EUR 245,683.24	Youth and Social Cohesion	The Youth Advisory Board (YAB) gives young people the opportunity to include the voices of youth in the Swiss Cooperation Programme in Bosnia and Herzegovina. Interventions better reflect and address the needs and challenges of young people, increasing their impact and relevance. At the same time, YAB members improve their critical thinking, develop ways of articulating important messages to decision makers and influencing policies.
Implementing organization: GIZ	Title: Promoting the social inclusion of disadvantaged groups in the Western Balkans	Period: 2022 - 2025	Social Cohesion	The project enables local actors to identify, develop and apply strategies to ensure rights and access to services for disadvantaged groups. Concrete activities include awareness-raising, day care centres, inclusive disaster risk management, mobile outreach teams and social dialogue forums.
Implementing organization: UNDP	Title: ReLOaD2 Donor: EU	Period: January 2021- December 2024 Budget: EUR 13,458,764.87	Youth and Social Cohesion	The overall goal of the project was to strengthen participatory democracy and EU integration in the Western Balkans, by empowering civil society and encouraging young people to actively participate in the decision-making process, as well as improving the stimulating legal and financial environment for civil society.
Implementing organization: UNFPA BiH	Title: UNFPA Country Programme 21-25	Period: 2021-2025 Budget: EUR 5,544,466.62	Youth, Social Cohesion and Environment	As part of the UNFPA Country Program for Bosnia and Herzegovina, special emphasis was placed on activities and interventions targeting youth and adolescents, including in the domain of social cohesion
Implementing organization: Swiss Cooperation Programme in Bosnia and Herzegovina	Title: Strengthening the Role of Local Communities in Bosnia and Herzegovina Donor:	Period: 2020 – 2024 Budget: EUR 5,506,509.14	Social Cohesion	The Project will enhance community governance in BiH by empowering local communities (MZs) as modern and effective structures for pro-active citizens' participation. A new functional and organizational set up of MZs in BiH will be created and standardized countrywide. In turn, women and men will benefit from more people-centred

Implementing organization/agency and partners	Project title and donor	Implementing period and Budget	Project type	Project focus
Youth, Social Cohesion & Peacebuilding				
	Swiss Agency for Development and Cooperation SDC			local service delivery, better accountability and transparency of municipalities.
Implementing organization: GIZ	Title: Promoting youth exchanges Donor: German Federal Ministry for Economic Cooperation and Development and EU	Period: 2020-2026	Youth	The project supports RYCO in improving its institutional and operational expertise by providing various training measures, preparing strategic documents and setting up a department for research, evaluation and learning. The institutional and operational expertise of RYCO has improved, enabling it to better manage regional cooperation projects and successful youth exchange programmes between the Western Balkans societies.
Implementing organization: Swiss Cooperation Programme in Bosnia and Herzegovina	Title: Civil Society Support in Bosnia and Herzegovina Donor: Swiss Agency for Development and Cooperation SDC	Period: 2020 – 2027 Budget: EUR 11,397,565.96	Gender, Social Cohesion	Projects plans that citizens will increase their influence on policy making through their active engagement with civil society organisations. Through improvement of their know-how on civic participation and engagement in civil society alliances, civil society organisations will effectively participate in democratic processes, demand reforms from the authorities, and contribute to social change in Bosnia and Herzegovina. They will increasingly act as advocates for democratic reforms, gender equality, human rights and social inclusion rather than as service providers.
Implementing organization: Mozaik	Title: Youth for change Donor: Embassy of Switzerland in Bosnia and Herzegovina	Period: March 2019 – February 2023 Budget: EUR 5,506,509.14	Youth	The project aimed to empower the youth of Bosnia and Herzegovina to actively contribute to the development and prosperity of their local communities. The ultimate goal was to foster a generation of engaged and proactive individuals who enhance their standard of living by securing employment or creating new opportunities for themselves and others.

Implementing organization/agency and partners	Project title and donor	Implementing period and Budget	Project type	Project focus
Youth, Social Cohesion & Peacebuilding				
Implementing organization: Swiss Cooperation Programme in Bosnia and Herzegovina	Title: Promoting Healthy Lifestyles and Gender Equitable Attitudes among Young Men and Women in Bosnia and Herzegovina Donor: Swiss Agency for Development and Cooperation SDC	Period: December 2017 - December 2020 Budget: EUR 763,754.42	Youth and Social Cohesion	Attitudes and behaviours of the current generation of young people in BiH are still shaped by patriarchal values, which influence the lifestyles of boys and girls and their respective vulnerability to health risks. The project's overall goal is to increase the uptake of healthy, nonviolent and gender equitable lifestyles among young men and women in BiH.
Implementing organization: International Labour Organization (ILO) Partners: UNICEF, UNESCO, UNV, UNDP	Title: Reimagining Education for Marginalized Girls and Boys during and post COVID-19 in Bosnia and Herzegovina	Period: 15 October 2020 - 15 April 2022	Youth	UN Socio-Economic Response Plan in BiH unites UNICEF, UNESCO, ILO and UNV in "Delivering as One". Project aimed to strengthen the capacities of education authorities, teachers and trainers in three pilot administrative units. The goal was to provide quality and inclusive e-learning and blended learning during and beyond the pandemic as well as to address disadvantaged girls and boys and gender-issues.
Implementing organization: HELVETAS Swiss Intercooperation and NIRAS consortium Partners: CCI, KULT	Title: Civil Society Support in B&H / PRAGG Proaktivni građani i građanke Donor: Government of Switzerland	Period: June 2022 – May 2027	Youth and Social Inclusion	Active participation of citizens with focus on social inclusion in advocacy and creation of public policies through engagement in CSOs.
Implementing organization: Institute for Youth Development KULT	Title: The Capacity Building Works Donor: Embassy of Switzerland in BiH	Period: 2022-2023 (one year pilot project)	Youth	Supporting the local governance in developing transparent Grant Award Model, and support to the professionalization of local youth NGOs.

Implementing organization/agency and partners	Project title and donor	Implementing period and Budget	Project type	Project focus
Youth, Social Cohesion & Peacebuilding				
Implementing organization: Institute for Youth Development KULT	Title: Change Donor: Swedish International Development Cooperation Agency	Period: 2021 – 2025 Budget: EUR 2,732,632.52	Youth	The CHANGE goal is to empower youth, youth civil society organizations and institutions for sustainable development of a youth framework in BiH and recognition of youth as the driving force behind positive change in BiH on its EU path.
Implementing organization: People in Need Partners: EPI, OKC Abrašević, LDA Mostarand NEŠTO VIŠE.	Title: Project Mostar – Spaces to Activate and Rejuvenate Donor: Government of the United Kingdom	Period: 2021-2024 Budget: EUR 4,439,802.14	Social Cohesion	Project Mostar – Spaces to Activate and Rejuvenate is a three-year project, which seeks to improve public spaces and its use in Mostar through citizen engagement and support for citizen-led initiatives which contribute to shared civic, cultural and economic life in Mostar. The project supports citizens and local authorities in effective use of new skills, tools and mechanisms that address existing priorities in an inclusive, gender sensitive, participatory, and systematic manner.
Implementing organization: SDC	Title: Healthy Communities in Bosnia and Herzegovina Donor: Swiss Agency for Development and Cooperation SDC	Period: February 2023 - October 2027 Budget: EUR 5,986,384.82	Health	Bosnia and Herzegovina experiences one of Europe's highest premature mortality, poor health and disability rates from non-communicable diseases (NCDs). The overall goal is to contribute to a reduced burden of disease and improved health status for women and men, by strengthening the focus of the health system to disease prevention and the promotion of healthy lifestyles.
Implementing organization: EU Partners: UNICEF, WHO, World Bank	Title: EU Support to the Health Sector Reform in Bosnia and Herzegovina Donor: EU	Period: February 2023 - February 2027 Budget: EUR 10,000,000.00	Health	Project aims to achieve strengthened health systems governance and developed policy frameworks for integrated, people-centered primary health care (in Entities/District of BIH), and improved performance-focused primary health care service delivery in selected geographic areas (in Entities/District of BIH).
Implementing organization: SDC	Title: Strengthening Nursing in Bosnia and Herzegovina Donor:	Period: December 2022 - November 2026 Budget:	Health	With the support of the project, the health authorities will reform the profession of nurses by aligning nursing practice to quality standards, improving their capacities, expanding their tasks and stimulating homebased care and health education. This will enhance the

Implementing organization/agency and partners	Project title and donor	Implementing period and Budget	Project type	Project focus
Youth, Social Cohesion & Peacebuilding				
	Swiss Agency for Development and Cooperation SDC	EUR 6,120,608.70		coverage, quality and cost-effectiveness of health services thereby improving the health status of men and women in BiH.
Implementing organization: CPCD Partners: Centre for Research and Policy Making, Gender Knowledge Hub, etc.	Title: Gender Budget Watchdog Network II Donor: ADA and SIDA	Period: 2022 – 2026 Budget: EUR 1,800,000.00	Gender	The objective of Gender Budget Watchdog Network II is to improve public commitments for gender responsive climate action and increase available financing to implement gender-responsive climate action in the Western Balkans region and Republic of Moldova.
Implementing organization: Council of Europe Partners: Agency for Gender Equality of Bosnia and Herzegovina, Gender Centres of RS and FBiH, etc.	Title: Combating digital and sexual violence against women in Bosnia and Herzegovina Donor: Council of Europe	Period: June 2023 – December 2024	Gender	In order to ensure victim's right, the project will support Bosnia and Herzegovina authorities to align their policies, legislation and practice on digital and sexual violence against women with the Council of Europe standards, in particular the Istanbul Convention, ECtHR case law and EU Acquis. It responds to the drastic rise in the prevalence of violence against women, including new types of digital violence against women.
Implementing organization: Council of Europe Partners: EU	Title: Towards an equal, inclusive and tolerant Bosnia and Herzegovina Donor: Council of Europe and EU	Period: 2023 – 2026 Budget: EUR 850.000,00	Gender, Social Cohesion	The action "Towards an equal, inclusive and tolerant Bosnia and Herzegovina" offers assistance in enhancing the implementation of anti-discrimination mechanism on combating intolerance, hate speech and inequality in Bosnia and Herzegovina. It intervenes in line with the latest trends in the field of racism and intolerance in Europe as outlined in the Annual Reports of the European Commission against Racism and Intolerance (ECRI).
Implementing organization: UN Women Partners: UNDP	Title: Regional Programme on Ending Violence against Women in the Western Balkans and Türkiye	Period: 2020 – 2023 Budget: EUR 6,263,734.00	Gender	The regional programme "Implementing Norms, Changing Minds", Phase II (February 2020 to July 2023) aims at ending gender-based discrimination and violence against women in the Western Balkans (Albania, Bosnia and Herzegovina, Kosovo, North Macedonia, Montenegro, Serbia) and Türkiye, with a

Implementing organization/agency and partners	Project title and donor	Implementing period and Budget	Project type	Project focus
Youth, Social Cohesion & Peacebuilding				
	Donor: EU			particular focus on the most disadvantaged groups of women.
Implementing organization: UN Women	Title: Gender-Responsive Governance and Leadership Donor: Sweden, Joint SDG Fund, EU	Period: 2020 –2023 Budget: EUR 2,360,775.00	Gender	The strategic approach under this programme component combines the work on public finance reform; increasing gender perspective in the country's EU integration process; enabling stronger participation of women in decision making; supporting institutional commitments and accountability for the national and international normative standards and institutional and CSO dialogue.
Implementing organization: UN Women	Title: Ending Violence against Women Donor: Sweden, EU	Period: 2020 –2023 Budget: EUR 3,493,947.00	Gender	UN Women partners with governments, UN agencies, civil society organizations and other institutions to find ways to prevent violence against women and girls, focusing on early education, respectful relationships, and working with men and boys. Prevention is still the most cost-effective, long-term way to stop violence.
Implementing organization: UN Women	Title: Women's Economic Empowerment Donor: Sweden, UK Government	Period: 2020 –2023 Budget: EUR 1,699,758.00	Gender	Working with a variety of partners, UN Women programme promote women's ability to secure decent jobs, accumulate assets, and influence institutions and public policies determining growth and development. One critical area of focus involves advocacy to measure women's unpaid care work, and to take actions so women and men can more readily combine it with paid employment.
Implementing organization: UNDP, UNICEF, UNESCO	Title: Dialogue for the Future: Fostering Dialogue and Social Cohesion in, and between, Bosnia and Herzegovina, Montenegro, and Republic of Serbia Donor: UNDP, UNICEF, UNESCO	Period: 2019 –2021 Budget: EUR 3,950,985.97	Social Cohesion	The overall goal of the joint regional programme, Dialogue for the Future (DFF), is to help create more spaces for constructive dialogue between various communities, between citizens and their highest elected leaders, thus promoting peaceful coexistence, increased trust and genuine respect for diversity.
Implementing organization:	Title:	Period: 2019 –2021	Youth, Health	Objective of the LCIF-UNODC initiative is to equip early adolescents, specifically

