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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Bosnia and Herzegovina

Proposed indicative UNFPA assistance:	\$16.59 million: \$4.19 million from regular resources and \$12.4 million through co-financing modalities or other resources
Programme period:	Five years (2026-2030)
Cycle of assistance:	Fourth
Category:	Tier III
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2026–2030

I. Programme rationale

1. Bosnia and Herzegovina is an upper-middle-income country, which has a decentralized political and governance system, established by the 1995 Dayton Peace Accords. Development strategies are aligned to 2030 Agenda for Sustainable Development and European Union (EU) accession priorities.
2. However, many development challenges remain. Economic growth averaged 3 per cent per year, with remittances and official development assistance contributing up to 12 per cent of gross domestic product in the last decade. About 18 per cent of the population live below the poverty line and 30 per cent are at risk of poverty (2021). Young people and women are disproportionately affected; populations at risk of being left behind include the Roma, persons living with disabilities and older persons.
3. The country is in demographic transition. It is estimated that the population has dropped to below 3 million, from the 3.5 million recorded in the last census in 2013. The total fertility rate is 1.18 (2023) and 25,000 people emigrate annually. If current trends continue, the population could halve in size and 40 per cent will be aged over 65 years by 2070. Drivers of youth outmigration include a 27.3 per cent youth unemployment rate (2023), as well as concerns about social cohesion, ineffective educational systems, limited access to high-quality essential services, and a strong pull factor from developed economies. The ageing profile poses a challenge to the future sustainability of health, education and social protection services.
4. Bosnia and Herzegovina has ratified all core international human rights treaties, and cooperation with human rights mechanisms has increased. The 2025 Universal Periodic Review included recommendations to address low female labour participation; discrimination based on ethnicity, gender and sexual orientation; unequal access to high-quality universal healthcare; and inadequate support services for survivors of gender-based violence (GBV). Despite the existence of relevant laws at state and entity levels to address gender inequality and GBV, effective implementation is hindered by the fragmented governance system and inadequate monitoring.
5. Despite improvements, the healthcare system remains fragmented and inequitable. Public health expenditure is higher than the EU average, but out-of-pocket expenditure is also high, at 30 per cent of total health expenditure (2019). The decentralized, mandatory public health insurance scheme does not cover a full package of sexual and reproductive health (SRH) services; over 13 per cent of the population have no health insurance (2020). High outmigration of health professionals has resulted in shortages of skilled personnel, especially in rural areas.
6. Maternal mortality is low; there were 103,000 live births and 11 deaths between 2019 and 2022. However, rural women find it more difficult to access services, and some women report negative experiences of maternity care. Overall, 84 per cent of women have four or more antenatal care visits (2013) and 24 per cent of births are by caesarean section (2014). Reproductive cancer-related deaths are higher than the European average; 312 women were diagnosed with cervical cancer and 153 died in 2021; and 1,539 women were diagnosed with breast cancer and 564 died in 2023. Causes include limited coverage of human papilloma virus (HPV) vaccine, limited screening services, limited treatment sites, lack of prioritisation of preventative healthcare and lack of awareness amongst the public. The uptake of modern methods of contraception was only 12 per cent in 2013. Differences in access to contraception at entity level and limited coverage in health insurance schemes are barriers to uptake.
7. Nearly all children and young people (98 per cent) want to receive comprehensive sexuality education (CSE) at school, but it is not part of the formal curriculum for all ministries of education. Almost 80 per cent of children and young people rely on the internet for such information (2017). UNFPA has supported the development of healthy lifestyles curricula, which include elements of comprehensive sexuality education, with entity-level ministries of education but universal adoption by all schools has not yet been achieved.
8. GBV is widespread: 48 per cent of women have experienced some form of violence since the age of 15 years (2018). In recent years, media has drawn attention to cases of femicide and suicides by victims of technology-facilitated GBV. Continuing traditional gender norms and impunity prevail as structural causes of GBV and contribute to continuing broader gender

inequalities. There are insufficient shelters for women survivors of violence, and insufficient funding allocated to the prevention of GBV. Survivors of conflict-related sexual violence (CRSV) are unable to access long-term psychosocial support services and face stigma in their communities that extends to their children.

