

**Consolidated Results Report**  
**Country: Bosnia and Herzegovina**  
**Cycle: 2005- 2009**

UNICEF MTSP Focus Areas	Key results expected	Key Progress Indicators	Description of Results Achieved	Constraints and facilitating factors
FA 1 - Young child survival and development	<p>1.1. At least 10 of cantons/ regions promote an Integrated Early Childhood and Development (IECD) model that expands access and ensures that socially excluded families with young children receive health care that impacts positively on young child survival, growth and development</p> <p>1.2. Evidence-based policies developed and implemented that enable improved family and health care practices for enhanced child survival, growth and development</p>	<p>1.1.1. # of cantons that have adopted minimum required elements of the Integrated Early Childhood and Development model            Baseline: 0 (2005)            Status: 5 cantons with adopted elements of IECD</p> <p>1.2.1. # of marginalized/excluded families that access integrated Early Childhood and Development activities in targeted communities            Baseline: 0 (2005)            Status: 5,000 (2008)</p> <p>1.2.2. % of children immunized with OPV3 and DPT3            Baseline: OPV3 90%, DPT3 91% (2005 – official data)            Status: OPV3 79 %, DPT3 78%, (MICS3)</p>	<p>IECD model was promoted and piloted in five cantons improving access of 10 % socially excluded families in selected locations to basic services such as health, preschool education and child protection.</p> <p>Community-based parenting education activities implemented in 5 cantons, using manuals and methodology to enhance child survival, growth and development. 5,000 Roma and Internally Displaced families from 5 cantons/regions had access to parental education and play groups.</p> <p>Health sector reform and anti-vaccination media coverage had a negative impact on the overall immunization programme. In collaboration with the Government, UNICEF and WHO coordinated statements, press releases and support actions to counter anti-vaccination movements and gradually re-establish trust in immunization. These actions contributed to building closer relations between the Ministries of Health and the media.</p>	<p>Highly decentralized structure of the country with different sectoral reforms affected implementation</p> <p>Weak inter-sectoral collaboration between health, education, and child protection sectors slowed down the policy development process, as well as the implementation of the model proposed for community based parenting education activities.</p> <p>To address misinformation, continued efforts are needed to develop a Government communication strategy on immunization policies and programmes.</p>

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FA 2 - Basic education and gender equality	<p>2.1 At least 50% of school children aged 6-15 learn in targeted elementary schools that are applying elements of the child-friendly schools approach.</p> <p>2.2. At least 30% of all elementary schools compliant with child-friendly schools standards and principles</p> <p>2.3. 60% of secondary school children aged 15-18 learn life skills and risk reduction themes</p>	<p>2.1.1. % of children aged 6-15 learning in elementary schools that are applying elements of child-friendly schools approach Baseline: 25 % (2005) Status: 100% of children aged 6-10 learn in elementary schools that apply at least one Child-Friendly School (CFS) principle</p> <p>2.2.1. % of schools compliant with child-friendly schools requirements Baseline: 28,5% of primary schools at the national level compliant with child friendly schools requirements (2007) Status: 100% of primary schools from Bosnia and Herzegovina are applying at least one of the Child-Friendly Schools principles</p> <p>2.3.1. % of children aged 15-18 learning life skills and risk reduction themes Baseline: 0% (2005); Status: 30% of secondary school children</p>	<p>100% of children aged 6-10 in all elementary schools in Bosnia and Herzegovina are benefiting from child-centred teaching and learning approaches. They learn through play, are more self-confident and have improved their behaviours. Children are actively engaged in the teaching-learning process.</p> <p>47% of all secondary school pedagogues certified. 50% of secondary school teachers trained in life skills education.</p> <p>30% of children aged 15 - 18 benefited and gained new knowledge related to life skills and risk reduction themes</p>	<p>While progress was made to apply child-friendly school concepts, the development of CFS standards is needed. There are misconceptions related to group work and participatory learning. The majority of children aged 11-15 are still taught in teacher-centred ways.</p> <p>Budget constraints prevented the expansion of life-skills based education model.</p>
FA 3 HIV/AIDS and children	<p>3.1. National prevention strategies, policies &amp; standards appropriate to most at risk adolescents developed and implemented in ongoing sector reforms</p>	<p>3.1.1. # of Policies and Standards to improve access to health protection and info for Most At Risk Adolescents (MARA) developed according to international recommendations Baseline: 0 (2005) Status: 3</p>	<p>Strategy on Suppression of Narcotic Drug Misuse enabling harm reduction developed.</p> <p>Analysis of legislation related to adolescents' rights to access to information and health services in Bosnia and Herzegovina conducted. Advocated and provided support which resulted in drafts laws on health protection prepared by the entity Ministries of Health and submitted to the Parliaments to lower the age from 18 to 15 to access health services without parental consent.</p> <p>Voluntary counseling and testing (VCT) protocol developed at the end of 2007; Comprehensive VCT guidebook developed and distributed</p>	<p>Decentralized structure of the country and large number of counterparts impacted the implementation of HIV-related policies</p> <p>Limited mandate and weak human resource of state-level institutions influenced the policy development and implementation at the lower governance levels</p> <p>Limited NGO capacity to effectively target Most At Risk Adolescents, prepare quality studies/reports and contribute to evidence based policy making for these groups affected implementation</p>