Implementing organization/agency and partners	Project title and donor	Implementing period and Budget	Project type	Project focus
Youth, Social Cohesion & Peacebuilding				
UNODC, Lions Clubs International Foundation (LCIF)	Lions Quest Skills for Adolescence Program Donor: n/a	Budget: EUR n/a		7th and 8th-grade students in elementary schools, with the necessary tools to navigate the challenges of adolescence and building resilience and self-responsiveness to the vulnerabilities typical of their age. Through this program, students will build resilience against risky behaviors, learn to handle stressful situations, and develop social and emotional skills.
Implementing organization: CARE International Balkan	Title: Young Men Initiative	Period: Since 2006	Youth, Health, GBV, Gender Equality	Young Men Initiative (YMI) is implemented in Bosnia and Herzegovina (BiH), Serbia, Croatia, Kosovo, Macedonia and Albania. It builds on CARE's comprehensive and programmatic efforts to prevent interpersonal and gender-based violence as well as to promote gender equality in the region. For over a decade, YMI has been targeting youth to build their knowledge and attitudes concerning gender equality, violence and healthy lifestyles and to decrease levels of all types of violence. YMI includes life skills education, with aspects of SRH, CSE and GBV for youth in cooperation with ministries of education in BiH.

REQUEST FOR QUOTATION
RFQ N° UNFPA/BiH/RFQ/24/004

Dear Sir/Madam,

UNFPA hereby solicits a quotation for the following service:

“Evaluation of 3rd UNFPA Country Programme in Bosnia and Herzegovina 2021-2025”

UNFPA requires the provision of technical services by a team of national evaluation experts in line with the Terms of Reference presented below in this Request for Quotation.

I. About UNFPA

UNFPA, the United Nations Population Fund (UNFPA), is an international development agency that works to deliver a world where every pregnancy is wanted, every child birth is safe and every young person’s potential is fulfilled.

UNFPA is the lead UN agency that expands the possibilities for women and young people to lead healthy sexual and reproductive lives. To read more about UNFPA, please go to: [UNFPA about us](#)

Terms of Reference

United Nations Population Fund (UNFPA) Bosnia and Herzegovina 3rd Country Programme 2021-2025

Country Programme Evaluation

June 2024

Acronym

AI	Artificial intelligence
AIDS	Acquired Immunodeficiency Syndrome
CCA	Common Country Analysis
BCS	Bosnian-Croatian-Serbian language
BD	Brčko District
BHAS	Agency of Statistics of Bosnia and Herzegovina
BiH	Bosnia and Herzegovina
CEDAW	Committee on the Elimination of Discrimination against Women
CO	Country Office
CP	Country programme
CPD	Country programme document
CPE	Country programme evaluation
CRPD	Convention on the Rights of Persons with Disabilities
DPA	Dayton Peace Accords
DSA	Daily subsistence allowance
EO	Evaluation Office
EQA	Evaluation quality assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation reference group
EU	European Union
FBiH	Federation of Bosnia and Herzegovina
FBOs	Faith-based organisations
GBV	Gender-based violence
GDI	Gender Development Index
HIV	Human Immunodeficiency Virus
HDI	Human Development Index
ICPD	International Conference on Population and Development
ICT	Information and communication technologies
IEO	Independent evaluation office
IHDI	Inequality-adjusted Human Development Index
INGO	International non-governmental organisation
IUD	Intrauterine device
LGBTI	Lesbian, gay, bisexual, transgender or intersex
LNOB	Leaving no-one behind
MICS	Multiple Indicators Cluster Survey

M&E	Monitoring and evaluation
NFIs	Non-food items
NGOs	Non-governmental organisations
NHDR	National Human Development Report
OECD/DAC	Organisation for Economic Co-operation and Development/Development Assistance Committee
RO	Regional Office
RS	Republika Srpska
SDGs	Sustainable Development Goals
SP	Strategic plan
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Reproductive Rights
ToR	Terms of reference
TRCs	Temporary reception centres
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
EECA RO	Eastern Europe and Central Asia Regional Office

Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to "achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). With this call to action, UNFPA contributes directly to the 2030 Agenda for Sustainable Development, in line with the Decade of Action to achieve the Sustainable Development Goals".³⁹⁹

In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results contribute to the achievement of all the 17 Sustainable Development Goals (SDGs), but directly contribute to the following: (a) ensure healthy lives and promote well-being for all at ages (Goal 3); (b) achieve gender equality and empower all women and girls (Goal 5); (c) reduce inequality within and among countries (Goal 10); take urgent action to combat climate change and its impacts (Goal 13); promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (Goal 16); and strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development (Goal 17). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure increasing focus on "leaving no one behind", and emphasizing "reaching those furthest behind first".

UNFPA has been operating in Bosnia and Herzegovina since 1995. The support that the UNFPA Bosnia and Herzegovina Country Office (CO) provides to the governments in Bosnia and Herzegovina under the framework of the 3rd Country Programme (CP) 2021-2025 builds on national development needs and priorities articulated in the SDG Framework in Bosnia and Herzegovina (2020), Reform Agenda II 2019-2022, Development Strategy of the Federation of Bosnia and Herzegovina 2021-2027, Sexual and Reproductive Health Strategy of the Republika Srpska 2019-2029, Strategy on Ageing of the Republika Srpska 2019-2028, Youth Policy of the Republika Srpska 2023-2027, as well as the United Nations Common Country Analysis (CCA) 2022 and the United Nations Sustainable Development Cooperation Framework 2021-2025.

The 2024 UNFPA Evaluation Policy encourages CO to carry out CPEs every programme cycle, and as a minimum every two cycles.⁴⁰⁰ The country programme evaluation (CPE) will provide an independent assessment of the performance of the UNFPA 3rd country programme 2021-2025 in Bosnia and Herzegovina, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the UNFPA Evaluation Handbook ([LINK](#)). The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation.⁴⁰¹ It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes links to a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the CPE manager perform during the different evaluation phases. The evaluators, the CPE manager, CO

³⁹⁹ UNFPA (2021).

⁴⁰⁰ UNFPA (2024), p. 22.

⁴⁰¹ United Nations Evaluation Group (2008).

staff and other engaged stakeholders are required to follow the full guidance of the Handbook throughout the evaluation process.

The main audience and primary intended users of the evaluation are: (i) The UNFPA Bosnia and Herzegovina CO; (ii) the governments in Bosnia and Herzegovina; (iii) implementing partners of the UNFPA Bosnia and Herzegovina CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) the Eastern Europe and Central Asia Regional Office (EECA RO); and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the CPE manager within the UNFPA Bosnia and Herzegovina CO in close consultation with the state and entity-level authorities in Bosnia and Herzegovina that coordinate the country programme, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the Eastern Europe and Central Asia Regional Office, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference and the detailed guidance in the Handbook.

Country Context

Bosnia and Herzegovina (BiH) is an upper middle-income country with the aspiration to become a member of the European Union. The country's political institutions are derived from Annex IV of the Dayton Peace Accords (DPA), signed in 1995, which ended the 1992–1995 war. According to this annex, which provides the constitutional set-up for the country, Bosnia and Herzegovina is constituted of two entities, namely the Federation of Bosnia and Herzegovina (FBiH) and Republika Srpska (RS), plus Brčko District (BD). The Republika Srpska has 61 municipalities, while the Federation of Bosnia and Herzegovina consists of 10 cantons with 79 municipalities. In total the political institutions of Bosnia and Herzegovina include five presidents, 13 prime ministers and as many governments, more than 180 ministries and over 700 members of parliament in a country of 3.5 million people⁴⁰².

Existing disaggregated population data could be accessed at [the Demographic Resilience Portal of the BiH Agency of Statistics \(BHAS\)](#). Bosnia and Herzegovina has one of the lowest low fertility rates in the world at 1.18 children per woman in reproductive age. Population projections supported by UNFPA estimated that the country loses about 1.5% of total population each year (through negative population natural change and advanced emigration of young, skilled workers). This translates into losses of approximately 45,000 people each year which is the population of approximately two mid-size municipalities in the country. According to these projections, Bosnia and Herzegovina might lose more than 50% of its total population in the next 50 years if adequate population measures are not introduced. In such a scenario, 65+ population would represent around 43% of the total population while children 0-14 would represent only 10% of the total population.

In 2021, the Council of Ministers of Bosnia and Herzegovina adopted the [SDGs Framework in Bosnia and Herzegovina](#). The document represents the first countrywide strategic framework for sustainable development in Bosnia and Herzegovina in over a decade. The Framework identifies three pathways to sustainable development: 1) Good Governance and Public Sector Management, 2) Smart Growth and 3) Society of Equal Opportunities.

The Human Development Index value (HDI) of Bosnia and Herzegovina for 2019 was 0.78, which puts the country in the high human development category. The Inequality-adjusted Human Development Index (IHDI) for 2019 was 0.66. Bosnia and Herzegovina's Gender Development Index (GDI) for 2019

⁴⁰² According to the 2013 Population and Housing Census. However, as the next census has not been yet implemented due to the lack of political will in the country, there is no reliable population data with many demographers estimating the current total population to be under 3 million with around 22% of 65+ persons in total population.

was 0.923 and the Bosnia and Herzegovina Gender Inequality Index for 2019 was 0.149, ranking it 38th out of 162 countries. The World Bank's 2018 human capital index ranked Bosnia and Herzegovina 58th out of the 157 countries surveyed, roughly comparable to Albania and Montenegro, and slightly behind Slovenia, Serbia, and Croatia. Yet a Lancet human capital study ranked Bosnia and Herzegovina 64th out of 168 countries in 2016, down from 58th in 1990 and well below the 2016 rankings of Croatia (32nd), Serbia (46th), Montenegro (48th) and North Macedonia (51st).

Bosnia and Herzegovina has adopted a law on the Prohibition of Discrimination, however, in a number of areas the harmonization and implementation of laws with international standards is lacking. For example, Bosnia and Herzegovina has a dedicated Law on Gender Equality, which provides protection against gender-based discrimination. The legal provisions for women's rights and gender equality, as well as the institutional framework, are largely in place and Bosnia and Herzegovina has made significant efforts to harmonize its legislative framework with international standards and commitments. Social stigma and a lack of trust in the law enforcement authorities means that cases of gender-based violence are underreported, including domestic violence, and there is a lack of disaggregated data on all forms of gender-based violence. The Committee on the Elimination of Discrimination against Women (CEDAW) expressed concern over the long-lasting social exclusion of Roma women and girls, and noted with concern the stigmatization and discrimination faced by lesbian, bisexual and transgender women.

Furthermore, despite Bosnia and Herzegovina's commitment under the Convention on the Rights of Persons with Disabilities (CRPD), state, entity, cantonal and municipal laws are not harmonized with international treaties and standards. There is no common definition of disability, which makes assessment of status and inclusion in state, cantonal, and municipal planning difficult. Also, Bosnia and Herzegovina is party to the 1951 Convention relating to the status of refugees and its 1967 protocol, and the Bosnia and Herzegovina Law on Asylum is generally in line with international and EU standards. There are, nonetheless, shortcomings, including in the definition of 'asylum-seeker' and 'refugee', and in the exclusion and cessation clauses with persons under subsidiary protection lacking the right to family reunification and travel documents, and the Law on Foreigners also does not allow for their stay in Bosnia and Herzegovina to be counted for permanent residence. This means that people under subsidiary protection cannot acquire permanent residence or naturalise regardless of the number of years they spend in Bosnia and Herzegovina. Migrants/refugees entering the country usually stay briefly in one or more of the temporary reception centres (TRCs)⁴⁰³ but duration of their stay is mostly correlated to police actions of the neighbouring Croatia. During their stay, they are mostly provided essential shelter and food along with health care including SRH, GBV protection and empowerment activities.

