



**NATIONAL ACTION PLAN FOR CHILDREN IN
BOSNIA AND HERZEGOVINA 2002-2010**

Sarajevo, April 2002

NATIONAL ACTION PLAN FOR CHILDREN FOR BOSNIA AND HERZEGOVINA 2002-2010

We would like to acknowledge UNICEF, the sponsor of this activity for its significant contribution in the development of the National Action Plan for the Children of Bosnia and Herzegovina 2002-2010

I-INTRODUCTION

Bosnia and Herzegovina has within the Constitution of Bosnia and Herzegovina, Annex I Item 12. included the Convention on the Rights of the Child in its legislative system and thus assumed the responsibility to implement all necessary activities aimed at implementing of the Convention.

Additional obligations for Bosnia and Herzegovina stem from the Optional Protocol on the Involvement of Children in Armed Conflict and Optional Protocol on the sale of children, child prostitution and child pornography signed by Bosnia and Herzegovina on September 7, 2000.

Bosnia and Herzegovina has forwarded the First Initial Report to the Committee for the Rights of the Child. The programme of activities for the Ministry of Human Rights and Refugees, i.e. the program of activities for the Council of Ministers of Bosnia and Herzegovina for the year 2002, included the activity to endorse the Action Plan for children of Bosnia and Herzegovina 2002-2010 (further in the text: Action Plan)

The rights of more than 120 millions of children and young people in the region of Central and Eastern Europe and the Baltic States are the foundation for the future development of new emerging democracies to which Bosnia and Herzegovina belongs.

One of the basic goals of the overall development of Bosnia and Herzegovina is the improvement of the status of children. The status of children recently has come under special attention in Bosnia and Herzegovina. This stems from the activities conducted so far on legislative reforms that affect children, as well as the institutional reforms and other activities that are currently being implemented in Bosnia and Herzegovina.

A large number of children in Bosnia and Herzegovina were direct war victims, while the overall socio-economic situation reduced the possibilities of meeting the basic living needs of almost every child. Poverty, as the pervading phenomena in our society, the process of transition and reform has their impact on the status of children in Bosnia and Herzegovina.

Families in Bosnia and Herzegovina that are in a position of social need within the system of social, health, child and family care are poorly protected in financial terms, if at all. However, the measures within family policy are designed to try and raise the quality of life in the family as the basic unit of society, and mostly help families with children.

In order to strengthen the position of children in Bosnia and Herzegovina, the key precondition is the inclusion of all potentials within the society to devise a well-thought action so that living conditions in the interest of child development would improve. This includes all available resources of the governmental and non-governmental sector, families and individuals.

The inclusion of all segments of society necessitates a multidisciplinary approach in order to develop social actions and measures that would be aimed at improving the status of children.

The importance of developing this Action Plan can be expressed, inter alia, by the fact that children make up almost 1/3 of population in Bosnia and Herzegovina. Children are living in the post-war society, and due to poverty they are exposed to occurrences such as domestic violence, poor status in institutions, they are exposed to substance abuse, exploitation and other forms of abuse due to rampant poverty.

II-GENERAL GOALS

The World summit for children determined general goals that create a basis and a framework of the Action Plan. They include the following:

- **Put children first.** In all our activities, the best interest of the child shall always be our primary interest.
- **Leave no child out.** Due to the fact that each girl and each boy are born free and equal in dignity and rights, all forms of discrimination that affect children must stop.
- **Care for every child.** Survival and development of children is a key for human development. It is necessary to put enormous effort so that children would have the best possible start in life.
- **Educate every child.** All boys and girls must receive mandatory, free, quality primary education.
- **Stop harming and exploiting children.** All acts of violence, exploitation and abuse of children must not be tolerated and must cease.
- **Protect children from war.** Children must be protected from the horror of armed conflicts.
- **Fight HIV/AIDS.** Children and their families must be protected from the devastating effect of HIV/AIDS.
- **Fight poverty:** Invest in children. We confirm our pledge that we shall end the cycle of poverty within one generation span, united in our conviction that poverty reduction must start with children and implementation of their rights.
- **Listen to children.** We regard children as productive citizens who can contribute in building of a better future for all. We must respect their right to express opinion, and participate in decision-making process that affects children.
- **Protect the Earth for children.** We must save the planet so that we would be able to cherish our children; likewise, we also have to cherish our children if we want to save the planet.

III- SUMMARY GUIDELINES BY SECTOR

With an aim of achieving the goals of the Action Plan, we highlight certain areas of particular importance for strengthening position of children in Bosnia and Herzegovina, as well as the priorities for child protection.