9. The labour force participation of women is only 47 per cent, compared to 72 per cent for men; on average, men are paid 37.8 per cent more than women, the widest wage gap in the Western Balkans. With only a third of children enrolled in pre-school education, unpaid care work is a barrier to the economic activity of women, along with care for older persons and lack of paid adult skill development programmes.

10. In part due to its decentralized structure, Bosnia and Herzegovina lacks nationally produced and disseminated data: the World Bank places it in the third quintile in the statistical performance global rankings. Entity-level statistical institutions are underfunded and lacking capacity for implementation of many key household surveys. Capacity challenges are expected to increase in the future as older experts retire and uncompetitive salaries fail to attract new statisticians.

11. Bosnia and Herzegovina is increasingly vulnerable to climate change impacts, with recurrent droughts, floods and landslides. Disaster preparedness plans exist at state and entity levels; selected most-at-risk municipalities have integrated the minimum initial service package into their preparedness plans. Bosnia and Herzegovina is a transit hub for migrants, asylum seekers and refugees heading to the European Union, but numbers have declined since 2023. In 2025, UNFPA will transition from direct delivery of SRH/GBV/psychosocial support services for women and girls and men and boys at temporary reception centres to supporting delivery by local institutions.

12. The proposed programme leverages the comparative advantages of UNFPA within the collective United Nations efforts, particularly its expertise in: (a) partnership building, including with representatives of those left furthest behind, and convening across entities, sectors and United Nations agencies; (b) health system strengthening to deliver integrated SRH services; (c) addressing gender inequalities and support systems for survivors of GBV/CRSV; (d) generating population-dynamics- and demographic-resilience-related analyses for incorporation into development planning.

13. The country programme evaluation highlighted support to the development of Bosnia and Herzegovina, with notable contributions in: (a) strengthening health systems to implement HPV vaccination programmes and improve high-quality of maternal health services; (b) expanding access to information through introduction of healthy lifestyle curricula and peacebuilding education curricula into selected educational systems; (c) providing psychosocial support to migrant/refugee populations; (d) offering technical assistance in the development of evidence-based policy responses to demographic transition; and (e) strengthening the capacities of civil society organizations and the private sector to support the empowerment of women and introduce gender-responsive family policies.

14. The evaluation highlighted the following recommendations for UNFPA: (a) engage more in policy advocacy on key strategies and legislation in subnational jurisdictions where they have not yet been adopted; (b) ensure project results are disaggregated, to demonstrate reach and inclusion of marginalized groups; (c) work on gender equality and empowerment of women being more clearly linked with demographic resilience goals and coordinated with other United Nations actors; (d) use legislative and governance analyses to support the integration of technology-facilitated GBV prevention and response into laws and policies; (e) integrate peer teaching on peacebuilding into university curricula for sustainability; and (f) continue supporting statistical institutions and academia for the provision of updated statistical data and evidence for policy development.

II. Programme priorities and partnerships

15. The country programme is aligned to state-level priorities reflected in the Sustainable Development Goals (SDG) framework and related Growth Plan and Gender Action Plan. At entity level, it responds to priorities under the Strategy for Improving sexual and reproductive health,

2019-2029 of the Republika Srpska; the Development Strategy, 2021-2027 of the Federation of Bosnia and Herzegovina; the Development Strategy, 2021-2027 of the Brcko District, and the recently developed population development strategies for the Republika Srpska and the Federation of Bosnia and Herzegovina. The programme is directly aligned to the strategic priorities of ‘human capital development’ and ‘accountable institutions and social cohesion’ and indirectly to the strategic priority of ‘green growth and decent jobs’ in the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2026-2030. It will support the realization of state-level commitments under the Universal Periodic Review, the Convention on the Rights of Persons with Disabilities, the Convention on the Elimination of All Forms of Discrimination against Women and other human rights instruments. Reporting comprehensively for regional and global reviews of progress can be challenging for Bosnia and Herzegovina, due to gaps in data at all levels. Aligned to the Decade of Action, the programme will adopt an integrated, multidimensional approach to accelerate the achievement of the SDGs, in particular SDGs 3 and 5.