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	3.2. Increased availability of data related to Most At Risk Adolescents (MARA) knowledge on HIV/AIDS, attitudes and behaviors and prevalence of HIV and other STIs	3.2.1. # of sub-populations of Most At Risk Adolescents/Population targeted with Bio-Behavioural Studies Baseline: 0 (2005) Status: 4	Bio-Behavioural Study (BBS) conducted among Injecting Drug Users (IDUs); Study on sex workers (SW) and men who have sex with men (MSM); Behavioural study among adolescents living in institutions without parental care and boarding schools conducted. First Bosnia and Herzegovina UN General Assembly Special Session (UNGASS) AIDS Report developed.	
FA 4 - Child protection from violence, exploitation and abuse	<p>4.1. Government and NGO professionals identify, monitor, refer and provide services based on national standards and guidelines for children at risk of violence, abuse and neglect</p> <p>4.2 Appropriate policies, guidelines and protocols on child care system reform developed and implemented</p> <p>4.3. Communities in high impacted areas assess, develop and implement MRE responses, based on national Mine Action Framework.</p>	<p>4.1.1. Guidelines and protocols for the functioning of a unified referral system developed and piloted Baseline: 0 (June 2005) Status: 2 Municipalities</p> <p>4.1.2 Number of government and NGO professionals using the unified referral system for reporting and referring cases of abuse, violence, exploitation, and trafficking Baseline: 0 (2005) Status: 80 % in 2 target municipalities</p> <p>4.2.1. Guidelines and protocols on alternative care and transformation of institutions in line with international standards. Baseline: Existing guidelines not in accordance with international standards; Policy for Children without Parental Care and Families at Risk of Separation adopted only in Federation of Bosnia and Herzegovina Status: See next column</p> <p>Municipal Mine Risk Management (MRM) methodology developed, piloted and implemented Baseline: 0 (2005) Status: Municipal Mine Risk Management Methodology developed and implemented</p>	<p>Working groups of professionals from government and non-government sectors developed a referral mechanism with early identification and intervention – including reporting, data collection, referral of women and children victims of violence, and treatment. The model entails a set of guidelines and standardized forms for data collection. The piloting phase started in June 2008 in 2 municipalities and is still ongoing.</p> <p>The signature of a Protocol of Cooperation between Municipal authorities and all 6 sectors involved facilitated the piloting of referrals in Modrica Municipality</p> <p>Policy adopted in Republika Srpska; Guidelines on foster care, transformation of institutions, adoption and case management in accordance with the Policy.</p> <p>Development of the Municipal Mine Risk Management methodology done in cooperation with Bosnia and Herzegovina Mine Action Centre (BHMIC) and two selected pilot municipalities.</p>	<p>Implementation of the Policy on Children without Parental Care and Families at Risk of Separation, including the development of guidelines and by-laws on family based care and transformation of institutions is constrained by complex administration procedures. Endorsement by and support to the Federal Ministry of Labour and Social Policy does not guarantee that policy initiatives related to children and youth will be endorsed and replicated in the 10 Cantons. It is therefore necessary to directly involve the Cantonal level in all initiatives, which can further complicate decision-making.</p> <p>Delays occurred within BHMIC. Final draft of the related methodology is expected early 2009.</p>

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FA 5 -Policy advocacy and partnerships for children's rights	<p>5.1. Increased participation of young people in the design, implementation and monitoring of community-based risk reduction and child-rights promotion projects</p> <p>5.2. Increased availability of socio-economic data on children and child rights violations</p>	<p>in 4 pilot municipalities</p> <p>5.1.1. # of communities in which children design projects aimed at risk prevention and child rights monitoring Baseline (2005): 0 Status: 15 communities</p> <p>5.2.1. National impact data on children available, including child rights impact assessment, MICS 3 and Devinfo data sources Baseline: MICS 2 (2000); Status: MISC3, Child Rights Impact Assessment, 10 municipalities using DevInfo</p> <p>5.2.2 Analysis of budgets for children and methodologies to address gaps in budget planning developed Baseline: 0 (2005) Status: See next column</p> <p>5.3.1 Social protection and inclusion policy designed and piloted Baseline: 0 (2005) Status: On going (see next column).</p>	<p>5.1.1. Young people and children from 30 municipalities developed and implemented Action Plans to address issues of their concern. This contributed to community based risk reduction and child rights promotion in their schools and communities. Full methodology and manual were developed to support the expansion of activities. A core network of facilitators is available.</p> <p>5.2.1. DevInfo database was introduced in 10 municipalities, and included in the monitoring plan for the Bosnia and Herzegovina Social Inclusion Strategy. Multiple Indicator Cluster Survey 3 (MICS3) was implemented. MICS3 and Household Budget Survey (HBS) data were used to inform the child poverty assessment in cooperation with the Bosnia and Herzegovina Agency for Statistics. A Child Rights Impact Assessment of the Impact of Electricity Price Rises on Children was conducted.</p> <p>5.2.2. Report on Budget Analysis in Primary and Secondary Education, Draft report on Child Rights and Budgets for Children prepared. Initial assessment of public financing system and proposal for capacity development conducted.</p> <p>5.3.1 Initial steps taken towards the development of a social protection and inclusion policy for children: management structures established; Terms of Reference and methodological approaches developed for interventions at policy, service delivery and community level.</p>	<p>Budget constraints delayed implementation.</p> <p>Partnerships have been established to oversee and monitor the implementation of activities</p> <p>Fragmented administrative structures in Bosnia and Herzegovina result in significant gaps in data related to children. Strengthened linkages between statistical agencies and social sector ministries, as well as different administrative units, are needed to overcome this constraint.</p> <p>Country-led development of policies is slowed down by the complex administrative structure. Flexibility will be required to ensure continued collaboration and project implementation. However, partners have displayed high interest in the activities, with a strong sense of ownership over the project.</p>