

UNFPA Management Response to Evaluation

MANAGEMENT RESPONSE	
Country, Region or HQ division/unit that commissioned the evaluation	Bosnia & Herzegovina-EECA
Evaluation Title	UNFPA COUNTRY PROGRAMME EVALUATION: BOSNIA HERZEGOVINA
Year of the evaluation	2013
Type and/or focus area of evaluation	CountryProgEval
MR submission date	November 20, 2013
Approved By	
Evaluation Manager	Danijela Alijagic, Programme Officer, Bosnia & Herzegovina
General Management Response	Bosnia and Herzegovina (BiH) Country Programme (2010-14) Evaluation Report, completed in July 2013, offers two major recommendations at the strategic level, three recommendations for SRH programme, four recommendations for PD programme and four recommendations for GBV programme. UNFPA Country Office BiH accepts all recommendations and in the management response provides a detailed plan for the follow up actions and steps to ensure their implementation and fulfillment.

RECOMMENDATIONS

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

Comments	<p>Given a very complex administrative structure of governance in BiH, that adds up to the programming challenges, UNFPA needs to adjust its resources' allocation, including human resources. Significant steps have been already made by restructuring the office organogram and adjusting the job descriptions.</p> <p>Given the severe understaffing at professional level, steps have been made to recruit national professional project personnel on SRH and the intention is to further strengthen the professional base in the office, with the aim of strengthening office capacity in line with UNFPA strategy for MICs and reflect the ethnic structure of the country. Initial negotiations have been conducted in order to expand UNFPA presence all over the country, in line with the identified needs and in cooperation with the other UN agencies. In addition, there are chances that the office will be strengthened by including JPO, UNV and Youth Volunteer.</p> <p>Given the limited funding from core resources, it is of utmost importance to expand the funding base through fundraising and strategic partnership, aiming at promoting ICPD agenda in the country.</p> <p>As part of its programme refocusing efforts, UNFPA had conducted a series of needs assessments and situation analysis all over the country, ensuring balanced cooperation and raising office profile with stakeholders in both Entities and at the state level. UNFPA is also very actively participating in the current CCA/UNDAF programming and fully supports the One UN approach for joint UN programming.</p>
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No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
				Status	Comments
1.1	Strengthen the professional capacity of the office by recruiting NPPPs	March 31,2014	UNFPA Rep, AFA	November 20,2013	
1.2	Reorganize the office structure in line with the upcoming CP needs	December 31,2014	UNFPA Rep, AFA, RO, HQ-HR	November 20,2013	
1.3	Actively participate in the One UN joint programming.	December 31,2014	UNFPA Rep, CO	November 20,2013	
1.4	Increase the funding base through active fundraising and strategic partnerships	December 31,2014	UNFPA Rep, CO	November 20,2013	
Recommendation 2			UNFPA BiH should make a commitment to quality as its comparative advantage to support carefully selected best practices within each of three focus areas on a long-term basis. UNFPA BiH should focus on activities that are sequenced as part of a planned process of strategic follow-up. UNFPA BiH should avoid tokenism in "one-off events." For example, UNFPA should not continue to invite elderly and youth to round tables and other events unless UNFPA is a) serious about providing a genuine role for them at in the event and b) has concrete plans for useful and compelling follow-up activities		
Management Response			Accepted		

Comments		UNFPA BiH made significant steps in assessing the country's needs and positioning itself as a strategic partner in the areas of SRH, gender and population policies and in line with the corporate Strategic Plan. This forms the basis for better strategic programming in 2014 and for better positioning the organization within the OneUN joint programming and in line with UNFPA strategy for MICS.				
	No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
					Status	Comments
	2.1	Strategic programming on SRH, Gender and P&D in 2014	December 31,2014	UNFPA CO	November 20,2013	
	2.2	Ensure strategic programming of the upcoming CP	June 30,2014	UNFPA CO	November 20,2013	
	2.3	Develop strategic partnerships on SRH, Gender and P&D.	December 31,2014	Programme	November 20,2013	

<p>Recomendation 3</p>	<p>UNFPA BiH should support the implementation and monitoring of State and Entity Level SRH Strategies and Policies:</p> <p>(UNFPA should engage both the State and Entity level MOH to assess opportunities to assist in the monitoring and implementation of the SRH strategy and policy documents, especially for common themes across all three documents. In addition to the on-going CC screening activity and the implementation of recommendations for family planning stemming from the on-going family planning assessment, UNFPA BiH should consider support for abortion reporting and post abortion counselling quality of care, Youth Friendly SRH Services and improved access to infertility services.)</p>
<p>Management Response</p>	<p>Accepted</p>
<p>Comments</p>	<p>UNFPA engaged in strategic activities with the health system at state and entities level to support the development of SRH strategy and action plan, including monitoring implementation Youth NGOs will be invited to apply for funding and technical support. Working with male population on the issues of GBV prevention is of high importance, but UNFPA needs to assess suitability of any particular programmes prior to engagement, unless endorsed at appropriate levels.</p>