In 2019, respondents listed unemployment (41.2 percent), corruption (38.7 percent), political instability and politicians (31.1 percent) and emigration, especially of the country's youth (28.1 percent), as the top concerns for development⁴⁰⁴. When considering the future of Bosnia and Herzegovina, 77.1 percent of respondents expressed that they believed the country was stagnating. According to the 2020 National Human Development Report (NHDR), Bosnia and Herzegovina's citizens identified six key issues in their communities: emigration of young families, lack of investment in the local infrastructure, inadequate support and facilities for people with disabilities, lack of sufficient staff and funding for the centres for social welfare, inequality in relation to child benefit, public transportation and school buses, emergency services and service grants in the community; clientelism and the negative effects of politicized public procurement and the non-competitive appointment of public employees. Among the youth, the main reasons for considering emigration were access to better public services, securing better life opportunities for their children and systemic corruption in Bosnia and Herzegovina.

⁴⁰³ Temporary Reception Centres were managed by IOM and other UN agencies as of 2018 when the mixed migration crisis started. As of last year, the management of the remaining TRCs has been done by the Service for Foreigners Affairs of Bosnia and Herzegovina (an institution working within the Ministry of Security of Bosnia and Herzegovina).

⁴⁰⁴ UN Peace and Development Assessment for BiH, 2019 (draft), Prism Research and Consulting, May/June 2019

Most of those left behind in Bosnia and Herzegovina face disadvantages stemming from multiple factors. Roma women, for example, are some of the most disadvantaged in the country, experiencing different but interconnected factors. Besides Roma, other vulnerable groups such as women, children and youth, older persons, persons with disabilities and LGBTI people are considered most left behind. E.g. women are around a third less likely to participate in the labour force than men and account for 57.6 percent of registered unemployed persons in Bosnia and Herzegovina. Women are more involved in unpaid domestic work than men (50% and 35% respectively) and childcare work (28% and 23% respectively). Women are also less likely to have a bank account at a formal financial institution (48% compared to 67% for men) and have a lower property ownership rate (74% of dwelling properties are owned solely by men), which reduces their potential collateral and could stifle female entrepreneurship. Discriminatory practices towards women in employment are evident as well as differences in respect to the labour rights of pregnant and postpartum women regarding access to and the length of maternity leave and access to the maternity benefit.

According to a survey on Prevalence and Characteristics of Violence Against Women in Bosnia and Herzegovina in 2012, around half of the women surveyed (47.2% in Bosnia and Herzegovina, 47.2% in the Federation of Bosnia and Herzegovina and 47.3% in the Republika Srpska,) had experienced at least one form of violence since the age of 15. Perpetrators of violence against women are most often former or current partners (evident in 71.5% of cases). Young women are more exposed to violence than older women (56.38% for women aged 18 to 24 compared to 44.2% of women over 65 years). Violence was found to be repeated systematically, with early four in 10 (38%) said they have experienced psychological, physical or sexual violence since the age of 15 at the hands of a partner or non-partner.

In terms of SRH and gender indicators, Bosnia and Herzegovina has not implemented any Multiple Indicators Cluster Survey (MICS) since 2011 so there is no new data. According to the 2011 MICS survey, the total contraceptive prevalence rate was 45.8% and the prevalence rate of the use of modern contraceptives was 12%. The adolescent birth rate in BiH was 8 births per 1,000 women aged 15-19 for the one year period preceding the survey. Nearly all women aged 15-49 knew at least one contraceptive method (including both modern and traditional methods). On average women knew 9.4 different contraceptive methods. The most widely known modern method was the male condom (98 percent). The most widely known of the traditional methods was withdrawal (93 percent). Contraception was used by 46 percent of married or in-union women in BiH, with traditional methods more commonly used than modern ones (34 percent versus 12 percent). The most popular method was withdrawal, used by one-third of married women, while the subsequent most popular method was the male condom, used by 6 percent of women.

Amongst other methods of contraception, 4 percent of women used an intrauterine device (IUD), 4 percent practiced periodic abstinence and 2 percent used the pill. The contraceptive prevalence rate was similar in urban and rural areas and was associated with the number of births a woman has had as well as her education level. Thus, the percentage of women using any method increased from 37 percent amongst women who had had one live birth to 53 percent amongst women who had had four or more live births and from 45 percent amongst women with primary education to 55 percent amongst women with higher education. The prevalence of modern contraceptive methods rose in line with household wealth. The total unmet need for contraception in BiH was low: being present amongst 9 percent of women aged 15-49. The unmet need for contraception was higher amongst women aged 20-24 (24 percent) and women aged 25-29 (21 percent). One in three women had met the need for limiting, while one in nine women had met the need for spacing.

Nearly all women and men in BiH aged 15-49 had heard of HIV/AIDS (about 99 per cent), while a lower percentage of women (82 per cent) and men (88 per cent) knew about the two main ways to prevent HIV transmission: having only one faithful uninfected partner and using a condom every time. The percentages for women and men aged 15-24 were similar. Less than 1 half of women (43 per cent) and men (45 per cent) aged 15-49 had comprehensive knowledge of HIV prevention methods and

transmission, while such knowledge was somewhat higher amongst persons aged 15-24 (48 per cent for both sexes).

In terms of maternal health, almost all births in the two years preceding the survey were delivered by skilled personnel and in public sector health facilities. One in seven women had been attended during delivery by a nurse/midwife, while the rest of the women had been assisted by a medical doctor. One in seven women (14 percent) gave birth by Caesarean section. The percentage of women who gave birth by Caesarean section was highest amongst women from the richest households (21 percent). Eighty-seven percent of women aged 15-49 in BiH who had given birth in the two years that preceded the survey had received antenatal care from a healthcare provider. Almost all of the women had received antenatal care from a healthcare provider in RS, while in the FBiH the percentage was lower at 82 percent. Antenatal care was provided largely by medical doctors (86 percent). About 84 percent of women aged 15-49 had received antenatal care four or more times. Three essential antenatal care services (blood pressure measurement, urine and blood testing) were provided to 85 percent of the women aged 15-49 who had given birth in the two years preceding the survey.

Bosnia and Herzegovina is among the countries with the highest unemployment rate for young people aged 15 to 29, with the percentile of unemployed youth being as high as 64.1 percent. One out of four people aged between 15 and 24 is neither in education, employment nor training. In addition, 66 percent of youth live at their family home and 46 percent receive financial support from their parents. The average net salary in Bosnia and Herzegovina was 1,338 BAM in February 2024, which represents an increase of 10.48 percent year-on-year. In terms of quality education, 15-year-old students are three years behind their peers in OECD countries on average. Almost a quarter of young people holding a bachelors and 24 percent of those holding a master's degree are unemployed. According to the World Bank's Human Capital Index, the expected future productivity (as a future worker) of a child born today in Bosnia and Herzegovina is 62 percent of what it would be if he or she was in full health and had completed a high quality education.

Multiple risks of exclusion are also linked to ageing and issues that affect older persons, including increased health problems, decline of physical and mental capacities and increased dependency on others. Particular risk factors include low retirement income, living alone without family support, poor health, physical distance from public services and the prevalence of illiteracy. In the age group of 60 to 70, a total of 15.03 percent of women are illiterate and in the age group over 70, 49.1 percent of women are illiterate. Middle-aged women are likely to be the first responders to informal care needs for elderly people and often bear a triple burden as they care for the younger and older generations whilst remaining engaged in the labour force, with implications for their own health and wellbeing.

The support that the UNFPA Bosnia and Herzegovina Country Office (CO) provides to the governments in Bosnia and Herzegovina under the framework of the 3rd Country Programme (CP) 2021-2025 builds on national development needs and priorities articulated in the SDG Framework in Bosnia and Herzegovina (2020), Reform Agenda II 2019-2022, Development Strategy of the Federation of Bosnia and Herzegovina 2021-2027, Sexual and Reproductive Health Strategy of the Republika Srpska 2019-2029, Strategy on Ageing of the Republika Srpska 2019-2028, Youth Policy of the Republika Srpska 2023-2027, as well as the United Nations Common Country Analysis (CCA) 2022 and the United Nations Sustainable Development Cooperation Framework 2021-2025. Many strategies that were developed with the support of UNFPA such as the youth strategy or the sexual and reproductive health strategy in the Federation of Bosnia and Herzegovina have expired and there is a need for their extension either in the form of updating previous strategies or developing new ones. Due to the political situation in the country and responsibility of cantonal governments for many development issues, development of new strategies at the level of the Federation of Bosnia and Herzegovina is more challenging than in the Republika Srpska.

In regard to capacities of statistical institutions in the country, last census was conducted in 2013 but its results were not equally endorsed across the country with the Republika Srpska developing a separate census report from the country-wide one due to over-enumeration of population and its effects on calculation of indicators in the country as well as political representation of different ethnic

groups in the government. Ever since, there was no political will to undertake another round of census so the three statistical institutions mostly cooperate on the implementation of household surveys such as the labour force survey or the household budget survey.

UNFPA Country Programme

UNFPA has been working with the governments in Bosnia and Herzegovina since 1995 towards enhancing sexual and reproductive health and reproductive rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development and reaching demographic resilience of the country. UNFPA is currently implementing the 3rd country programme in Bosnia and Herzegovina.

The 3rd country programme 2021-2025 is aligned with the SDG Framework in Bosnia and Herzegovina (2020), Reform Agenda II 2019-2022, Development Strategy of the Federation of Bosnia and Herzegovina 2021-2027, Sexual and Reproductive Health Strategy of the Republika Srpska 2019-2029, Strategy on Ageing of the Republika Srpska 2019-2028, Youth Policy of the Republika Srpska 2023-2027, as well as the United Nations Common Country Analysis (CCA) 2022, UNFPA Strategic Plan 2018-2021, UNFPA Strategic Plan 2022-2025 and the United Nations Sustainable Development Cooperation Framework 2021-2025. It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia.

The UNFPA Bosnia and Herzegovina CO delivers its country programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination, and (v) service delivery (only to provide services to migrants/refugees). The **overall goal/vision** of the UNFPA Bosnia and Herzegovina 3rd country programme 2021-2025 is linked and contributes to the achievement of two transformative results/outcomes of the SP: (a) reaching zero unmet need for family planning, and (b) ending gender-based violence by 2030.

The country programme contributes to the following UNSDCF outcomes:

- By 2025, people have access to better quality and inclusive health and social protection systems;
- By 2025, people benefit from more inclusive and higher quality educational programmes focused on 21st century skills for enhanced employability, well-being and active participation in society;
- By 2025 there is stronger mutual understanding, respect and trust among individuals and communities;
- By 2025, people contribute to, and benefit from more accountable and transparent governance systems that deliver quality public services, and ensure rule of law.

UNFPA Strategic Plan 2018-2021 outcomes:

- Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence;
- Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts;
- Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

The UNFPA Bosnia and Herzegovina 3rd country programme 2021-2025 has two thematic areas of programming (adolescents and youth, and population and development) with eight interconnected **outputs**. All outputs contribute to the achievement of the Strategic Plan 2018-2021 outcomes, the

Strategic Plan 2022-2025 outcomes, UNSDCF outcomes and national priorities; they have a multidimensional, 'many-to-many' relationship with these outcomes.

Output 1: Capacities of health systems are strengthened for provision of youth-friendly family planning services (including access to affordable contraceptives) and prevention of reproductive illnesses, leaving no one behind.

This has been delivered through:

- Capacity building of medical professionals on youth-friendly approaches and their implementation through public health care system;
- Development and implementation of a Human Papilloma Virus vaccination programme;
- Development of capacities of the healthcare system for using the Obstetric Surveillance and Response System (not implemented as the health care authorities do not have capacities for multiple new health care initiatives).

Output 2: Preparedness and disaster risk reduction capacities of governments and local institutions are strengthened to respond to gender-based violence and effectively address sexual reproductive health services in emergencies.