Economic development

Necessary precondition for strengthening the status of children in Bosnia and Herzegovina is country's economic development, which presupposes human development of society and economic progress created based on social sensitivity, justice, and economic sustainability.

It is necessary to develop the resources aimed at protection and strengthening the rights of the child as a special segment in the economic development planning strategy.

Awareness that in all our activities children are put on the first place should become integral part of planning the economic development for society as a whole.

To that end, we introduce a special measure through which the interest of the child will be a priority in planning the economic development in Bosnia and Herzegovina.

A) Judiciary and law reform

1. Prepare the plan of activities to analyse laws in order to put in place a unified strategy and common standards of primary care of children in accordance with the Convention and other European standards.
2. Considering the time duration of this process, determine a possibility of passing temporary measures by the governments in certain areas with an aim of urgent rectification of the status of the child rights and raising the level of their protection.
3. Harmonise substantive and procedural law provisions with a purpose of achieving complementary standards of child protection in all parts of Bosnia and Herzegovina.
4. Adjust the judicial system (courts and judges) to children needs by introducing specialised courts and child rights judges*.
5. Amend the Criminal and Penal Codes in Bosnia and Herzegovina.
6. Increase penalties for criminal acts against the dignity of person and morality.
7. Introduce the protection of witness identity in the criminal procedure when the child appears as a victim of a criminal offence.
8. In addition to this, through institutional reforms it is necessary to ensure efficient enforcement of preventive and repressive measures aimed at curbing the crime committed at the detriment of children.

B) Children in conflict with the law

1. Capacity building (ongoing) for law enforcement offices on all forms of abuse such as: sexual, physical, emotional abuse of children, juvenile justice issues and substance abuse.
2. Special tasks designated to law enforcement officers to become referral points dealing with sexual abuse of children, juvenile delinquency and substance abuse.
3. Unified methodological monitoring the entire problem and setting up of a unified registration system and database.
4. Introduce obligation for law enforcement agencies to undertake analysis of juvenile delinquency in order to have proper monitoring and activities to curb it.
5. Taking into consideration a worrying fact that an increasing number of children and adolescents take illicit substances, monitor criminal acts perpetrated by minors as a consequence of drug abuse.
6. In the organisation of the Ministry of Education and the Ministry of Health launch education programme for children and young people by engaging law enforcement officers and health professionals, that would discuss drugs, ways of production, placing of illicit drugs on the market, consequences of substance abuse and measures for protection and self-protection of children and young people through lectures, public panels, etc.
7. Resources and data on juvenile justice issues available at the Ministry of Interior (law enforcement agency) should be made available to media, and the media should be involved in promote the prevention messages and programmes aimed at children and youth

* specialised courts for juveniles or the special services within existing courts

8. Devise and launch programmes in public media, articles in magazines dedicated to children with an aim of protecting them from the use of drugs, domestic violence,

kidnapping and child trafficking and other issues of children in contact with law within the authority of the law enforcement services.

9. During regular intervention of law enforcement offices in all forms of violence against children and child exploitation, establish procedures under which the police would inform the Centre for Social Work and educational institution on each individual case so that appropriate actions are taken.

10. It is necessary to support the initiatives for SOS – telephone and institutionalise it, because many cases of child abuse remain unreported, and launch an initiative to open necessary counselling services.