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3.1	Engage in strategic partnerships with the health sector to promote SRH in 2014 and the new CP cycle	June 30,2014	UNFPA Rep Programme	December 18,2013	
3.2	Strengthen M&E capacity of the office and the partners.	December 31,2014	M&E PA Programme	December 18,2013	
Recommendation 4			Support Y-Peer: UNFPA BiH should make a clear and unambiguous decision to support Y-Peer in 2013 and 2014 with well-defined deliverables and output indicators, subject to revision should there be a		
Management Response			Accepted		
Comments			UNFPA will engage in strategic activities aiming at re-invigorating the peer education (revision of curricula and national standards for peer education, roll-out of peer education activities).		

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4.1	Expand funding base for youth activities through fundraising and strategic.	December 31,2014	Programme	December 18,2013	
4.2	Revision of curricula and national standards for peer education,	December 31,2014	UNFPA Rep, Programme	December 18,2013	
Recommendation 5			UNFPA BiH should continue its support for RHCS: It is urgent that an alternate, more strategic, locally-designed approach be implemented to counter reported anti-contraceptive media pressure to de-register hormonal contraceptives. UNFPA BiH should work with senior level stakeholders who are involved in the contraceptive regulatory and registration process. UNFPA BiH should strategically engage the pertinent institutions (AKAZ and State Agency for Pharma and Medical Commodities, State and Entity MOH, RS MFY&S) to overcome what has been described as a pronounced anti-contraceptive environment, especially toward hormonal contraception.		
Management Response			Accepted		
Comments			Conduct market segmentation and initiate different activities to promote Total Market Approach for RHCS		

No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
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5.1	Conduct market segmentation and initiate different activities to promote Total Market Approach for RHCS.	December 31,2014	UNFPA Rep, Programme	December 18,2013	
Recommendation 6			<p>UNFPA BiH should support the introduction of a male youth GBV SRH curriculum, Program M, into the Ministries of Education in both Entities: (UNFPA should provide both financial support and technical support aimed at strengthening the SRH module for this curriculum. The evaluation team makes this recommendation on the basis of four key attributes of the curriculum that fit UNFPA BiH's core mandates: it is evidence-based with validated measures to assess impact, it addresses GBV among male youth at a crucial time in BiH transition from post-conflict, and it tackles both SRH and gender equality issues . While this initiative appears to be fairly well funded in collaboration with CARE WBR, UNFPA should initiate a dialog to see if there are ways in which UNFPA has comparative advantage, such as support for and funding of a repeat of the next IMAGES Survey.)</p>		
Management Response			Accepted		
Comments			UNFPA will support the introduction of the Male SRH curriculum into peer education programme.		

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6.1	Support introduction of Male SRH component into peer education.	December 31,2014	Programme, RH	December 18,2013	
Recommendation 7			<p>UNFPA BiH should continue to support the development of a social policy for the elderly (SPFE). The role of UN DESA offers a concrete opportunity for close alignment of an SPFE with the MIPAA. (UNFPA should build on the positive rapport established with the State and Entity level ministries to provide addition technical assistance, both for the SPFE as well as for the development of sound population policy. UNFPA BiH should complete the Elderly activities by 2014 with careful advance consultation to ensure inclusion of all pertinent ministries at State and Entity Level).</p>		
Management Response			Accepted		
Comments					

No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
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7.1	Facilitate strategic partnerships for development of policies for elderly.	December 31,2014	PD, Programme	December 18,2013	
7.2	Facilitate cooperation with UNDESA and other international partners to advance MIPA.	December 31,2014	PD, Programme	December 18,2013	
7.3	Initiate strategic partnership for development of comprehensive population policies.	December 31,2014	PD, Programme	December 18,2013	
Recommendation 8			<p>UNFPA BiH should seek non-core funding to complete the YERP Phase 3 activity to install hardware and develop software for the proposed migration data base.</p> <p>(UNFPA BiH should build on the good will established by the YERP project to provide additional technical assistance based on consultation with the pertinent ministries, especially State, and Entity Level Institutes of Statistics. It should consolidate this good will by completing the third phase of the project, to install hardware and develop software for the proposed migration data base. Stakeholders have requested that UNFPA include them in planning for the next cycle of activities, which might include migration statistics data analysis or related issues.)</p>		
Management Response			Accepted		
Comments					