This has been delivered through:

Development of preparedness plans in selected municipalities that integrate Minimum Integrated Service Package including the capacity building of relevant municipal authorities for implementation of the plan in case of emergencies;

Provision of SRH and GBV protection services to migrants/refugees, distribution of NFIs and organisation of empowerment activities in their leisure time in the Temporary Reception Centres.

Output 3: Capacities of the education system are strengthened for provision of healthy life styles education.

This has been delivered through:

Development of Healthy Life-Styles programme in selected administrative areas in the country for implementation in primary schools.

Output 4: Capacities of youth-led civil society organizations are strengthened for delivery of behaviour change programmes aimed at promoting gender equality and preventing gender-based violence.

This has been delivered through:

Strengthening capacities of civil society organisations on promoting gender equality and preventing gender-based violence in selected communities;

Supporting Special Olympics with the implementation of local and regional initiatives (sports games) for persons with disabilities.

Output 5: Capacities of faith-based organizations are strengthened to promote youth leadership and engagement in transforming the toxic legacy of war-related pain and trauma, including capacities to promote equitable and transformative views and attitudes around gender, ethnic and cultural identities.

This has been delivered through:

Strengthening capacities of faith-based organizations to promote youth leadership and engagement in transforming the toxic legacy of war-related pain and trauma.

Output 6: Capacities of youth-led civil society organizations are strengthened to sustain long-term commitment and engagement to peace and reconciliation in Bosnia and Herzegovina.

Output 7: Skills and capacities of youth are strengthened for critical thinking, and youth are empowered to promote dialogue.

Outputs 6 and 7 have been delivered jointly through:

Strengthening capacities of relevant civil society organisations working with youth on peace and reconciliation in the country, including in partnership with the Regional Youth Cooperation Office. These interventions were largely focused on social media campaigns to promote peaceful living and collaboration between different ethnic youth groups.

Output 8: Government institutions and other relevant stakeholders have adequate understanding of population issues and capacities for data collection and development of evidence-based population policies and legislation.

This has been delivered through:

Strengthening capacities of entity governments for the development of population development strategies;

Strengthening capacities of statistical offices for data collection, analysis and dissemination;

Raising awareness of relevant stakeholders for addressing ageing issues including expanding the network of Healthy Ageing Centres;

Establishing partnerships with the private sector on the organization of on-the-job training and employment of most vulnerable women (those with small children and those that have been out of the labour market for extended period of time);

Implementation of various research studies for better understanding the attitudes of young people and the effects of demographic trends on the provision of public services in the country.

The UNFPA Bosnia and Herzegovina CO also engages in activities of the UNCT, with the objective to ensure inter-agency coordination, partnership and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs. Beyond the UNCT, the UNFPA Bosnia and Herzegovina CO participates in the Mixed-Migration Group to ensure that inter-agency humanitarian action is well-coordinated, timely, principled and effective, to alleviate human suffering and protect the lives, livelihoods and dignity of people affected by humanitarian crisis.

The central tenet of the CPE is the country programme **theory of change** and the analysis of its logic and internal coherence. The theory of change describes how and why the set of activities planned under the country programme are expected to contribute to a sequence of results that culminates in the strategic goal of the UNFPA country programme is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. The country programme theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth analysis of the country programme theory of change and its intervention logic. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection, analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change.

The UNFPA Bosnia and Herzegovina 3rd country programme 2021-2025 is based on the following results framework presented below:

Annex A: Bosnia and Herzegovina/UNFPA 3rd Country Programme 2021-2025 Results Framework

CPD Goal/vision: Reaching zero unmet need for family planning, and ending gender-based violence in Bosnia and Herzegovina by 2030
UNSDCF Outcome (s): <ul style="list-style-type: none"> By 2025, people have access to better quality and inclusive health and social protection systems
Related UNFPA Strategic Plan 2018-2021 Outcome(s): <ul style="list-style-type: none"> Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence
Related UNFPA Strategic Plan 2022-2025 Outcome(s): <ul style="list-style-type: none"> By 2025, the reduction in the unmet need for family planning has accelerated
UNFPA Bosnia and Herzegovina 3rd Country Programme Outputs: Output 1: Capacities of health systems are strengthened for provision of youth-friendly family planning services (including access to affordable contraceptives) and prevention of reproductive illnesses, leaving no one behind.
UNFPA Bosnia and Herzegovina 3rd Country Programme Intervention Areas: <ul style="list-style-type: none"> Capacity building of medical professionals on youth-friendly approaches and their implementation through public health care system; Development and implementation of a Human Papilloma Virus vaccination programme; <i>Development of capacities of the healthcare system for using the Obstetric Surveillance and Response System.</i>
UNSDCF Outcome (s): <ul style="list-style-type: none"> By 2025, people have access to better quality and inclusive health and social protection systems

<p>Related UNFPA Strategic Plan 2018-2021 Outcome(s):</p> <ul style="list-style-type: none"> • Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence; • Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.
<p>Related UNFPA Strategic Plan 2022-2025 Outcome(s):</p> <ul style="list-style-type: none"> • By 2025, the reduction of preventable maternal deaths has accelerated; • By 2025, the reduction in gender-based violence and harmful practices has accelerated.
<p>UNFPA Bosnia and Herzegovina 3rd Country Programme Outputs:</p> <p>Output 2: Preparedness and disaster risk reduction capacities of governments and local institutions are strengthened to respond to gender-based violence and effectively address sexual reproductive health services in emergencies.</p>
<p>UNFPA Bosnia and Herzegovina 3rd Country Programme Intervention Areas:</p> <ul style="list-style-type: none"> • Development of preparedness plans in selected municipalities that integrate Minimum Integrated Service Package including the capacity building of relevant municipal authorities for implementation of the plan in case of emergencies; • SRH, protection and empowerment activities organized for female and male migrants/refugees in temporary reception centres.
<p>UNSDCF Outcome (s):</p> <ul style="list-style-type: none"> • By 2025, people benefit from more inclusive and higher quality educational programmes focused on 21st century skills for enhanced employability, well-being and active participation in society
<p>Related UNFPA Strategic Plan 2018-2021 Outcome(s):</p> <ul style="list-style-type: none"> • Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts

<p>Related UNFPA Strategic Plan 2022-2025 Outcome(s):</p> <ul style="list-style-type: none"> • By 2025, the reduction in the unmet need for family planning has accelerated; • By 2025, the reduction of preventable maternal deaths has accelerated; • By 2025, the reduction in gender-based violence and harmful practices has accelerated.
<p>UNFPA Bosnia and Herzegovina 3rd Country Programme Outputs:</p> <p>Output 3: Capacities of the education system are strengthened for provision of healthy life styles education.</p>
<p>UNFPA Bosnia and Herzegovina 3rd Country Programme Intervention Areas:</p> <ul style="list-style-type: none"> • Development of Healthy Life-Styles programme in selected administrative areas in the country for implementation in primary schools
<p>UNSDCF Outcome (s):</p> <ul style="list-style-type: none"> • By 2025, people benefit from more inclusive and higher quality educational programmes focused on 21st century skills for enhanced employability, well-being and active participation in society
<p>Related UNFPA Strategic Plan 2018-2021 Outcome(s):</p> <ul style="list-style-type: none"> • Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings
<p>Related UNFPA Strategic Plan 2022-2025 Outcome(s):</p> <ul style="list-style-type: none"> • By 2025, the reduction in gender-based violence and harmful practices has accelerated
<p>UNFPA Bosnia and Herzegovina 3rd Country Programme Outputs:</p> <p>Output 4: Capacities of youth-led civil society organizations are strengthened for delivery of behaviour change programmes aimed at promoting gender equality and preventing gender-based violence.</p>

UNFPA Bosnia and Herzegovina 3rd Country Programme Intervention Areas:

- Strengthening capacities of civil society organisations on promoting gender equality and preventing gender-based violence in selected communities, **including raising awareness on the needs of persons with disabilities.**

UNSDCF Outcome (s):

- By 2025 there is stronger mutual understanding, respect and trust among individuals and communities

Related UNFPA Strategic Plan 2018-2021 Outcome(s):

- Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

Related UNFPA Strategic Plan 2022-2025 Outcome(s):

- By 2025, the reduction in gender-based violence and harmful practices has accelerated.

UNFPA Bosnia and Herzegovina 3rd Country Programme Outputs:

Output 5: Capacities of faith-based organizations are strengthened to promote youth leadership and engagement in transforming the toxic legacy of war-related pain and trauma, including capacities to promote equitable and transformative views and attitudes around gender, ethnic and cultural identities.

UNFPA Bosnia and Herzegovina 3rd Country Programme Intervention Areas:

- Strengthening capacities of faith-based organizations to promote youth leadership and engagement in transforming the toxic legacy of war-related pain and trauma

UNSDCF Outcome (s):

- By 2025 there is stronger mutual understanding, respect and trust among individuals and communities

<p>Related UNFPA Strategic Plan 2018-2021 Outcome(s):</p> <ul style="list-style-type: none"> Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.
<p>Related UNFPA Strategic Plan 2022-2025 Outcome(s):</p> <ul style="list-style-type: none"> By 2025, the reduction in gender-based violence and harmful practices has accelerated.
<p>UNFPA Bosnia and Herzegovina 3rd Country Programme Outputs:</p> <p>Output 6: Capacities of youth-led civil society organizations are strengthened to sustain long-term commitment and engagement to peace and reconciliation in Bosnia and Herzegovina.</p>
<p>UNFPA Bosnia and Herzegovina 3rd Country Programme Intervention Areas:</p> <ul style="list-style-type: none"> In partnership with the Regional Youth Cooperation Office, strengthening capacities of relevant civil society organisations working with youth on peace and reconciliation in the country.

<p>UNSDCF Outcome (s):</p> <ul style="list-style-type: none"> By 2025 there is stronger mutual understanding, respect and trust among individuals and communities
<p>Related UNFPA Strategic Plan 2018-2021 Outcome(s):</p> <ul style="list-style-type: none"> Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.
<p>Related UNFPA Strategic Plan 2022-2025 Outcome(s):</p> <ul style="list-style-type: none"> By 2025, the reduction in gender-based violence and harmful practices has accelerated.

UNFPA Bosnia and Herzegovina 3rd Country Programme Outputs:

Output 7: Skills and capacities of youth are strengthened for critical thinking, and youth are empowered to promote dialogue.

UNFPA Bosnia and Herzegovina 3rd Country Programme Intervention Areas:

- Strengthening capacities of youth and civil society organisations to develop positive social media content and promote peaceful living and collaboration.

UNSDCF Outcome (s):

- By 2025, people contribute to, and benefit from more accountable and transparent governance systems that deliver quality public services, and ensure rule of law.

Related UNFPA Strategic Plan 2018-2021 Outcome(s):

- Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

Related UNFPA Strategic Plan 2022-2025 Outcome(s):

- By 2025, the reduction in gender-based violence and harmful practices has accelerated.

UNFPA Bosnia and Herzegovina 3rd Country Programme Outputs:

Output 8: Government institutions and other relevant stakeholders have adequate understanding of population issues and capacities for data collection and development of evidence-based population policies and legislation.

UNFPA Bosnia and Herzegovina 3rd Country Programme Intervention Areas:

- Strengthening capacities of entity governments for the development of population development strategies;
- Strengthening capacities of statistical offices for data collection, analysis and dissemination;
- Raising awareness of relevant stakeholders for addressing ageing issues including expanding the network of Healthy Ageing Centres;

- **Establishing partnerships with the private sector on the organization of on-the-job training and employment of most vulnerable women (those with small children and those that have been out of the labour market for extended period of time), including the promotion of family-friendly policies;**
- Implementation of various research studies for better understanding the attitudes of young people and the effects of demographic trends on the provision of public services in the country.

Nota Bene: "Country Programme Intervention Areas" boxes: In bold: Activities that were not initially planned, yet were implemented; in italics: Activities that were initially planned but were not implemented.

Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following four main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; and (iii) aggregating and sharing good practices and credible evaluative evidence to support organizational learning on how to achieve the best results; and (iv) empower community, national and regional stakeholders.

4.2. Objectives

The objectives of this CPE are:

- i. To provide the UNFPA Bosnia and Herzegovina CO, national stakeholders and rights-holders, the UNFPA EECA RO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Bosnia and Herzegovina 3rd country programme 2021-2025.
- ii. To broaden the evidence base to inform the design of the next programme cycle.