16. The proposed country programme has been developed in consultation with relevant partners, including state-level and entity-level government institutions and authorities, parliamentarians, statisticians, academia, civil society organizations (CSOs) representing key rights holders (Roma women and other marginalized women; GBV/CRSV survivors; persons with disabilities; LGBTI individuals; and youth) to support country-wide ownership and accountability to beneficiaries. Consultations with United Nations organizations will ensure a complementary, coherent and coordinated approach to implementation.

17. The new country programme will support progress towards the achievement of the SDGs, which by extension supports its progress towards European Union accession, within the context of demographic transition. The demographic resilience of Bosnia and Herzegovina will be increased by supporting the adoption of evidence-based strategies and initiatives to increase inclusive human capital development. The focus on accelerating the reduction of GBV and addressing traditional gender norms, and on reducing reproductive-health-related deaths through the introduction of comprehensive cervical and breast cancer prevention and response programmes, will address barriers to the empowerment of women and gender equality while fostering the labour force participation of women as a key element in building demographic resilience. Building greater social cohesion, especially amongst young people, will contribute to sustained peace and development and, in turn, address key drivers of youth outmigration. The current phase of work on strengthening disaster risk reduction capacity and supporting people on the move has been completed, but UNFPA will retain emergency preparedness capacity (e.g. human resources, emergency competency) to support partners at all administrative levels if a disaster occurs; and it will continue to work within the United Nations to monitor institutional capacities in disaster risk reduction. The programme is grounded in rights-based, gender-transformative, inclusive principles and will adopt evidence-based, targeted approaches to reach marginalized populations most at risk of being left behind and remove barriers to their access to information and services and to development opportunities. Target populations in vulnerable situations include women, young people and older persons, especially those living in poverty; are unemployed; living with disabilities; living in rural areas; from marginalized communities such as Roma; and survivors of GBV and CRSV, while recognizing the intersectional nature of discrimination, exclusion and vulnerability.

18. This programme will employ context-specific accelerators: (a) integration of human rights-based approaches into the development of laws and policies, health service delivery and data systems to ensure the needs of the most marginalized are identified and addressed, while ensuring alignment with relevant EU standards; (b) harnessing of innovation and digitalization to increase knowledge, efficiency and access to health, GBV and other public services targeting underserved areas and populations; (c) leveraging of partnerships with state, entity-level and local governments, civil society, the private sector and other United Nations agencies, to ensure greater reach and impact while influencing financing, including from international financial institutions, to strengthen public services and build demographic resilience; (d) building on successful initiatives from the previous country programme to inform the delivery of high-level results at

scale; (e) applying a gender-transformative approach across the programme to address barriers to gender equality and support demographic resilience.

19. The country programme will leverage partnerships with government entities at state, entity, and cantonal levels. Strategic partnerships will be strengthened with development partners – international financial institutions, CSOs, women- and youth-led and disability-focused networks, the private sector, academia and the media – to leverage resources and strengthen advocacy efforts. The programme will benefit from drawing on the expertise and experience of other UNFPA country offices within the region and will convene engagement between stakeholders in different countries to accelerate progress through shared learning and greater momentum for change. Under the UNSDCF, UNFPA will continue to promote joint programming and collaboration with other United Nations agencies for greater efficiency – all geared towards supporting the achievement of the SDGs and benefiting from European Union integration processes. UNFPA will continue to explore partnerships to leverage expertise in innovation, digitalization, artificial intelligence and non-financial partnerships with academia, research institutes and think-tanks to support knowledge generation.

