



**BOSNIA AND HERZEGOVINA //**  
**Extending Social Protection Coverage for**  
**Children with Disabilities at the Level of**  
**the Republika Srpska Entity**





## Issue

While approximately 4% of GDP is allocated to social assistance in Bosnia and Herzegovina (BiH), only about 25% of this total GDP allocation goes to the poor and socially excluded. The other 75% of this is allocated to status-based war-veteran-related benefits. Moreover, given BiH's devolved composition, there are considerable administrative costs, geographical disparities, and inequalities in social protection coverage. For example, according to the BiH Constitution, the responsibilities for the provision of social protection are devolved to the level of Entities (Republika Srpska and Federation of BiH), District Brcko and 10 Cantons, which results in the different coverage and adequacy of social protection throughout the country.

**In the Republika Srpska (RS) entity, social protection coverage of families with children is still limited, with low adequacy and high eligibility thresholds. Invariably, this leaves many vulnerable children uncovered.** In 1996, the RS Government established a Child Protection Fund which was entrusted with the administration of all child cash benefits and financed through a 1.5% income tax revenue. While improvements in the adequacy and coverage of cash benefits over time have been observed, attaining universal coverage, as the ultimate goal, is still some distance away.

**There have been several types of child cash benefits available, statutorily at least, in the RS. Each has differed in terms of eligibility criteria and adequacy.** For example, children aged 0-15 are eligible for cash benefits. However, children with disabilities (CwD) aged 0-18 are eligible, as are those enrolled in post-compulsory education up to age 26 and 30, in certain circumstances. Children without parental care are also eligible to receive a benefit up to the age of 18. However, many children do not benefit from effective coverage and this leaves many of the 188,345 children without access to social protection.<sup>33</sup> For example, for specific groups, there are very pronounced coverage gaps still to be closed. Children aged 15-18 are still ineligible for any social protection benefits.

However, while statutory provision stipulates CwD are eligible for social protection, they rarely benefit from their legal entitlements, as adequate (i.e. benefit generosity and breadth of benefits) and effective coverage is lacking. This is a significant concern, as CwDs are among the most vulnerable in Bosnia-Herzegovina. It is estimated that 6.5% of children aged 2-9-years old have some form of disability, and they are the most marginalised and excluded group in

society.<sup>34</sup> Moreover, children in female-headed households and children in large families with two or more children are significantly more likely to be poor. These are key problems that UNICEF has sought to address. Given these gaps in adequacy and coverage, the social protection system has been in need of reform, especially for CwD.

**Children with disabilities are effectively unable to access their rights to healthcare, education, and social protection.** Most families with CwD live in impoverished financial circumstances.<sup>35</sup> There is little, or no public advocacy advancing their rights, and existing legislation is often inherently discriminatory, as their rights are not clearly outlined or enforced. In essence, this renders these children legally invisible to society and vulnerable to abuse and neglect. In BiH, there are three categories of people with disabilities: war veterans, civilian victims of war, and civilian persons with disabilities not caused by war; children are included in this latter category. While all three categories share similar needs, the rights and benefits regarding the different disability categories differ drastically. This is because priority is given to war-related disabilities, whereas all other civilian groups with disabilities, including children, are left without adequate coverage. Though CwD have a statutorily stipulated right to social protection, they tend to not receive any benefits, or those received are substantially lower. This reflects a common challenge in social protection: effective coverage often does not match legal coverage in terms of horizontal (i.e. the number of CwD covered) and vertical coverage (i.e. benefit adequacy and the range of benefits provided). This deficit in rights is further compounded by the fact that CwD miss out on other social care service provision too. For example, social services often fail to swiftly identify and treat the developmental delays that affect CwD. In short, there is an absence of adequate social care services, referrals, and financial support for both the child and the family.

**An improvement in the adequacy and coverage of cash benefits for children and their families in the RS entity was required to achieve rights-realisation and increase social protection coverage for CwD.** Recognising the need for action and the improvement of the status and quality of life for CwD in particular, the government has committed, with UNICEF's technical and financial support, to a 'Strategy for Improving Social Status of the Persons with Disabilities in Republika Srpska 2017-2026' and to the 'Republika Srpska Early Childhood Development Programme 2016-2020'.



## Actions

UNICEF supported the RS government in the improvement of the adequacy and coverage of social protection for children. In 2016, the RS entity started reforming the social protection system for children and families, with UNICEF supporting a number of those initiatives. UNICEF helped the social protection reform process in the RS by partnering with the Ministry of Health and Social Protection and the RS Children's Fund. While the Ministry lead the reforms, the Children's Fund was mainly in charge of administering the cash benefits and played an important role in shaping policy dialogue. UNICEF provided reform-related technical assistance to these partners and advice on expanding child-related cash benefits, strengthening of the monitoring and evaluation system, and improving the assessment and referral of children and youth with disabilities.