The specific objectives of this CPE are:

- i. To provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support.
- ii. To provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.
- iii. To provide an assessment of the role played by the UNFPA Bosnia and Herzegovina CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results. In addition, to provide an assessment of the role of the UNFPA Bosnia and Herzegovina CO in the coordination mechanisms of the Mixed-Migration Group, with a view to improving humanitarian response and ensuring contribution to longer-term recovery.
- iv. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover all administrative areas across the country where UNFPA implemented interventions with special focus on the state and entity levels.

Thematic Scope

The evaluation will cover the following thematic areas of the 3rd CP: (i) Strengthening systemic capacities for provision of sexual and reproductive health services and reproductive rights; (ii) Achieving gender equality through women's empowerment and peace building; (iii) Strengthening individual capacities of adolescents and youth on family planning and gender equality through healthy lifestyles education, and (iv) Strengthening systemic capacities for data collection, analysis and dissemination as well as evidence-based policy development. In addition, the evaluation will cover cross-cutting issues, such as human rights, gender equality, disability, and human capital, as well as transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization; and strategic partnerships.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current CP: starting from January 2021 up to the period of the evaluation data collection (December 2023).

The UNFPA will share its draft evaluation report with the UNSDCF evaluation consultant for consideration and integration into the UNSDCF evaluation report. It is expected that the agency-specific programme evaluations collaborate closely for comprehensive coordination and complementarity, where possible, as it is assumed that the agency-specific programme evaluation, with its achieved results, contributes to attaining the overall UNSDCF results.

Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in section 6 (below) and in the UNFPA Evaluation Handbook (see link above), the evaluation will examine the following five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability.⁴⁰⁵ Furthermore, the evaluation will use the humanitarian-specific evaluation criteria of coverage and connectedness to investigate: (i) to what extent UNFPA has been able to provide life-saving services to affected populations that are hard-to-reach; and (ii) to work across humanitarian- development-peace nexus and contribute to building resilience.

Criterion	Definition
Relevance	The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
Coherence	The compatibility of the intervention with other interventions in the country, sector or institution. The search for coherence applies to other interventions under different thematic areas of the UNFPA mandate which the CO implements (e.g. linkages between SRHR and GBV programming) and to UNFPA projects and projects implemented by other UN agencies, INGOs and development partners in the country.
Effectiveness	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups.
Efficiency	The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance?
Sustainability	The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends).

Humanitarian-specific criterion	Definition
Coverage	The extent to which major population groups facing life-threatening conditions were reached by humanitarian action. Evaluators need to assess the extent of inclusion bias – that is, the inclusion of those in the groups

⁴⁰⁵ The full set of OECD/DAC evaluation criteria, their definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>. Note that OECD/DAC criteria impact, but this is beyond the scope of the CPE.

	receiving support who should not have been (disaggregated by sex, socio-economic grouping and ethnicity); as well as the extent of exclusion bias, that is, exclusion of groups who should have been covered but were not (disaggregated by sex, socio-economic grouping and ethnicity).
Connectedness	The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account, that is a nexus approach, and that also indicates the complementarity of UNFPA with other partner interventions.

5.2. Preliminary Evaluation Questions

The evaluation of the country programme will provide answers to the evaluation questions (related to the above-mentioned criteria). Reflecting on the country programme theory of change, the country office has generated a set of preliminary evaluation questions that focus the CPE on the most relevant and meaningful aspects of the country programme. At the design phase (see Handbook, Chapter 2), the evaluators are expected to further refine the evaluation questions (in consultation with the CPE manager at the UNFPA Bosnia and Herzegovina CO and the ERG). In particular, they will ensure that each evaluation question is accompanied by a number of “assumptions for verification”. Thus, for each evaluation question, and based upon their understanding of the theory of change (the different pathways in the results chain and the theory’s internal logic), the evaluators are expected to formulate assumptions that, in fact, constitute the hypotheses they will be testing through data collection and analysis in order to formulate their responses to the evaluation questions. As they document the assumptions, the evaluators will be able to explain why and the extent to which the interventions did (or did not) lead towards the expected outcomes, identify what are the critical elements to success, and pinpoint other external factors that have influenced the programme and contributed to change.

Relevance

- To what extent is UNFPA support adapted to the needs of the population, including the needs of vulnerable and marginalized groups?

Coherence

- To what extent UNFPA’s initiatives have been aligned with existing government policies/strategies or shaped new strategies and approaches and served as a catalyst for broader systemic or policy changes at various governance levels in BiH?

Effectiveness

- To what extent did the UNFPA programme strengthen capacities of health and educational institutions for improved SRHR services and awareness across the country?
- To what extent did the UNFPA programme contribute to social cohesion between different youth and ethnic groups?
- To what extent did the UNFPA programme support government entities to respond to the demographic changes through data collection and policies and regulations?
- To what extent UNFPA provided protection to the migrant/refugee population in temporary reception centres across the country?

Efficiency

- To what extent UNFPA has made good/reasonable use of its human and financial resources to achieve results?

Sustainability

- To what extent UNFPA has strengthened institutional capacities and to what extent partners from the public sector are contributing to ensure sustainability?

Coverage

- To what extent migrants/refugees facing life-threatening suffering have been reached by UNFPA emergency actions?

Connectedness

- To what extent UNFPA emergency actions complement actions of other relevant government and UN stakeholders in supporting migrants/refugees?

The final evaluation questions and the evaluation matrix will be presented in the design report.

Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Bosnia and Herzegovina CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Bosnia and Herzegovina 3rd country programme 2021-2025 (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, coherent, effective, efficient and sustainable has the support provided by the UNFPA Bosnia and Herzegovina CO been during the period of the 3rd country programme. Where applicable, the humanitarian context needs to be considered in analyzing the theory of change.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Bosnia and Herzegovina 3rd country programme 2021-2025 made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national level. The UNFPA Bosnia and Herzegovina CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the country programme, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and,

most importantly, rights-holders (notably women, adolescents and youth. They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the country programme. Particular attention will be paid to ensuring the participation of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g., young people and women with disabilities, etc.)).

The CPE manager in the UNFPA Bosnia and Herzegovina CO has established an ERG comprised of key stakeholders of the country programme, including governmental and non-governmental counterparts at the state and entity level, and the regional M&E adviser in UNFPA EECA RO. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels. The use of innovative and context-adapted evaluation tools (including ICT) is encouraged.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook (see link above). This will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is essential that, once contracted by the UNFPA Bosnia and Herzegovina CO, the evaluators acquire a solid knowledge of the UNFPA methodological framework, which includes the Evaluation Handbook and the evaluation quality assurance and assessment principles and their application.

The CPE will be conducted in accordance with the *UNEG Norms and Standards for Evaluation*,⁴⁰⁶ *Ethical Guidelines for Evaluation*,⁴⁰⁷ *Code of Conduct for Evaluation in the UN System*⁴⁰⁸, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations*.⁴⁰⁹ When contracted by the UNFPA Bosnia and Herzegovina CO, the evaluators will be requested to sign the *UNEG Code of Conduct*⁴¹⁰ prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Bosnia and Herzegovina. The methodological design of the evaluation shall include in particular: (i) a critical review of the country programme theory of change; (ii) an evaluation matrix; (iii) a strategy and tools for collecting and analyzing data; and (iv) a detailed evaluation work plan and fieldwork agenda.

⁴⁰⁶ Document available at: <http://www.unevaluation.org/document/detail/1914>.

⁴⁰⁷ Document available at: <http://www.unevaluation.org/document/detail/102>.

⁴⁰⁸ Document available at: <http://www.unevaluation.org/document/detail/100>.

⁴⁰⁹ Document available at: <http://www.unevaluation.org/document/detail/980>.

⁴¹⁰ UNEG Code of conduct: <http://www.unevaluation.org/document/detail/100>.

The evaluation matrix

The evaluation matrix is the backbone of the methodological design of the evaluation. It contains the core elements of the evaluation. It outlines (i) *what will be evaluated*: evaluation questions with assumptions for verification; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated assumptions. The evaluation matrix plays a crucial role before, during and after data collection. The design and use of the evaluation matrix is described in Chapter 2, section 2.2.2.2 of the Handbook.

- In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.
- During the field phase, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The CPE manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.
- In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the CPE manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner. The matrix will enable users of the report to access the supporting evidence for the evaluation results. Confidentiality of respondents must be assured in how their feedback is presented in the evaluation matrix.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the country programme (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix and shall be presented in the design report.

The evaluation questions must be complemented by a set of assumptions for verification that capture key aspects of how and why change is expected to occur, based on the theory of change of the country programme. This will allow the evaluators to assess whether the conditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions (and related assumptions for verification) will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA Bosnia and Herzegovina CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Bosnia and Herzegovina CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final

stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national level who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, section 2.3). In the design report, the evaluators should also make explicit which groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA Bosnia and Herzegovina CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the CPE manager, based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 2.2.3.1.

Primary data will be collected through interviews with a wide range of key informants at national and sub-national levels (e.g., government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as focus and group discussions (e.g., with service providers and rights-holders, notably women, adolescents and youth) and direct observation during visits to selected sites. Secondary data will be collected through extensive document review, notably, but not limited to the resources highlighted in section 14 of these terms of reference. The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of two weeks for data collection in the field. The data collection tools that the evaluation team will develop (e.g, interview guides for each stakeholder categories, themes for and composition of focus groups, survey questionnaires, checklists for on-site observation) shall be presented in the design report.

Data analysis

The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and related assumption for verification. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help them formulate evidence-based answers to the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, Chapter 4).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information as highlighted in the Handbook (chapter 3). Data validation is a continuous process throughout the different evaluation phases, and the proposed validation mechanisms will be presented in the design report. In particular, there must be systematic triangulation of data sources and data collection methods, internal evaluation team meetings to corroborate and analyze data, and regular exchanges with the CPE manager. During a debriefing meeting with the CO and the ERG, at the end of the field phase, the evaluation team will present the emerging findings.

Use of Artificial Intelligence (AI) in CPEs

AI technologies cannot be used in the management and conduct of the CPE unless a prior written agreement is obtained from the CPE manager. Upon this prior agreement, the consultant is obligated to disclose the utilization of AI tools in evaluation and commits to upholding ethical standards and accuracy in the application of AI tools.

- **Prior approval for utilization of AI tools:** The use of AI tools must be explicitly agreed upon and approved in writing by the CPE manager
- **Declaration of the utilization of AI tools:** If the use of AI tools in evaluation is agreed upon with the CPE manager, the consultant must be transparent and declare the use of AI tools in evaluation work and other work-related tasks, specifying the nature of AI usage. The AI tools utilized in work-related tasks must include only those tools that are vetted by EO
- **Verification of accuracy:** The consultant commits to diligently checking the accuracy of AI-generated results and assumes full responsibility for its reliability and validity
- **Ethical and responsible use:** The consultant is obligated to uphold ethical principles in the use of AI in work-related tasks, as well as relevant regulations that govern the use of AI in the UN system. This includes the Digital and Technology Network Guidance on the Use of Generative AI Tools in the UN System, Principles for the Ethical Use of Artificial Intelligence in the United Nations System, and UNFPA Information Security Policy. The consultant commits to employing AI tools that adhere to principles of non-discrimination, fairness, transparency, and accountability. The consultant will adopt an approach that aligns with the principle of 'leaving no one behind', ensuring that AI tool usage avoids exclusion or disadvantage to any group.

Evaluation Process

The CPE process is broken down into five different phases that include different stages and lead to different deliverables: preparation phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The CPE manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

7.1. Preparation Phase (Handbook, Chapter 1)

The CPE manager at the UNFPA Bosnia and Herzegovina CO leads the preparation phase of the CPE. This includes:

- CPE launch and orientation meeting for CO staff
- Evaluation questions workshop
- Establishing the evaluation reference group
- Drafting the terms of reference
- Assembling and maintaining background information
- Mapping the CPE stakeholders.

The full tasks of the preparation phase and responsible entities are detailed in Chapter 1 of the Handbook.