20. Advocacy and policy dialogue, technical assistance, knowledge generation, capacity development, partnership convening and piloting of new services delivery models will be the main modes of engagement. The programme has been designed so that outputs are mutually reinforcing and will harness interlinkages across programme components.

A. Output 1. Strengthened formulation and implementation of evidence-based country-wide laws, policies and programmes to build demographic resilience and increase access to high-quality sexual and reproductive health services and reproductive rights, GBV prevention and response, and gender equality, especially for those left furthest behind.

21. This output contributes to UNFPA strategic plan outcomes 1 and 3 and UNSDCF outcome 1 (inclusive green growth and decent jobs) and outcome 2 (human capital development) by supporting the strengthening of laws, policies and programmes at all administrative levels to enable a more inclusive, sustainable access to SRH, GBV and social protection information and services – especially for marginalized populations, including young people, rural and Roma women, and persons with disabilities – and to enhance demographic resilience. To accelerate implementation and expand reach, partners at all administrative levels will be supported to integrate evidence-based innovations and digitalization into information and service provision, supported by enabling laws and policies.

22. The output will be achieved through advocacy, technical support and evidence-generation at entity and cantonal levels for: (a) strengthened entity and cantonal laws to enhance demographic resilience and provide greater legal protection to GBV survivors while ensuring alignment with relevant EU standards. This includes: (i) GBV laws (including ensuring inclusion of protection against technology-facilitated GBV); (ii) the Law on Civilian Victims of War (in the Federation of Bosnia and Herzegovina only); (iii) labour laws (incorporating requirements for employers to introduce gender-responsive family policies); (iv) laws on employment (to extend support to women classified as economically inactive); (b) increased availability of evidence and disaggregated data to inform policy and programme design aligned to priorities of population development strategies, including on youth outward migration, barriers to the labour force participation of women, and population ageing; (c) strengthened evidence-based policies and decision-making, to increase domestic financing and expanded insurance coverage for contraceptive services and cervical and breast cancer services; (d) strengthened capacity of relevant ministries to introduce evidence-based digital solutions to expand uptake and quality of SRH and GBV services (artificial intelligence (AI) in breast and cervical cancer screening, automated communication for preventative health care, and AI-enabled GBV self-referral systems, ensuring accessibility for persons with disability); (e) availability of analysis that benchmarks current breast and cervical cancer prevention services against European standards to support the ministries of health in evidence-based design of new prevention programmes and revision of health regulations; (f) strengthened evidence-based policies and decision-making to increase domestic financing for GBV response services and youth development strategies.

B. Output 2: Strengthened capacity of subnational health systems, institutions and communities to deliver high-quality, non-discriminatory and integrated SRH, GBV prevention and response, with increased access by women, adolescents and youth, and persons with disabilities.

23. This output contributes to UNFPA strategic plan outcomes 1 and 3 and UNSDCF outcome 2 (human capital development) by increasing access to an expanded package of SRH and GBV services at community levels, with a focus on the communities furthest left behind. Within the health system, strengthened capacity and standardized guidelines will increase the delivery of a wider range of services with increased quality, with a particular focus on integrating GBV services into the health system, the introduction of cervical and breast cancer prevention services, and strengthened referral systems to ensure ongoing support and treatment. Beyond the health system, the capacities of community organisations will be strengthened to deliver care and support services to GBV survivors.