C) Health

1. Implementation of the reform in the system of mortality registration and reduce the infant mortality and under-five mortality rates below the current rates;
2. Implementation of the reform in the system of mortality registration, determining the precise maternal mortality rates (morbidity of mothers) and maintaining the small rates of maternal mortality;
3. Preparation and implementation of health promotion programmes on proper nutrition, growth and development of children;
4. Upgrading the system of monitoring the quality of drinking water, the quality of subterranean and surface waters, providing the adequate quantity and quality of water for the needs of population, registering the existing and potential sources of water pollution *;
5. Providing universal approach to excreta disposal *;
6. Providing universal approach for children to quality primary school education *;
7. Maintaining the population literacy rate at the current level *;
8. Providing better protection for children living in extremely difficult circumstances and removing the causes that have perpetuated such circumstances *;
9. Paying special attention to health and nutrition of children, pregnant women and breastfeeding mothers;
10. Increasing the availability of information and services concerned with the family planning to all couples, and establishment of information system to monitor the fertility rate;
11. Preserving the availability of antenatal care, health care during delivery and referral institutions for high-risk pregnancies and urgent obstetrics conditions for all pregnant women and new mothers, with the improvement in service quality;
12. Maintaining the current ratio of children born with low birth weight;
13. Establishment of the system that would allow monitoring of prevalence of sideropenic anaemia among women in the generative period;
14. Eliminating the iodine deficiency disorders;
15. Monitoring possible relapse of consequences of vitamin A deficiency ;
16. Encouraging women to exclusively breastfeed their children up to six months and to continue breastfeeding until two years of age with a timely introduction of supplementary nourishment;
17. Institutionalisation of growth promotion and growth monitoring;
18. Preserving the current status of polio eradication (in Bosnia and Herzegovina there is no polio), with a special emphasis on an increase of child immunisation coverage against poliomyelitis;
19. Preserving the current status concerning the occurrence of neonatal tetanus (in Bosnia and Herzegovina there are no cases of neonatal tetanus)
20. Preserving the current status in measles incidence (in Bosnia and Herzegovina there are no death cases caused by measles), with a special emphasis on expanding the coverage of children immunised against measles;
21. Increase the coverage of children immunised against diphtheria, tetanus, pertussis, poliomyelitis, measles, rubella, parotitis to 95 percent (at least 90 percent), increase or

- maintain current coverage of children immunised against tuberculosis, achieve the 95 percent coverage of children immunised against hepatitis B;
22. Ensure monitoring of annual number of diarrhoea bouts among children, and implementation of health-promotion and health-education activities concerning the correct treatment and house management of children suffering from diarrhoea;
 23. Further implementation of the project: "Acute respiratory infections and acute diarrhoea syndrome among children";
 24. Increase activities concerning the early development of children, including interventions in the family and in the society *;
 25. Ensure greater knowledge acquisition, skills and values necessary for a better life of individuals and families, whose efficiency shall be measured by behaviour changes *;
 26. Ensure birth registration of all children born in Bosnia and Herzegovina, socialisation of children without one or both parents and halving in the percentage of children who are working *;
 27. Increase knowledge among parents and guardians concerning the house care and treatment of child diseases;
 28. Raise level of knowledge among general population about the methods of transmission of HIV infection and the ways of protection from the infection, implementation of a constant and quality epidemiological surveillance, inclusion of all segments of society in combating HIV infections
 29. Conduct MICS research in 2005 and 2010
- *These goals are not under direct jurisdiction of institutions that organise and implement health care, but their fulfilment is an important precondition to maintain and improve health among children.**

D) Education

1. Education for all. Give all children equal possibility for schooling in accordance with their interests and abilities with a special emphasis on gender equality;
2. Modernisation of the education system (curricula, teacher training, educational management...);
3. Include at least 20 percent of children into the pre-school education. Taking into consideration that this goal discriminates against the remaining 80 percent of children, it is necessary to develop alternative forms of care for children, especially outside large urban centres;
4. Provide conditions to attend primary school to all schoolchildren to the maximum extent possible, through provision of a greater public investment in education, with a special emphasis put on poor regions and on students that are educated in difficult conditions and through the reconstruction of all school facilities as well as through securing contemporary teaching materials for students and for teachers;
5. Ensure authentic educational system and its compatibility with new European and international education trends;
6. Education must teach children to use the knowledge and skills in the real world. In addition to academic skills, children must be trained for "emotional intelligence" and social skills;
7. Teachers must be kept abreast not only with the achievements within their subject, but also with the latest research that affects development of children and new approaches in education;
8. Develop new methods of measuring student performance so that the teachers could get the feedback of what the students have really learned and understood;
9. Measuring the trends of school enrolment;
10. Improving the quality of education, monitoring the status of minorities in the education process and in that respect establish information system;

11. Through the school curricula introduce contents through which the students will be acquainted with human rights and democracy;
12. Through health education include young people in health and prevention programmes;
13. Through different types of education, allow young people to acquire additional knowledge and skills which would ensure their employment possibilities
14. Training for psychologists, pedagogues and other professionals who are working with children in contact with law;
15. Provide access to educational system for children with special development needs and children with special needs in their daily activities, which includes children with behavioural difficulties, addiction problems and other developmental disorders. Ensure integration of children with disabilities with peers in schools and outside schools - through organisations gathering young people;
16. Work on the transformation of schools into an open system, organise educational, cultural and recreational activities so that students spend their free time in co-operation with parents and the local community;
17. Provide support to parents and strengthen the role of family in order to create an environment for a safe and stable child development;
18. Sports recreation, maintenance of physical abilities and the care for the health of young people. It is necessary to implement them in an organised fashion in educational institutions (including the homes for children without parental care).