7.2. Design Phase (Handbook, Chapter 2)

The design phase sets the overall framework for the CPE. This phase includes:

- Induction meeting(s) between CPE manager and evaluation team
- Orientation meeting with CO Representative and relevant UNFPA staff with evaluation team
- Desk review by the evaluation team and preliminary interviews, mainly with CO staff

- Developing the evaluation approach i.e., critical analysis of the theory of change using contribution analysis, refining the preliminary evaluation questions and developing the assumptions for verification, developing the evaluation matrix, methods for data collection, and sampling method
- Stakeholder sampling and site selection
- Developing the field work agenda
- Developing the initial communications plan
- Drafting the design report version 1
- Quality assurance of design report version 1
- ERG meeting to present the design report
- Drafting the design report version 2
- Quality assurance of design report version 2

The **design report** presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the CPE manager and the ERG; it will be submitted to the regional M&E adviser in UNFPA EECA RO for review.

The detailed activities of the design phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 2.

7.3. Field Phase (Handbook, Chapter 3)

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of two weeks for data collection is planned for this evaluation. However, the CPE manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Preparing all logistical and practical arrangements for data collection
- Launching the field phase
- Collecting primary data at national and sub-national level
- Supplementing with secondary data
- Collecting photographic material
- Filling in the evaluation matrix
- Conducting a data analysis workshop
- Debriefing meeting and consolidating feedback for the debrief

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the initial analysis and emerging findings from the data collection in a PowerPoint presentation. The debriefing meeting presents an invaluable opportunity for the evaluation team to expand, qualify and verify information as well as to obtain feedback and correct misperceptions or misinterpretations.

The detailed activities of the field phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 3.

7.4. Reporting Phase (Handbook, Chapter 4)

One of the most important tasks in drafting the CPE report is to organize it into three interrelated, yet distinct, components: findings, conclusions, and recommendations. Together they represent the core of the CPE report. The reporting phase includes:

- Brainstorming on feedback received during the debriefing meeting
- Additional data collection (if required)
- Consolidating the evaluation matrix
- Drafting the findings and conclusions
- Identifying tentative recommendations using the recommendations worksheet
- Drafting CPE report version 1 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 1 and recommendations worksheet by the CPE manager and RO M&E Adviser
- ERG meeting on CPE report version 1
- Recommendations workshop with ERG to finalize recommendations
- Drafting CPE report version 2 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 2 by the CPE manager and RO M&E Adviser
- Final CPE report with compulsory set of annexes (incl completed evaluation matrix)

The Handbook, Chapter 4, provides comprehensive details of the process that must be followed throughout the reporting phase, including details of all quality assurance steps and requirements for an acceptable report. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the CPE manager in the UNFPA Bosnia and Herzegovina CO.

At the end of the reporting phase, the CPE manager and the regional M&E Adviser will jointly prepare an internal EQA of the final evaluation report. The Independent Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

7.5. Dissemination and Facilitation of Use Phase (Handbook, Chapter 5)

This phase focuses on strategically communicating the CPE results to targeted audiences and facilitating the use of the CPE to inform decision-making and learning for programme and policy improvement. It serves as a bridge between generating evaluation results, and the practical steps needed to ensure CPE leads to meaningful programme adaptation. While this phase is specifically about dissemination and facilitating the use of the evaluation results, its foundation rests upon the preceding phases. This phase is largely the responsibility of the CPE manager, CO communications officer and other CO staff. However, key responsibilities of the evaluation team in this phase include:

- Taking photographs during primary data collection and during the evaluation process
- Adhering to the editorial guidelines of the United Nations and the UNFPA Evaluation Office to ensure high editorial standards
- Contribute to the CPE communications plan

The detailed guidance on the dissemination and facilitation of use phase is provided in the Handbook, Chapter 5.

Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. In addition to presenting the evaluation matrix, the design report also provides information on the country situation and the UN and UNFPA response. The Handbook section 2.4.4 provides the required structure of the design report and guidance on how to draft it.
- **PowerPoint presentation of the design report.** The PowerPoint presentation (The outline for the presentation is provided in the Handbook section 2.4.2, box 11) will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the CPE manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation of preliminary findings for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA CO BiH staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Draft evaluation report.** The draft evaluation report will present the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the CPE manager, the CO, the ERG and the regional M&E adviser, and the evaluation team will undertake revisions accordingly.
- **Recommendations worksheet.** The process of co-creating the CPE recommendations begins with a set of tentative recommendations proposed by the evaluation team (see Handbook, section 4.3).
- **Final evaluation report.** The final evaluation report (*maximum 80 pages, excluding opening pages and annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. The Handbook (section 4.5) provides the structure and guidance on developing the report. The set of annexes (Page 81 in the Evaluation Handbook) must be complete and must include the evaluation matrix containing all supporting evidence (data and information and their source).
- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the CPE manager, in collaboration with the communication officer in the UNFPA Bosnia and Herzegovina CO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Independent Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in English.

Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report with a view to assessing compliance with specific criteria.

The EQAA of this CPE will be undertaken in accordance with the IEO [guidance and tools](#). An essential component of the EQAA system is the EQA grid, which sets the criteria against which the versions 1 and 2 of the CPE report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation team leader plays an instrumental quality assurance role. S/he must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the versions 1 and 2 of the CPE report comply with the quality assessment criteria outlined in the EQA grid⁴¹¹ before submission to the CPE manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

- **Executive summary:** Provide an overview of the evaluation. It is written as a stand-alone section and includes the following key elements of the evaluation: overview of the context and intervention; evaluation purpose, objectives and intended users; scope and evaluation methodology; summary of most significant findings; main conclusions; and key recommendations. The executive summary can inform decision-making.
- **Background:** The evaluation (i.e. interventions under the country programme) and context of the evaluation are clearly described. The key stakeholders are clearly identified and presented.
- **Purpose, Objectives and Scope:** The purpose of the country programme evaluation is clearly described. The objectives and scope of the evaluation are clear and realistic. The evaluation questions are appropriate for meeting the objectives and purpose of the evaluation.
- **Design and Methodology:** The analysis of the country programme theory of change, results chain or logical framework should be well-articulated. The report should provide the rationale for the methodological approach and the appropriateness of the methods and tools selected, as well as sampling with a clear description of ethical issues and considerations. Constraints and limitations are explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc).
- **Findings:** They are evidence-based and systematically address all of the evaluation's questions. Findings are built upon multiple and credible data sources and result from a rigorous data analysis.
- **Conclusions:** They are based on credible findings and convey the evaluators' unbiased judgment. Conclusions are well substantiated and derived from findings and add deeper insight beyond the findings themselves.
- **Recommendations:** They are clearly formulated and logically derived from the conclusions. They are prioritized based on their importance, urgency, and potential impact.
- **Structure and presentation:** The report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with the outline presented in the Handbook, section 4.5.

⁴¹¹ The evaluators are also invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://www.unfpa.org/evaluation/database>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

- **Evaluation Principles/cross-cutting issues:** Cross cutting issues, in particular, human rights-based approach, gender equality, disability inclusion, LNOB are integrated in the core elements of the evaluation (evaluation design, methodology, findings, conclusions and recommendations).

Using the EQA grid, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the CPE manager in the UNFPA Bosnia and Herzegovina CO, (iii) the regional M&E adviser in UNFPA EECA RO, and (iv) the UNFPA Independent Evaluation Office, whose roles and responsibilities are outlined in section 11.

Indicative Timeframe and Work Plan

The table below indicates the main activities that will be undertaken throughout the evaluation process, as well as their estimated duration for the submission of corresponding deliverables. The involvement of the evaluation team starts with the design phase and ends after the reporting phase. The Handbook contains full details on all the CPE activities and must be used by the evaluators throughout the evaluation process.

Tentative timelines for main tasks and deliverables in the design, field and reporting phases of the CPE⁴¹²

Main tasks	Responsible entity	Deliverables	Estimated Duration
Design phase			
Induction meeting with the evaluation team	CPE Manager and evaluation team		7 weeks
Orientation meeting with CO staff	CO Representative, CPE Manager, CO staff and RO M&E Adviser		
Desk review and preliminary interviews, mainly with CO staff	Evaluation team		
Developing the evaluation approach	Evaluation team		
Stakeholder sampling and site selection	Evaluation team, CPE Manager	Stakeholder map	
Developing the field work agenda	Evaluation team, CPE Manager	Field work agenda	
Developing the initial communications plan	CPE Manager and CO communications officer	<i>Communication plan (see Evaluation Handbook, Chapter 5)</i>	
Drafting the design report version 1	Evaluation team	Design report- version 1	
Quality assurance of design report version 1	CPE Manager and RO M&E Adviser		
ERG meeting to present the design report	Evaluation team, CPE manager	PowerPoint presentation on	

⁴¹² For full information on all tasks and responsible entities, see the relevant chapters of the Handbook (see link above).

		design report version 1	
Drafting the design report version 2	Evaluation team	Design report - version 2	
Quality assurance of design report version 2	CPE Manager and RO M&E Adviser		
Final design report	Evaluation Team	Final design report (see Evaluation Handbook, section 2.4.4)	
Field phase			
Preparing all logistical and practical arrangements for data collection	CPE Manager		9 weeks
Collecting primary data at national and sub-national level	Evaluation team		
Supplementing with secondary data	Evaluation team		
Collecting photographic material	Evaluation team	Photos (see Evaluation Handbook, Section 3.2.5)	
Filling in the evaluation matrix	Evaluation team	Evaluation matrix	
Conducting a data analysis workshop	Evaluation team		
Debriefing meeting with CO and ERG	Evaluation team and CPE manager	PowerPoint presentation	
Reporting phase			
Consolidating the evaluation matrix	Evaluation team	Evaluation matrix	12 weeks
Drafting CPE report version 1	Evaluation team	Evaluation report - version 1	
Quality assurance of CPE report version 1	CPE Manager and RO M&E Adviser		
ERG meeting on CPE report version 1	Evaluation team and CPE Manager	PowerPoint presentation	
Recommendations workshop	Evaluation team, CPE manager, ERG members	Recommendations worksheet	
Drafting CPE version 2	Evaluation team	Evaluation report - version 2	

Quality assurance of CPE report version 2	CPE Manager and RO M&E Adviser		
Final CPE report	Evaluation team	Final CPE report (<i>see Evaluation Handbook, section 4.5</i>) with powerpoint presentation and audit trail	

Nota Bene: Column "Deliverables": In italics: The deliverables are the responsibility of the CO/CPE Manager; in bold: The deliverables are the responsibility of the evaluation team.

Management of the Evaluation

The **CPE manager** in the UNFPA Bosnia and Herzegovina CO will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The CPE manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the CPE manager to ensure the quality, independence and impartiality of the evaluation in line with UNFPA IEO methodological framework, as well as the UNEG norms and standards and ethical guidelines for evaluation. The tasks assigned to the CPE manager, for each phase of the CPE, are detailed in the Handbook.

At all stages of the evaluation process, the CPE manager will require support from staff of the UNFPA Bosnia and Herzegovina CO. In particular, the **country office staff** contribute to the identification of the evaluation questions and the preparation of the ToR (and annexes). They contribute to the compilation of background information and documentation related to the country programme. They make time to meet with the evaluation team at the design phase and during data collection. They also provide support to the CPE manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national level. Finally, they provide inputs to the management response and contribute to the dissemination of evaluation results.

The progress of the evaluation will be closely followed by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Bosnia and Herzegovina CO, EECA RO, representatives of the state and entity governments in Bosnia and Herzegovina, including organizations representing vulnerable and marginalized groups (see Handbook, section 1.4). The ERG serves as a body to ensure the relevance, quality and credibility of the evaluation. It provides input on key milestones in the evaluation process, facilitates the evaluation team's access to sources of information and key informants and undertakes quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the CPE manager in the development of the ToR, including the selection of preliminary evaluation questions
- Provide feedback and comments on the design report
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation
- Provide comments and substantive feedback from a technical perspective on the draft evaluation report
- Participate in meetings with the evaluation team
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response

In compliance with UNFPA evaluation policy (2024), the **regional M&E adviser** in UNFPA EECA RO will provide guidance and backstopping support to the CPE manager at all stages of the evaluation process. In particular, the regional M&E plays a crucial role in the CPE quality assurance and assessment (EQAA). This includes quality assurance and approval of the ToR, pre-qualification of consultants, quality assurance and assessment of the design and evaluation reports. S/he also assists with dissemination and use of the evaluation results. The role and responsibilities of the regional M&E adviser at all phases of the CPE are indicated in the Handbook.