24. This will be achieved through technical assistance, advocacy and capacity development for: (a) development of guidelines and standard operating procedures to fully integrate, in partnership with the ministries of health, breast and cervical cancer prevention services into entity and cantonal health systems, including referral systems to ensure access to support and treatment. This will include equipment and service design standards to ensure accessibility for women with disabilities; (b) strengthened capacity of relevant ministries to introduce evidence-based digital solutions to expand uptake and quality of SRH and GBV services (automated communication for preventative health care, and AI-enabled GBV self-referral systems, ensuring accessibility for persons with disability), (c) strengthened health professional curricula and continuing professional development curricula that include skills and knowledge on SRH and GBV prevention and response services, including modules on disability and gender-sensitive care; (d) strengthened capacity of entity and cantonal institutions, CSOs and associations to provide and monitor standardized, inclusive community-level services for GBV- and CRSV-survivors; (e) increased availability of healthy lifestyle curriculum training for teachers through the development of online training courses based on entity-level guidelines; (f) strengthened capacities of departments of education to introduce social cohesion/peacebuilding courses into their local curriculum.

C. Output 3: Strengthened capacities of civil society organizations, country-wide authorities, the private sector and individuals to address harmful gender and social norms, to advance gender equality, reproductive rights and social cohesion and contribute to building demographic resilience.

25. This output will contribute to UNFPA strategic plan outcome 3 and the UNSDCF outcome 1 (inclusive green growth and decent jobs) and outcome 3 (accountable institutions and social cohesion) by improving the agency of marginalized women, including Roma and long-term unemployed women, GBV and CRSV survivors and youth to advocate for their human rights (including access to SRH, GBV and employment services) and engage in networks and coalition building, to increase social cohesion as a nexus approach. Organizations and companies will be supported to provide gender-responsive family-friendly policies, and lessons learned will be used to advocate for revisions to the labour law.

26. This will be achieved through advocacy, capacity development, coordination and convening of partners for: (a) strengthened capacity of community organizations, including representative organisations led by women, to lead initiatives to challenge harmful gender norms and address underlying causes of gender inequality; (b) strengthened capacity of community organizations and actors to address technology-facilitated GBV by advocating for the implementation of entity-level laws at the local level, challenge norms that perpetuate technology-facilitated GBV, and provide support to survivors; (c) development of a network of private and public-sector companies that adopt gender-responsive family policies, to enable employees, especially women, to balance work and family life by promoting more equal redistribution of unpaid care work between men and women, so they do not have to choose between a job and a family; (e)

strengthened network of non-traditional stakeholders (faith-based leaders, artists, sports people, and business leaders) to amplify the reach of subnational campaigns to challenge gender norms, prevent all forms of violence and hate speech and build social cohesion; (d) strengthened capacity of youth-led platforms to engage young people in effective, sustained peacebuilding/social cohesion activities.

III. Programme and risk management

27. The new country programme will be implemented in close coordination with the Ministry of Civil Affairs, the Ministry of Human Rights and Refugees, the Ministry of Security and the Agency for Statistics at the state level, with ministries of education, health, social welfare, and labour as well as statistical and public health institutes at entity levels, and other relevant authorities at the cantonal, district and local government levels. These partnerships will be leveraged to: (a) generate, analyse and disseminate data that is key for sustained development; (b) bolster the legislative/policy framework to achieve the programme outcomes; and (c) build innovative and cost-efficient solutions that sustain capacities of service providers and delivery of high-quality services. Elements of the programme will be implemented through civil society organizations (particularly those focused on addressing the vulnerabilities of those left furthest behind), academia (for evidence generation) and media partners to achieve social norm change. Cooperation with the business sector will be essential to create country-wide coverage of family-friendly workplaces and achieve sustainability of development initiatives. UNFPA will continue to engage in country-wide United Nations coordination platforms, including inter-agency working groups and development of joint programmes. UNFPA will participate in the implementation of the United Nations business operations strategy and the harmonized approach to cash transfers, where relevant.