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8.1	Support implementation migration database and initiation of policies.	December 31,2014	UNFPA Rep, PD Programme	December 18,2013	
Recomendation 9			<p>UNFPA BiH should use its role on the MICS Steering Group to proactively plan, negotiate and fund a more comprehensive set of SRH indicators for the MICS5. UNFPA BiH should collaborate with the RH team to obtain a consensus on improved indicators with pertinent State and Entity level Ministries, with WHO, UNICEF, EC, and key stakeholder NGOs. Obtain long-term senior expert consultant support early on during CPAP 2 to include a more detailed pregnancy history, intended versus unintended pregnancy, comprehensive data on abortion, and sources of information and sources of obtaining methods of contraception, including EC. Ideally, this should be done on a regional basis for all MICS in the Balkan region to ensure the use of the same validated survey questions. In addition, work with pertinent BiH government and UN agencies to generate support for and resources to fund and field two additional representative surveys toward the end of the CPAP2: a repeat of 2013 GBV Prevalence survey, and a repeat of the 2011 Men and Gender Equality Survey .</p>		
Management Response			Accepted		
Comments			Conduct market segmentation and initiate different activities to promote Total Market Approach for RHCS.		

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9.1	Develop ToR for long-term senior data expert consultant for MICS 5.	January 31,2014	PD, Programme	December 18,2013	
9.2	Ensure standard SRH/GBV component as part of the MICS.	December 31,2014	UNFPA Rep, M&E Analyst	December 18,2013	
9.3	Advocate for joint UNCT coordination on data collection, such as GBV.	December 31,2019	UNFPA Representative, Programme	December 18,2013	
Recommendation 10			<p>UNFPA BIH should continue to strengthen functioning of Referral Mechanisms by ensuring introduction of minimum standards of service provision throughout the BiH.</p> <p>(Future work on RMs should have stronger focus on ensuring creation of innovative solutions within the framework of minimal standards for referral mechanisms. Additional work is needed to ensure sustainability of RMs through development of M&E capacities at the local levels .)</p>		
Management Response			Accepted		
Comments					

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10.1	Complete the standards for the centre to work with male perpetrators.	December 31,2013	Programme	December 18,2013	
Recommendation 11			<p>In order to ensure full functioning of the RMs UNFPA BiH should focus on strengthen institutional capacities for GBV at the local entity (through already established cooperation with entity level GCs) by building capacities of individual service providers (in particular in area of technical expertise of UNFPA: GBV, SRH and VAWG, involvement of men and youth in combating GBV).</p> <p>(In the next CP cycle support strengthening of individual institutional capacities to ensure and enable linkages to concrete service provision i.e. ensuring that the RM protocols are actually implemented. Link this work with the on-going work on Gender Responsive Budgeting at local levels to ensure financing of services and rights.)</p>		
Management Response			Accepted		
Comments					

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11.1	Submit at least 2 project proposals for GBV for funding, including CRSV.	December 31,2014	UNFPA Rep, Programme	December 18,2013	
Recommendation 12			UNFPA BiH should ensure that the future establishment of CRSV Mechanisms is building upon the existing systems of GBV Referral Mechanisms. (Work on establishing CSRV mechanisms should be closely related to supporting GBV referral mechanisms. Strengthen RMs to ensure they address the needs of women survivors of CRSV and avoid creation of parallel system just for CRSV survivors. The added value of UNFPA would be in promoting strengthening of the institutions and relevant RMs to ensure for provision of support and services for the CRSV victims .)		
Management Response			Accepted		
Comments					
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12.1	Integrate issues raised in recommendations in the new planning cycle: UNDAF/CPD.	June 30,2014	Programme	December 18,2013	

Recomendation 13		UNFPA BIH should continue supporting GBV/VAW Prevalence and other Surveys in CP2: UNFPA BIH should ensure follow up of the prevalence survey towards the end of CP2 cycle. This would enable further monitoring of GBV perceptions and changes in the trends . The future surveys on GBV/VAWG prevalence should be enriched with data on SRH issues such as intimate partner violence and pregnancy and availability of and access to SRH services . In addition, the GE team should cooperate with colleagues in PD and RH Focus areas to ensure the GBV prevalence has with relevant SRH issues included, and to ensure that Gender Barometer and IMAGES surveys are conducted in UNFPA BiH CPAP2.				
Management Response		Accepted				
Comments						
	No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
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	13.1	Integrate issues raised in recommendations in the new planning cycle: UNDAF/CPD.	December 31,2014	Programme	December 18,2013	