UNICEF also supported the development of a by-law regulating the data collection and monitoring requirements and protocols between the RS Children's Fund and local Centres of Social Work, as well as staff capacity building. At the same time, the RS Government

also invested funds in software and hardware procurement to upgrade the MIS. This element of UNICEF's engagement strove to improve the government's MIS. The RS Children's Fund's MIS needed to be improved, both in terms of hardware and software, as well as in terms of legal provisions (i.e. the by-laws), which defined the mutual responsibilities regarding data collection and monitoring and reporting between the local centres for social work and the RS Children's Fund. Furthermore, a strengthened MIS was required to better identify coverage gaps, monitoring and reporting on child cash benefits, as well as improve coordination between the Children's Fund and local Centres for Social Work. This partnership engagement was important if the MIS was to be improved and its provision of social services and social protection enhanced for all children, especially the most vulnerable. In addition, two other important by-laws which regulate the rights of parents of a child with a disability (with a specific emphasis on children 0-3 years of age) to work on a half-time basis, so as to allow for more time for care and support, were developed and adopted. These two by-laws contributed to the overall disability policy reform in RS.





## Impact

UNICEF's partnership with the government, supporting its reforms through policy dialogue, contributed to a government increase in income tax revenue from 1.5 to 1.7%. This increase was earmarked for social protection for children in the RS. While UNICEF was not directly involved in the income tax reform, this achievement can be considered as an indirect result of UNICEF's activities, given all the actions taken to improve the system, as well as UNICEF's overall advocacy in line with the Ministry to invest more in the social protection of children.

**The Government ensured funding for the improved adequacy and coverage of child cash benefits, both means-tested (maternity benefits and child allowances), and introduced a range of quasi-universal benefits for certain groups of children.** For example, the government increased the benefit adequacy of the child allowance by approximately 10%, from 35 BAM (USD20) to 40.5 BAM (USD23) for the second child; and it increased maternity benefits for unemployed mothers of children aged 0-1 by more than 500% from 70 BAM (USD40) to 405 BAM (USD231). Moreover, new cash benefits related to child disability were also introduced. These included a personal disability allowance amounting to 100BAM (USD57) for children assessed with a specific disability, and a non-means tested allowances for all CwD, amounting to 103.5 BAM (USD59) for all CwD. Parents caring for a CwD are now paid a benefit to support the special care needs of their children.<sup>4</sup> Some 5,437 CwD have so far benefited from these new cash benefits. Cash benefits for the third and fourth child in large families were also introduced. These new benefits and increased adequacy of pre-existing benefits represent significant progress in the horizontal (i.e. coverage) and vertical (i.e. benefit adequacy) extension of social protection in the RS. The reform underpinning these benefits was legislated into law and introduced three new by-laws, the latter being directly supported by UNICEF.

UNICEF devoted special attention to early childhood development by placing focus on the early identification of children with developmental delays and disabilities through enhanced multisectoral cooperation, which was supported by related cash benefits provided by the social protection system. This approach contributed to the overall disability policy reform which has been ongoing with UNICEF's assistance<sup>5</sup> and has already brought significant improvements in bringing child disability assessment and referral procedures more in line with the International Classification of Functioning, Disability, and Health methodology. For example, instead of categorising a child's disabilities by using a purely medical approach, as was previously the case, an improved assessment process now performs an assessment of the child's needs and functional limitations and then prepares an individualised plan of interventions more tailored to individual needs.

**UNICEF plans to continue its effective policy dialogue with the RS Government to address the remaining gaps in cash benefits for children, with aspirations to further increase coverage and adequacy, including for children aged 15-18, with an ultimate goal of universal coverage.** As per the adage, every challenge is an opportunity, and this also holds true for the RS. Its challenging demographic landscape of declining birth rates and high outward youth migration have received a lot of public attention and concern. Arguably, this has opened a window of opportunity for further progressive reform of social protection for children. UNICEF intends to use this momentum, coupled with the SDGs agenda, to make the case for investment in children and youth in BiH as a fundamental condition to achieving inclusive, resilient, and sustainable development. Upcoming, country-wide social protection reforms will be additionally supported through fiscal space and social sector budget analysis so as to ensure evidence for high-level policy dialogue on investment in children, as well as within sector efficiency savings.

<sup>4</sup> The actual amounts depend on the pro-rated salary levels.

<sup>5</sup> UNICEF supported the development of *The Strategy for Improving the Social Status of Persons with Disabilities in Republika Srpska 2017-2026* and is committed to supporting the Government to implement relevant goals and actions related to social and child protection, health, and education.

# ENDNOTES

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**Europe and Central Asia Regional Office**

Palais des Nations  
CH-1211 Geneva 10  
Switzerland