28. The country office has the technical expertise to implement the programme. However, across the existing team, capacities in strategic communication, results-based management and project and data management will be strengthened to achieve improved, integrated programme management for greater effectiveness and impact. Skills to fulfil the normative role of UNFPA will be strengthened. UNFPA offices within the Western Balkans cluster will identify opportunities to co-finance human resources as a way to increase efficiency and affordability of high-level technical expertise. Any additional human resources needs will be funded by other resources. Additional support will be sought from UNFPA headquarters, the regional office and other country offices, as needed. External support, especially on accessibility for persons with disabilities, digitalization and AI and evidence generation, will be provided by expert consultants, centres of excellence, private-sector technical partners and volunteers, as needed.

29. UNFPA will continue to leverage partnerships and resources with governments, non-governmental organizations, traditional development partners and other United Nations agencies, to achieve programme scale-up and sustainability. It will diversify its partnerships and resource mobilization efforts to amplify its impact by (a) engaging emerging development partners; (b) expanding its partnerships with the private sector to benefit from expertise in digitalization and AI and increased funding and brokering opportunities for public-private partnership; (c) adopting evidence-based advocacy to influence public-sector financing; and (d) aligning initiatives to the reform agenda of Bosnia and Herzegovina and future growth plans to unlock EU funding; (e) developing regional initiatives across UNFPA country offices within the Western Balkans, leveraging common experiences and providing opportunities for country-to-country and triangular cooperation.

30. Potential risks to the programme include: (a) limited institutional human and financial resources and high corruption perception; (b) declining official development assistance and reduced public finances due to declining working population and low productivity; (c) natural disasters; (d) social norms that undermine gender equality, the empowerment of women and girls, reproductive rights and social cohesion, with increasing coordinated pushback; (e) lack of high-quality, disaggregated population and other development data, analysis and research.

31. To mitigate these risks, UNFPA will (a) develop an operational and programmatic risk assessment and mitigation strategy, to be reviewed annually; (b) coordinate with other United

Nations agencies on common risk management and assurance processes, such as enterprise risk management, the harmonized approach to cash transfers, joint programme audits and implementing partner monitoring; (c) conduct regular socio-political scanning; (d) diversify funding sources and partnerships to complement regular resources; and (e) ensure preparedness strategies adequately integrate SRH and GBV.

32. This country programme document outlines UNFPA contributions to country-wide results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

33. UNFPA and the state and entity level governments, through the Ministry of Civil Affairs, will manage and monitor the country programme, in accordance with UNFPA policies and procedures, results-based management and accountability frameworks. Coordination mechanisms that are mutually agreed upon with all stakeholders will be used to monitor progress and to make essential adjustments, when and where required, to enhance the effectiveness of the programme and individual projects.

34. UNFPA will participate in joint planning, programming, monitoring, evaluation and reporting of the UNSDCF through active participation in United Nations results groups and other key groups and integrate monitoring and reporting of the country programme results, using the UNInfo platform. UNFPA will develop annual workplans derived from the country programme and commitments under non-core projects, with a regular review mechanism to inform and adjust implementation.

35. UNFPA will use existing internal monitoring and evaluation platforms to track progress and report against set indicators and milestones on an annual basis. Where relevant, monitoring mechanisms will be used to enable the UNFPA to disaggregate results by age, gender and disability. A monitoring and evaluation plan will be developed for this purpose and aligned with the next UNFPA strategic plan (for 2026-2029) and UNSDCF monitoring and evaluation plans. Given the consistent findings that emerged from the evaluations of the previous country programme for Bosnia and Herzegovina (2021-2025) and the evaluations of the past two country programmes (2010-2014, 2015-2020) and envisaging that there will not be major changes in the country context, the country office plans to forgo a dedicated country programme evaluation for the 2026-2030 cycle. Evaluation efforts will concentrate on joint programmes and UNSDCF evaluations, aiming to provide consistent evidence that adapting to demographic shifts and megatrends has accelerated progress, and on the use of various evaluative evidence for assessing the effectiveness of a programme, to gain data-driven insights for learning, adaptation, timely decision-making and improvements.