The UNFPA **Independent Evaluation Office (IEO)** commissions an independent quality assessment of the final evaluation report. The IEO also publishes the final evaluation report, independent quality assessment (EQA) and management response in the UNFPA evaluation database.

Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise and who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR, gender equality and women's empowerment), (ii) an evaluator that will assist the evaluation team leader with overall implementation of the evaluation exercise (with preferred expertise in the same or similar thematic areas as the evaluation team leader), and (iii) a data analyst that will assist both the team leader and the evaluator with statistical data review and analysis.

The evaluation team will be recruited locally to ensure adequate knowledge of the country context. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation Team Leader - Lead Evaluator

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The CPE manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the CPE manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for SRHR, gender equality and/or women's empowerment thematic areas of the country programme described below.

Second Evaluator

S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in the same or similar thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Bosnia and Herzegovina CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Data Analyst

S/he will support the evaluation team leader and the evaluator with reviewing existing sources of data that are relevant to the mandate and work of UNFPA Bosnia and Herzegovina CO, as well as analyse

reviewed data and prepare it in a form that will be agreed with both evaluators for further review and evaluation.

The modalities for the participation of the evaluation team members in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the draft and final evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

12.2. Qualifications and Experience of the Evaluation Team

Evaluation Team Leader - Lead Evaluator

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in public health, gender studies, social sciences, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- Demonstrated expertise in SRHR, gender equality and/or women's empowerment.
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Adequate knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Fluent in written and spoken English and BCS Languages.

Evaluation Team Member: Second Evaluator

The competencies, skills and experience of the evaluator should include:

- Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.
- Knowledge of SRHR, or gender equality and/or women's empowerment, adolescents and youth and/or population dynamics, as well as humanitarian work would be considered an advantage.

- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent analytical and problem-solving skills.
- Excellent interpersonal and communication skills (written and spoken).
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and BCS Languages.

Evaluation Team Member: Data Analyst

The competencies, skills and experience of the data analyst should include:

- Bachelor's degree in statistics, social sciences, population studies, economics or a related field.
- 2-3 years of experience conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Fluent in written and spoken English and BCS Languages.

Budget and Payment Modalities

The selected company that will provide services to evaluate the country programme will be paid based on their joint financial offer for the overall evaluation exercise including their travel costs for the field phase, meetings with the ERG and presentation of the final evaluation report to relevant stakeholders in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission.

The payment to the evaluation company will be based on the submission of deliverables, as follows:

Upon approval of the design report	20% of total amount
Upon submission of a draft final evaluation report of satisfactory quality	40% of total amount
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	40% of total amount

The provisional allocation of workdays among the evaluation team will be the following:

Design phase	<i>49</i>
Field phase	<i>63</i>
Reporting phase	<i>84</i>
Dissemination and facilitation of use phase	<i>10</i>
TOTAL (days)	<i>206</i>

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for the evaluation will be proposed by the evaluation company in their bid and will be subject to the approval of the CPE manager.

Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

UNFPA documents

1. [UNFPA Strategic Plan \(2018-2021\) \(incl. annexes\)](#)
2. [UNFPA Strategic Plan \(2022-2025\) \(incl. annexes\)](#)
3. [UNFPA Evaluation Policy \(2024\)](#)
4. [UNFPA Evaluation Handbook](#)
5. Relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office:
 - [Mid-term evaluation of the Maternal and Newborn Health Thematic Fund Phase III 2018-2022](#)
 - [Formative evaluation of UNFPA support to adolescents and youth \(2015-2022\)](#)
 - [Evaluation of UNFPA support to population dynamics and data \(2014-2022\)](#)
 - [Inter-Agency Humanitarian Evaluation of the COVID-19 Humanitarian Response \(2020-2022\)](#)
 - [Evaluation of UNFPA support to gender equality and women's empowerment \(2012-2020\)](#)

Bosnia and Herzegovina (state and entity level) relevant strategies

6. [Reform Agenda II 2019-2022](#)
7. [Development Strategy of the Federation of Bosnia and Herzegovina 2021-2027](#)
8. [Sexual and Reproductive Health Strategy of the Republika Srpska 2019-2029](#)
9. [Strategy on Ageing of the Republika Srpska 2019-2028](#)
10. [Youth Policy of the Republika Srpska 2023-2027](#)
11. [United Nations Sustainable Development Cooperation Framework \(UNSDCF\) 2021-2025](#)

UNFPA Bosnia and Herzegovina CO programming documents

12. [UNFPA Bosnia and Herzegovina 3rd Country Programme Document 2021-2025](#)
13. [United Nations Common Country Analysis \(CCA\) 2022](#)
14. [CO annual work plans](#)
15. [Joint programme documents](#)

16. Project documents
17. Reports on core and non-core resources
18. CO partnership and resource mobilization plan
19. CO deliverables (2021-2023)

UNFPA Bosnia and Herzegovina CO M&E documents

20. UNFPA Bosnia and Herzegovina CO 3rd Country Programme M&E Plan 2021-2025
21. CO annual and quarterly results plans and reports
22. Previous evaluations of the UNFPA Country Programmes

Other documents

23. Implementing partner annual work plans and quarterly progress reports
24. Implementing partner micro assessments
25. Implementing partner spot check reports
26. Donor reports of projects of the UNFPA Bosnia and Herzegovina CO

ToC Annexes

Annex A: Theory of change

2019 version of ToC with updates:

UNFPA SP 2018-2021 Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts UNFPA SP 2018-2021 Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development UNFPA SP 2022-2025 Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated UNFPA SP 2022-2025 Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated		Impact
UNSDCF: By 2025, people have access to better quality and inclusive health and social protection systems UNSDCF: By 2025, people benefit from more inclusive and higher quality educational programmes focused on 21st century skills for enhanced employability and well-being UNSDCF: By 2025, there is stronger mutual understanding, respect and trust among individuals and communities		Long-term outcomes
By 2025, the human capital of Bosnia and Herzegovina will be strengthened through evidence-based population policies, fulfilment of youth potentials, particularly women and girls, and affirmative social values and practices.		Mission statement
Adolescents and Youth - Children and young people have information and knowledge to make informed choices and promote their well-being, including through CSE - Capacities of health systems are strengthened for provision of SRH services, GBV support, including healthcare systems' response in emergencies - Capacities of governments in BiH are strengthened to respond to disasters and emergencies by providing reproductive health and GBV services - Capacities of young people are strengthened aimed at increasing their critical thinking, knowledge, skills, empowerment initiatives and attitudes towards community engagement for social cohesion	Population Dynamics - Government institutions and other relevant stakeholders have adequate understanding of the population issues and capacities for data collection and dissemination and development of evidence-based population policies and legislation - Governments and business sector provided with tested models on how to strengthen human capital and achieve demographic resilience	Outputs

Gender equality and data disaggregation and evidence based programming LNOB and reaching the furthest left behind first			Cross-cutting
Partnerships with non-traditional stakeholders (FBOs, arts and culture, sports) Business sector partnerships	New and inclusive narratives and points of view that explain and localize critical yet overlooked issues (SRHR, legacy of pain and trauma, demographic trends)	Championing LNOB principles across entire programming stream and outreach activities	Critical enablers
Social stigma around UNFPA mandate areas Unresolved legacy of the past Ethnic segregation and polarisation Lack of civic and governmental understanding of causes and effects of demographic changes	Inadequate capacities of health professionals Lack of preventive programme Lack of formal and informal education for critical thinking Administrative bottlenecks for data collection Inadequate capacities of NSOs and PHIs for quantitative and qualitative data collection	Unhealthy lifestyles Lack of effective youth leadership skills Patriarchal social norms	Barriers and root causes
Not all women and youth, and in particular marginalized groups, are reaching their full potential			Core problem
BiH constitutional framework remains intact, government(s) buy-in and commitment towards systemic solutions Donors remain supportive of UNFPA mandate and its contribution to development EU accession path remains available for the Western Balkans countries			Assumptions
Demographic trends and the ensuing economic decline put heavy strains onto the welfare state and prevent the governments at all levels from investing in development Climate change-induced natural disasters, viral outbreaks and social unrest test the limits and capacities of the public service delivery system, negatively affecting popular support for governments at all levels			Risks

Nota bene: The above theory of change was reviewed and updated by CO staff in January 2024 in preparation for the CP evaluation. The ERG did not have any comments on these changes. Changes are tracked for ease of review. In addition, a new version of ToC was developed (see below) that better resembles current and future programme activities of UNFPA in Bosnia and Herzegovina.

2024 version of ToC:

Narrative theory of change:

Bosnia and Herzegovina is facing significant depopulation challenges in view of low fertility rate and large-scale (mostly high skilled) youth out-migration. Yet, there have been few efforts to understand the root causes of this phenomenon and consequently the lack of planning processes for addressing the factors which are contributing to it. The country lacks key population data and country-wide development policy. There is insufficient investment in human capital, in particular health and education. However, from the available sporadic studies, it is clear that drivers behind depopulation are not only related to high rates of unemployment, especially of young people, but a myriad of reasons such as political instability and unresolved legacy of the last conflict. On top of these credible challenges, there is a new line of thinking positing that depopulation is also driven by lack of hope for the future and the overall perception that the society is not organized in equitable ways. In order to counter that, young people are poised to become actively engaged in issues that concern them and contribute to the country's sustainable development. Unfortunately, due to the lack of coherent and

sustained investments into youth participation and wellbeing they still remain the most disenfranchised group in the society.

IF there is a respect for rule of law in the country that contributes to equality and reduced or averted corruptive practices, IF governments at all levels in Bosnia and Herzegovina have capacities to develop adequate policies and legislation based on evidence and related to all sectors of human development (especially health, education, social protection and employment), IF governments at all levels in Bosnia and Herzegovina have adequate and capacitated staff in line with global trends, positive experiences and tools and methodologies to collect and analyse data, develop policies and legislation and put them in practice through the provision of public services, IF adequate allocation of public funds is made at all levels in Bosnia and Herzegovina and into all sectors of development with special focus on most vulnerable population groups, IF governments are willing and have capacities to cooperate with the civil society and private sector within the scope of work of each partner, and IF general population has access to relevant information, willingness to change negative attitudes and respect for others →

Governments will be able to understand current and project future development trends, understand the needs of different population groups including those most vulnerable and organise the provision of public services across the country. Furthermore, governments will create an enabling environment in which the civil society and private sectors will flourish and contribute to socioeconomic development within their own area of expertise and interest. Finally, based on access to adequate information and willingness to change, general population will be able to develop positive attitudes and social norms in which every person will be seen as equally valuable and contributing to own and societal development in peace →

With public systems based on good governance principles and rooted in partnerships between all stakeholders from the public, civil society and private sectors, and based on positive attitudes and social norms, Bosnia and Herzegovina will strengthen its capacities in terms of human and financial capital that could be re-capitalised (re-invested) in the process of development contributing to sustainable cycle of development without international support. Where public health and education services are not accessible, by employing the majority of working-age population, and with special focus on vulnerable population groups such as women and youth, citizens would have means to afford privately-offered services (health care or life-long learning etc.) →

Based on well-educated and healthy population (human capital) that enjoys equality, sees its perspective and flourishes in Bosnia and Herzegovina, the country will be able to achieve its demographic resilience, achieve the provisions of the ICPD PoA and maintain a society that is sustainable, people-centred and inclusive, and based on this the population of Bosnia and Herzegovina will be able to achieve its full potential and live in an enabling and peaceful environment.

Annex B: Tentative time frame and workplan

Evaluation Phases and Tasks	July 2024				August				September				October				November				December 2024				January 2025																							
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
Design phase																																																
Induction meeting with the evaluation team																																																
Orientation meeting with CO staff																																																
Desk review and preliminary interviews, mainly with CO staff																																																
Developing the initial communications plan																																																
Drafting the design report version 1																																																
Quality assurance of design report version 1																																																

[illegible]

[illegible]

II. Questions

Questions or requests for further clarifications should be submitted in writing to the contact person below:

Name of contact person at UNFPA:	<i>Zeljko Blagojevic</i>
Tel N°:	<i>061 892 991</i>
Email address of contact person:	<i>blagojevic@unfpa.org</i>

The deadline for submission of questions is Thursday, 13 June 2024 at 17:00 hours Sarajevo time. Questions will be answered in writing and shared with parties as soon as possible after this deadline.