E) Social welfare

1. While determining the population policy, aimed at achieving certain demographic goals, it is necessary to define the measures of family policy in Bosnia and Herzegovina.
2. Measures of family policy are aimed at raising the quality of life in the family, which is the basic cell/unit of society, and most importantly, include the supplementary welfare allowance for children, tax incentives, maternal and parental leave, family services and others.
3. Continued social welfare assistance for children who are completing primary or secondary education, who do not have the conditions and the possibility to continue education or employment, as well as for children with development difficulties that were institutionalised during their education.
4. Within the Poverty reduction, while determining the minimum of social security for all socially vulnerable population groups, put a special emphasis on child protection.
5. Establishment of a fund or foundation and mechanisms for child protection based on the subsidy and solidarity principle and in order to ensure minimum rights (child allowance, as a part of achieving the goals of poverty reduction and assisting the most vulnerable groups in the society).
6. Establishment of a new database to monitor the beneficiaries of child welfare, in accordance with European standards, with a continuing monitoring of a true level of vulnerability of family and children.
7. Removal of existing regulatory and legal obstacles in achieving of the child rights especially for children with disability in the sector of health, education, urban planning, financing, etc. and passing of legislation that would support stricter sanctions in cases of child rights violation.
8. Develop aspects of assistance to children with difficulties in development, through assistance to families and local communities.
9. Special priority needs to be given to children of refugees and displaced people.
10. Employment of children with difficulties in development after the completion of education.

11. Provide integration of people with difficulties in schools through development of departments for children with special needs, and outside schools – through youth organisations.
12. Stimulate a mixed system of social welfare at the local level through decentralisation of services (government, non-governmental and private sector)
13. Encourage municipalities to establish multi-sectoral co-ordination bodies with participation of the third sector at municipal level, in order to harmonise priorities and develop new programmes.
14. Provide local financing of the third sector, develop standards for the third sector so that the client would be protected and that activities of this sector could monitor the work of this sector. Provide transparency in operations of this sector.
15. Develop and provide greater support to alternative forms of care for children without parental care and children with special needs (physical and mental difficulties) primarily the accommodation in foster families, daily and semi-daily centres, as a more humane and cost-effective form of accommodating children compared to institutional accommodation.
16. Improve services for child care and for women – victims of violence through the development of SOS phone network and preventive action through education and joint action of social entities, health and education institutions, centres for social work, courts and public.

F) 5. Mine awareness

Continue activities with respect to mine awareness (de-mining of all mined areas, ongoing education of all population, especially of children on mine awareness and awareness of other unexploded ordnance).

G) Other types of child protection

1. Concerning the children who are involved in child labour, it is necessary to develop definitions and criteria and educate the general population based on the Convention on the Rights of the Child. Bosnia and Herzegovina should reduce the number of children involved in child labour (definition of child labour in the text below).
2. Combat against child trafficking is an important goal in Bosnia and Herzegovina where there is insufficient knowledge and information about the issue, but this type of child protection has a special priority. Because of that, special measures for protection of children in Bosnia and Herzegovina shall be planned and passed in agreement with the National Plan of Action for prevention of human trafficking in Bosnia and Herzegovina.

IV- HARNESSING FINANCIAL RESOURCES

1. Within the legislative reform, reconsider allocation of funds to children from the funds generated in the gaming industry, and the laws on solidarity funds as well as other forms of providing funds for this purpose;
2. Based on the principles of solidarity and provision of subsidies, all governments in Bosnia and Herzegovina need to take part in helping communities that are not in a position to meet the minimum needs concerning the child protection in all sectors: education, health, safety, etc;
3. It is necessary to discuss the idea to establish a fund or foundation for children at the level of Bosnia and Herzegovina;
4. Achieve stronger financial discipline through the collection of taxes, customs and control of “grey economy” and channelling of funds to social welfare and for needs of children;

5. Transparency in determining and spending of funds allocated for social and child welfare at all levels and based on all criteria is necessary;
6. Reform in the sphere of financing should enable that allocations of funds to finance child welfare and humanitarian activities be stimulation for those entities that allocate them by making them non-taxable part of financing.