36. UNFPA will cooperate with its implementing partners to conduct regular monitoring of their field work and contribution to overall country programme goals as well as apply a harmonized approach to cash transfers methodology for managing and monitoring of cash transfers to implementing partners.

37. UNFPA will be actively engaged in data collection and reporting, either through strengthening capacities of statistical offices and public health institutes for data collection, or through cooperation with academia on data analysis, research and reporting. UNFPA will ensure that any data, results and identified gaps are communicated to the various reporting mechanisms, such as the Universal Periodic Review, the United Nations treaty body reporting mechanisms, and Voluntary National Review.

RESULTS AND RESOURCES FRAMEWORK FOR BOSNIA AND HERZEGOVINA (2026-2030)

NATIONAL PRIORITY: Achieving a prosperous, economically and institutionally developed, socially equitable country of equal opportunities for all its citizens, with a developed infrastructure, a knowledge-based society, where natural and other resources are used efficiently, the environment is protected, and rich diversity is taken care of.				
UNSDCF OUTCOME: 1. By 2030, public institutions and the private sector catalyse gender responsive, climate-resilient and sustainable green growth, promoting social equity and decent jobs. 2. By 2030 people, especially persons at risk of being left behind and persons with disabilities, benefit from improved quality and inclusive education, lifelong learning opportunities, and enhanced, gender-responsive health and social protection systems.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, the reduction in preventable maternal deaths has accelerated; By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
UNSDCF outcome indicators: <ul style="list-style-type: none"> Labour force participation rates, by sex and ag (15-64 years) <i>Baseline: Total: 59.8%; Male: 72.3%; Female: 47% (2023); Target: Total: 63%; Male: 75.5%; Female: 50% (2030)</i> Coverage of essential health services <i>Baseline: 66% (2021); Target: 75% (2030)</i> Proportion of ever-partnered women and girls aged 15 years and older subjected to physical and sexual violence by a current or former intimate partner in the previous 12 months, by form of violence and by age <i>Baseline: 38% (2019); Target: 30% (2030)</i> 	Output 1: Strengthened formulation and implementation of evidence-based country-wide laws, policies and programmes to build demographic resilience and increase access to high-quality sexual and reproductive health and reproductive rights, GBV prevention and response, and gender equality, especially for those most left behind	<ul style="list-style-type: none"> Number of evidence-based country-wide laws, policies and strategies developed or revised to support increased access to comprehensive SRH, GBV prevention and response, and human capital development, especially for marginalized groups, and to enhance demographic resilience <i>Baseline: 10 (2025); Target: 18 (2030)</i> Number of policies, regulations and documented decisions related to SRH and GBV services and women- empowerment and youth- empowerment initiatives with committed or increased government financing <i>Baseline: 0 (2025); Target: 6 (2030)</i> Number of UNFPA-supported surveys and in-depth analyses produced to inform planning, budgeting, implementation and monitoring of population, SRHR, GBV prevention, and gender equality-related policies and commitments that contribute to demographic resilience <i>Baseline: 0 (2025); Target: 6 (2030)</i> 	Ministries of health; education; of labour and social welfare; statistical offices; employer associations; parliamentarians; human rights ombudsman offices; local governments; institutes of public health; medical professional associations; academia; private sector; WHO; UN-Women; UNICEF; UNDP; development partners; civil society organizations	\$4.99 million (\$1.39 million from regular resources and \$3.6 million from other resources)
UNSDCF OUTCOME: 2 By 2030 people, especially persons at risk of being left behind and persons with disabilities, benefit from improved quality and inclusive education, lifelong learning opportunities, and enhanced, gender-responsive health and social protection systems.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: By 2025, the reduction in preventable maternal deaths has accelerated; By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
UNSDCF outcome indicator(s): <ul style="list-style-type: none"> Proportion of ever-partnered women and girls aged 15 years and older subjected to physical and sexual violence by a current or former intimate partner in the 	Output 2: Strengthened capacity of subnational health systems, institutions and communities to deliver high-quality, non-discriminatory, integrated	<ul style="list-style-type: none"> Percentage of entity and cantonal governments that launched preventive programmes on cervical and breast cancer <i>Baseline: 0% (2025); Target: 50% (2030)</i> Number of innovative, digitalized solutions for the provision of SRH and GBV services that are institutionalized <i>Baseline: 0 (2025); Target: 3 (2030)</i> 	Ministries of health; labour and social welfare; centres for gender equality; parliamentarians; human rights ombudsman	\$8.95 million (\$1.25 million from regular resources and \$7.7 million from other)