III. Eligible Bidders

This Request for Quotation is open to all eligible bidders; to be considered an eligible bidder for this solicitation process you must comply with the following:

- A bidder must be a legally-constituted company that can provide the requested services and have legal capacity to enter into a contract with UNFPA to perform in the country, or through an authorized representative.
- A bidder must not have a conflict of interest regarding the solicitation process or with the TORs / Technical Specifications⁴¹³. Bidders found to have a conflict of interest shall be disqualified.
- At the time of Bid submission, the bidder, including any JV/Consortium members, is not under procurement prohibitions derived from the Compendium of United Nations Security Council Sanctions Lists and has not been suspended, debarred, sanctioned or otherwise identified as ineligible by any UN Organization or the World Bank Group.
- Bidders must adhere to the UN Supplier Code of Conduct, which may be found by clicking on UN Supplier Code of Conduct.

IV. Content of quotations

Quotations should be submitted via a TWO-envelope system. Interested Bidders are requested to submit their Technical Bid & Declaration Form **separately** from their Financial Bid containing the price information. Each envelope shall consist of a single email whenever possible, depending on file size.

- Technical proposal, in response to the requirements outlined in the service requirements / TORs.
- Signed Declaration Form, to be submitted strictly in accordance with the document.
- Price quotation, to be submitted strictly in accordance with the price quotation form.

Both parts of the quotation must be signed by the bidding company's relevant authority and submitted in PDF format.

V. Instructions for submission

Proposals should be prepared based on the guidelines set forth in Section III above, along with a properly

filled out and signed price quotation form, and are to be sent by email to the contact person indicated below no later than: Thursday, 20 June at 23:55 Sarajevo time.

⁴¹³ Evaluation experts proposed by the bidder should not have been involved in the development or implementation of any activities within the 3rd UNFPA Country Programme in Bosnia and Herzegovina 2021-2025

Name of contact person at UNFPA:	<i>Nermina Vrbic Huduti</i>
Email address of contact person:	<i>bosnia-herzegovina.office@unfpa.org</i>

Please note the following guidelines for electronic submissions:

- The following reference must be included by the Bidder in the email subject line:
 - UNFPA/BiH/Rfq/24/004 – [Company name], Technical Bid
 - UNFPA/BiH/Rfq/24/004 - [Company name], Financial Bid
 - Submissions without this text in the email subject line may be rejected or overlooked and therefore not considered.
- It is the Bidder's responsibility to assure compliance with the submission process. If the envelopes or emails are not marked / submitted per the instructions, UNFPA will neither assume responsibility for the bid's misplacement or premature opening nor guarantee the confidentiality of the Bid process. Incorrect submissions might result in your Bid being declared invalid.
- The total email size may not exceed **20 MB (including email body, encoded attachments and headers)**. Where the technical details are in large electronic files, it is recommended that these be sent separately before the deadline.
- Any quotation submitted will be regarded as an offer by the bidder and does not constitute or imply the acceptance of any quotation by UNFPA. UNFPA is under no obligation to award a contract to any bidder as a result of this RFQ.

VI. Overview of Evaluation Process

The evaluation will be carried out in a two-step process by an ad-hoc evaluation panel. Technical proposals will be evaluated and scored first, prior to the evaluation and scoring of price quotations.

Technical Evaluation

Technical proposals will be evaluated based on their responsiveness to the service requirements /TORs listed in Section II and in accordance with the evaluation criteria below.

Criteria	[A] Maximum Points	[B] Points obtained by Bidder	[C] Weight (%)	[B] x [C] = [D] Total Points
Experience in complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs	100		50%	
Team expertise in SRHR, gender equality, women's empowerment, youth and population development issues	100		30%	
Fluency in written English Language proven by earlier evaluation reports	100		20%	
<i>Grand Total All Criteria</i>	300		100%	

The following scoring scale will be used to ensure objective evaluation:

Degree to which the Terms of Reference requirements are met based on evidence included in the Bid submitted	Points out of 100
Significantly exceeds the requirements	90 – 100
Exceeds the requirements	80 – 89
Meets the requirements	70 – 79
Partially meets the requirements	1 – 69
Does not meet the requirements or no information provided to assess compliance with the requirements	0

Financial Evaluation

Price quotes will be evaluated only for bidders whose technical proposals achieve a minimum score of 70 points in the technical evaluation.

Price quotes will be evaluated based on their responsiveness to the price quote form. The maximum number of points for the price quote is 100, which will be allocated to the lowest total price provided in the quotation. All other price quotes will receive points in inverse proportion according to the following formula:

Financial score =	Lowest quote (\$)	X 100 (Maximum score)
	Quote being scored (\$)	

Total score

The total score for each proposal will be the weighted sum of the technical score and the financial score. The maximum total score is 100 points.

$\text{Total score} = 70\% \text{ Technical score} + 30\% \text{ Financial score}$
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VII. Award Criteria

In case of a satisfactory result from the evaluation process, UNFPA intends to award a Purchase Order on a fixed-cost basis to the Bidder that obtain the highest total score.

VIII. Right to Vary Requirements at Time of Award

UNFPA reserves the right at the time of award of contract to increase or decrease by up to 20% the volume of services specified in this RFQ without any change in unit prices or other terms and conditions.

IX. Payment Terms

UNFPA payment terms are net 30 days upon receipt of invoice and delivery/acceptance of the milestone deliverables linked to payment as specified in the contract.

X. Fraud and Corruption

UNFPA is committed to preventing, identifying, and addressing all acts of fraud against UNFPA, as well as against third parties involved in UNFPA activities. UNFPA's policy regarding fraud and corruption is available here: [Fraud Policy](#). Submission of a proposal implies that the Bidder is aware of this policy.

Suppliers, their subsidiaries, agents, intermediaries and principals must cooperate with the UNFPA Office of Audit and Investigations Services as well as with any other oversight entity authorized by the Executive Director and with the UNFPA Ethics Advisor as and when required. Such cooperation shall include, but not be limited to, the following: access to all employees, representatives agents and assignees of the vendor; as well as production of all documents requested, including financial records. Failure to fully cooperate with investigations will be considered sufficient grounds to allow UNFPA to repudiate and terminate the Agreement, and to debar and remove the supplier from UNFPA's list of registered suppliers.

A confidential Anti-Fraud Hotline is available to any Bidder to report suspicious fraudulent activities at [UNFPA Investigation Hotline](#).

XI. Zero Tolerance

UNFPA has adopted a zero-tolerance policy on gifts and hospitality. Suppliers are therefore requested not to send gifts or offer hospitality to UNFPA personnel. Further details on this policy are available here: [Zero Tolerance Policy](#).

XII. RFQ Protest

Bidder(s) perceiving that they have been unjustly or unfairly treated in connection with a solicitation, evaluation, or award of a contract may submit a complaint to the UNFPA Head of the Business Unit Mr. John Kennedy Mosoti, UNFPA Representative at mosoti@unfpa.org. Should the supplier be unsatisfied with the reply provided by the UNFPA Head of the Business Unit, the supplier may contact the Chief, Supply Chain management Unit at procurement@unfpa.org.

XIII. Disclaimer

Should any of the links in this RFQ document be unavailable or inaccessible for any reason, bidders can contact the Procurement Officer in charge of the procurement to request for them to share a PDF version of such document(s).

PRICE QUOTATION FORM

Name of Bidder:	
Date of the quotation:	Click here to enter a date.
Request for quotation N°:	UNFPA/BiH/RFQ/24/004
Currency of quotation :	BAM
Validity of quotation:	
<i>(The quotation must be valid for a period of at least 3 months after the submission deadline)</i>	

- Quoted rates must be **exclusive of all taxes**, since UNFPA is exempt from taxes.

Item	Description	Number & Description of Staff by Level	Hourly Rate	Hours to be Committed	Total
1. Professional Fees					
Total Professional Fees					BAM
2. Out-of-Pocket expenses					
Total Out of Pocket Expenses					BAM
Total Contract Price (Professional Fees + Out of Pocket Expenses)					BAM

I hereby certify that the company mentioned above, which I am duly authorized to sign for, has reviewed RFQ UNFPA/BiH/RFQ/24/004 including all annexes, amendments to the RFQ document (if applicable) and the responses provided by UNFPA on clarification questions from the prospective service providers. Further, the company accepts the General Conditions of Contract for UNFPA and we will abide by this quotation until it expires.

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Name and title	Date and place	

DECLARATION FROM

The undersigned, being a duly authorized representative of the Company represents and declares that:

1.	The Company and its Management ⁴¹⁴ have not been found guilty pursuant to a final judgment or a final administrative decision of any of the following:	YES	NO
	a. Fraud;	<input type="checkbox"/>	<input type="checkbox"/>
	b. Corruption;	<input type="checkbox"/>	<input type="checkbox"/>
	c. conduct related to a criminal organization;	<input type="checkbox"/>	<input type="checkbox"/>
	d. money laundering or terrorist financing;	<input type="checkbox"/>	<input type="checkbox"/>
	e. terrorist offenses or offenses linked to terrorist activities;	<input type="checkbox"/>	<input type="checkbox"/>
	f. sexual exploitation and abuse;	<input type="checkbox"/>	<input type="checkbox"/>
	g. child labour, forced labour, human trafficking; or	<input type="checkbox"/>	<input type="checkbox"/>
	h. irregularity (non-compliance with any legal or regulatory requirement applicable to the Organization or its Management).	<input type="checkbox"/>	<input type="checkbox"/>
2.	The Company and its Management have not been found guilty pursuant to a final judgment or a final administrative decision of grave professional misconduct.	<input type="checkbox"/>	<input type="checkbox"/>

⁴¹⁴ "Management" means any person having powers of representation, decision-making or control over the Organization. This may include, for example, executive management and all other persons holding downstream managerial authority, anyone on the board of directors, and controlling shareholders.

3.	The Company and its Management are not: bankrupt, subject to insolvency or winding-up procedures, subject to the administration of assets by a liquidator or a court, in an arrangement with creditors, subject to a legal suspension of business activities, or in any analogous situation arising from a similar procedure provided for under applicable national law.	<input type="checkbox"/>	<input type="checkbox"/>
4.	The Company and its Management have not been the subject of a final judgment or a final administrative decision finding them in breach of their obligations relating to the payment of taxes or social security contributions.	<input type="checkbox"/>	<input type="checkbox"/>
5.	The Company and its Management have not been the subject of a final judgment or a final administrative decision which found they created an entity in a different jurisdiction with the intent to circumvent fiscal, social or any other legal obligations in the jurisdiction of its registered office, central administration, or principal place of business (<i>creating a shell company</i>).	<input type="checkbox"/>	<input type="checkbox"/>
6.	The Company and its Management have not been the subject of a final judgment or a final administrative decision which found the Company was created with the intent referred to in point (5) (<i>being a shell company</i>).	<input type="checkbox"/>	<input type="checkbox"/>

The UNFPA reserves the right to disqualify the Company, suspend or terminate any contract or other arrangement between the UNFPA and the Company, with immediate effect and without liability, in the event of any misrepresentation made by the Company in this Declaration.

It is the responsibility of the Company to immediately inform the UNFPA of any changes in the situations declared above.

This Declaration is in addition to, and does not replace or cancel, or operate as a waiver of, any terms of contractual arrangements between the UNFPA and the Company.

Signature:

Date:

Name and Title:

Name of the Company:

Postal Address:

Email:

ANNEX I:

General Conditions of Contracts:

De Minimis Contracts

This Request for Quotation is subject to UNFPA's General Conditions of Contract: De Minimis Contracts accessible at <http://www.unfpa.org/resources/unfpa-general-conditions-de-minimis-contracts>



United Nations Population Fund

Bosnia and Herzegovina/ Eastern Europe & Central Asia

Mailing address

✉ bosnia-herzegovina.office@unfpa.org

🌐 <https://ba.unfpa.org/en>