V – IMPLEMENTING INSTITUTIONS

The level of Bosnia and Herzegovina: The Council of Ministers of Bosnia and Herzegovina The Ministry of Human Rights and Refugees, The Ministry of European Integration, The Ministry of Civil Affairs and Communications and the Agency for Statistics of Bosnia and Herzegovina.

Brcko District of Bosnia and Herzegovina: The government of the Brcko District

The level of entities: The governments of the entities and cantons, relevant ministries for social policy, child welfare, justice ministries, ministries of interior affairs, ministries of sports, education and culture, ministries of health, statistical bureau of the entities, funds for child welfare, competent courts, centres for social work and other institutions established with an aim of protecting children.

VI - TIMELINES

All activities are implemented in the designated period 2002-2010 in conjunction with the set timelines that are individually determined for each particular measure and in agreement with the operational plan for activities.

The implementation institutions deliver annual reports on the realisation of set goals to their relevant bodies and to the Council for Children of Bosnia and Herzegovina.

A collated report on the implementation of this Action Plan is published at least once a year and if there is a need it is delivered to the Council of Ministers of Bosnia and Herzegovina.

VII- ESTABLISHMENT OF THE COUNCIL FOR CHILDREN OF BOSNIA AND HERZEGOVINA

With the aim of monitoring the implementation of the Action Plan, the Council of Ministers of Bosnia and Herzegovina, by its Decision, establishes a permanent body at the level of Bosnia and Herzegovina - the Council for Children of Bosnia and Herzegovina (further in the text: The Council for Children of Bosnia and Herzegovina).

The Council for Children of Bosnia and Herzegovina consists of seven (7) members who are appointed to a four-year term with the right to be re-appointed for one more mandate.

The Council for Children of Bosnia and Herzegovina is co-ordinated by the state co-ordinator who is proposed by the Ministry of Human Rights and Refugees.

In order to provide continuity in the implementation and monitoring of the Action Plan for Children, the Council of Ministers of Bosnia and Herzegovina selects members of the Council for Children of Bosnia and Herzegovina from among the experts of the Expert Team tasked with preparing the Action Plan for Children.

The proposal and the procedure of harmonising the appointment of members in the Council for Children of Bosnia and Herzegovina, who are appointed by the Council of

Ministers of Bosnia and Herzegovina, is conducted by the Ministry of Human Rights and refugees no later than 30 days following the adoption of the Action Plan.

The Council for Children of Bosnia and Herzegovina has the following responsibilities:

- Monitoring the implementation of the Action Plan;
Reporting to the Council of Ministers of Bosnia and Herzegovina when there is a need, at least once a year;
- Co-ordination with the relevant ministries in the entities and non-governmental organisations;
- Proposing measures to upgrade the implementation of the Action Plan;
- Proposing amendments to the Action Plan;
- Preparation of operational plans for each year;
- Other issues concerning the implementation of the Action Plan.

The Ministry of Human Rights and refugees through the Department for Human Rights provides administrative and technical assistance for the operations of the Council for Children of Bosnia and Herzegovina.

VIII- GOALS AND THE COURSE OF ACTION

A) JUDICIARY AND LEGISLATIVE REFORMS

The legislative provision is the decisive area of any efficient reform and the most complex aspect of any action planned including this one. In Bosnia and Herzegovina, there is a good legal framework that ensures basic rights and protection of children under the law. In practice de facto there are certain differences in terms of the level of exercised rights and the level of assistance provided to children. Different financial capacity of relevant bodies and institutions working in the field of child protection and rights establishes different practices that lead to a partial application of the laws.

The complex legal system of Bosnia and Herzegovina, its entities and the Brcko District is additionally complicated by processes of harmonisation, adjustments, frequent amendments and changes to the laws, which is not in full agreement with the European standards.

There is no unique methodological system and jointly co-ordinated process for a comprehensive analysis of the legislation. What is still dominant are the ad hoc actions to achieve particular goals or rectify the situation in certain areas.

REVIEW OF CONVENTION ARTICLES AND THE EXISTING LAWS IN BOSNIA AND HERZEGOVINA	
Convention on the Rights of the Child	Laws in Bosnia and Herzegovina /Federation of Bosnia and Herzegovina, Republika Srpska and the Brcko District/
The right to life (6)	Constitutions of <i>BiH, Federation BiH, RS, BD</i>
The right to health (24)	Laws on Health Care and Health insurance
The right to health (24.2.d.f.)	<i>BiH, Federation BiH, RS, BD</i> - Laws on Health Care and Health insurance