<p>Recomendation 14</p>	<p>Monitoring and Evaluation (M&E): As part of a commitment to outcome-oriented programming, UNFAP BiH should designate one staff person to work full time on M&E issues. (As discussed in Chapter 6, this M&E staff person would be responsible for ensuring that the next UNFPA BiH CPAP II implements outcome-oriented programming based on existing outcome data with specified quantitative outcome targets based on MICS 4, the 2013 GBV Prevalence Survey and other available data, such as the 2011BiH IMAGES study. This would include explicit targets for improved contraceptive method mix, reduced VAW and improved youth gender attitudes as measured by 2011 Gender Equality Men attitude scales. This M&E staff person would provide support to national partners' capacity in terms of M&E systems, especially for Entity level SRH Strategy indicators. UNFPA should support government in monitoring and reporting on indicators for which they are responsible as a signatory of UN and other international conventions. The country office M&E system should place more focus on a sound and efficient procedures to track results and outcomes. A commitment to an outcomes approach could be achieved by setting baselines as well as annual targets in the CPAP2 at Outcome, Output and Activity level, and reporting on progress toward M&E framework indicators on a yearly basis. In addition, a logic model based on applicable theories of behaviour change should be developed to explain the link between the different levels and the contribution to the activities to outputs and outcomes.)</p>
<p>Management Response</p>	<p>Accepted</p>
<p>Comments</p>	

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14.1	M&E PA to be included in the office structure for the upcoming CP.	December 31,2014	UNFPA Representative, EECA RO, DHR	December 18,2013	

<p>Recomendation 15</p>	<p>UNFPA BiH should revise its Communications Strategy. (UNFPA BiH communications activities have been of high quality but future communication campaigns should follow the results of UNFPA BiH programs and not precede them. UNFPA BiH should deemphasize the marketing its work and focus on communication campaigns to provide direct benefits to beneficiaries. The evaluation team supports the use of communications, however communication campaigns should be used after UNFPA BiH has accumulated hard data and evidence and has policies/strategic programmes in place. To do otherwise risks creating expectations without an ability to provide services to beneficiaries. In future, media campaigns should be implemented after, rather than before a sector mapping and strategy design activity. Media campaigns should be budgeted with sufficient resources to permit representative replicable baseline data collection and a clear M&E plan with measurable pre-set targets for improvements in knowledge, attitudes and practice. It is especially important not to design media campaigns for behaviour change unilaterally, but to plan long-term in order to achieve a joint approach with other UN agencies and NGOs. This new approach should be launched with a national CC behavioural change communication campaign in collaboration with other UN agencies, such as UNICEF and WHO, that is closely tied to the final CC prevention strategy and is sufficiently well funded to permit meaningful baseline and follow-up measures to assess impact .)</p>
<p>Management Response</p>	<p>Accepted</p>
<p>Comments</p>	<p></p>

No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
				Status	Comments
15.1	Revision of Communications Strategy with stronger links with programme activities.	December 31,2013	UNFP Representative, Communications	December 18,2013	

<p>Recomendation 16</p>	<p>Monitoring and Evaluation (M&E): As part of a commitment to outcome-oriented programming, UNFAP BiH should designate one staff person to work full time on M&E issues. (As discussed in Chapter 6, this M&E staff person would be responsible for ensuring that the next UNFPA BiH CPAP II implements outcome-oriented programming based on existing outcome data with specified quantitative outcome targets based on MICS 4, the 2013 GBV Prevalence Survey and other available data, such as the 2011BiH IMAGES study. This would include explicit targets for improved contraceptive method mix, reduced VAW and improved youth gender attitudes as measured by 2011 Gender Equality Men attitude scales. This M&E staff person would provide support to national partners' capacity in terms of M&E systems, especially for Entity level SRH Strategy indicators. UNFPA should support government in monitoring and reporting on indicators for which they are responsible as a signatory of UN and other international conventions. The country office M&E system should place more focus on a sound and efficient procedures to track results and outcomes. A commitment to an outcomes approach could be achieved by setting baselines as well as annual targets in the CPAP2 at Outcome, Output and Activity level, and reporting on progress toward M&E framework indicators on a yearly basis. In addition, a logic model based on applicable theories of behaviour change should be developed to explain the link between the different levels and the contribution to the activities to outputs and outcomes.)</p>
<p>Management Response</p>	<p>Accepted</p>
<p>Comments</p>	<p></p>

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				Status	Comments
16.1	Detailed budget planning and monitoring.	December 31,2013	UNFPA Representative, Programme, AFA	December 18,2013	