<p>previous 12 months, by form of violence and by age <i>Baseline: 38% (2019); Target: 30% (2030)</i></p> <ul style="list-style-type: none"> Coverage of essential health services <i>Baseline: 66 (2021); Target: 75 (2030)</i> HPV immunization rates <i>Baseline: (Federation of Bosnia and Herzegovina 3.0 %; Republika Srpska 4.2%; Brcko District 0.2% (2024); Target: (Federation of Bosnia and Herzegovina 30%; Republika Srpska 30%; Brcko District 30% (2030)</i> 	<p>SRH, GBV prevention and response, with increased access by women, adolescents and youth, and persons with disabilities.</p>	<ul style="list-style-type: none"> Number of educational institutions that revised healthy lifestyles curricula, in line with international technical guidelines, and social cohesion-related curricula, in line with the Western Balkans youth peacebuilding peer education manual <i>Baseline: 2 (2025); Target: 6 (2030)</i> Number of medical facilities with standard operating procedures for certified and standardized comprehensive SRH, GBV prevention and response, especially for marginalized groups <i>Baseline: 0 (2025); Target: 30 (2030)</i> 	<p>offices; local governments; institutes of public health; academia; private sector; WHO; UN-Women; development partners; civil society organizations.</p>	<p>resources)</p>
<p>UNSDCF OUTCOME: 1 By 2030 public institutions and the private sector catalyse gender responsive, climate-resilient and sustainable green growth promoting social equity and decent jobs.3: By 2030 people contribute to and benefit from more effective and accountable institutions, fostering gender equality, youth empowerment, peace and social cohesion.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME: By 2025, the reduction of gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> Labour force participation rates, by sex and age (15-64 years) <i>Baseline: Total: 59.8% Male: 72.3%; Female: 47% (2023); Target: Total: 63%; Male: 75.5%; Female: 50% (2030)</i> Proportion of people who express a general level of trust in society <i>Baseline Total: 23%; Male: 27%; Female: 19% (2019); Target: Total: 25%; Male: 29%; Female: 21% (2030)</i> 	<p><u>Output 3:</u> Strengthened capacities of civil society organizations, country-wide authorities, the private sector and individuals to address harmful gender and social norms, to advance gender equality, reproductive rights and social cohesion, and contribute to building demographic resilience.</p>	<ul style="list-style-type: none"> Number of women-led and youth-led platforms to promote multi-stakeholder collaboration and social cohesion, and challenge discriminatory gender and social norms <i>Baseline: 0 (2025); Target: 6 (2030)</i> Number of private or public-sector companies that introduced gender-responsive family policies and programmes. <i>Baseline: 6 (2025); Target: 13 (2030)</i> Number of women's associations that apply advanced knowledge and skills to empower marginalized women, challenge discriminatory gender and social norms, and contribute to building demographic resilience <i>Baseline: 2 (2025); Target: 6 (2030)</i> 	<p>Partner cities and municipalities, faith-based organizations, youth-led CSOs, including youth councils, women-led CSOs, including women's shelters; women's mentorship and leadership networks; the private sector;</p>	<p>\$2.35 million (\$1.25 million from regular resources and \$1.1 million from other resources)</p>