The right to health (24.2.d.)	<i>Federation BiH, RS, BD</i> - Laws on Health Care and Health insurance;
The right to standard of living (27)	<i>RS</i> - Law on child welfare; Law on Social Protection; Family Law; Law on Labour; <i>Federation BiH</i> – Law on the Basis of Social Protection; protection of civilian war victims and protection of families with children; Law on family relations; Law on Labour;
The right to physical and mental health (24.2. c.e.)	<i>Federation BiH, RS, BD</i> - Laws on Health Care and Health insurance;
The right to education (24.2.e.f 28, 29, 32)	<i>BiH- planned enactment of the Law in Education at the level of Bosnia and Herzegovina</i> <i>RS</i> - The Law on Child Welfare; Law on Primary School; Law on Secondary School and the Law on University; <i>Federation BiH</i> - laws on education at cantonal level;
The right to protection from violence, abuse, neglect (19)	<i>RS</i> - Family Law; <i>Federation BiH</i> – Law on Family Relations; <i>Federation BiH</i> and <i>RS</i> The Criminal Code and the Code of Criminal Procedure (further in the text: CC and CCP)
Economic exploitation (32)	<i>BiH, RS, Federation BiH, BD</i> - laws on labour;
Drug abuse (33)	<i>BiH, RS, Federation BiH, BD</i> – CC and CCP;
Sexual abuse (34)	<i>BiH, RS, Federation BiH, BD</i> – CC and CCP;
Trafficking, sale and kidnapping, (35)	<i>BiH, RS, Federation BiH, BD</i> – CC and CCP;
All other forms of exploitation (36)	<i>BiH, RS, Federation BiH, BD</i> – CC and CCP;
Torture, capital punishment and life imprisonment (37)	<i>BiH, RS, Federation BiH, BD</i> – CC and CCP;
The right to special protection: Refugees and asylum seekers (22)	The Law on immigration and asylum in Bosnia and Herzegovina, The law on Refugees from Bosnia and Herzegovina and Displaced People in Bosnia and Herzegovina; <i>RS</i> - The Law on Refugees and Displaced People and the Law on Social Welfare; <i>Federation BiH</i> – The Law on Displaced People - evictees and refugees - returnees;
Disabled children (23)	Constitution of Bosnia and Herzegovina, <i>RS, Federation BiH</i> - laws from the field on health care, education, social welfare, employment, social insurance;
Children in armed conflict (38)	<i>BiH, RS, Federation BiH, BD</i> – CC and CCP;
The right to special protection and assistance to children deprived of parental care (20,21)	<i>RS</i> - Law on Social Welfare, <i>Federation BiH</i> – Law on the Basis of Social Welfare, protection of civilian war victims and protection of families with children, <i>BD</i> – Decision on providing for the people who require social care;

The right to a periodical check-up in care, protection and treatment institutions (25)	RS - Law on Social Welfare, Federation BiH – Law on the Basis of Social Welfare, protection of civilian war victims and protection of families with children, BD – Decision on providing for the people who require social care;
The right to reintegration of victims of violence and exploitation	BiH, RS, Federation BiH, BD – CC and CCP;
The right to dignity of children in conflict with the law (40)	BiH, RS, Federation BiH, BD – CC and CCP.

Most of the listed laws are in effect, in the enactment phase or in the phase of harmonisation or amendment procedure, etc.

Through assessment of the situation with the legislation, we can identify the most important measures that shall have the following objectives:

1. Prepare the plan of activities to analyse laws in order to put in place a unified strategy and unique level of primary care for children in accordance with the Convention and other European standards.
2. Considering the time duration of this process, determine a possibility of passing temporary measures by the governments in certain areas with an aim of urgent rectification of the status of the child rights and raising the level of their protection.
3. Achieve harmonisation of substantive and procedural law provisions with a purpose of achieving harmonised standards of child protection in all parts of Bosnia and Herzegovina.
4. Pass measures aimed at adjusting the courts and appointing judges for children, introduction of specialised courts and the child rights judges.
5. In the sphere of protection of child rights the priority goes to the reform of family and criminal regulations, with an aim harmonising them fully with the Convention on the Rights of a Child.
6. Through substantive and procedural law provisions, as a part of their reform and implementation, it is necessary, inter alia, to ensure the best interest of a child and their protection from violence.
7. Where there is a need for preventive action, increase the penalties for criminal acts against the dignity of person and morality.
8. Introduce the protection of witness identity in the criminal procedures where the child appears as a victim of a criminal offence.
9. Through institutional reforms it is necessary to ensure efficient enforcement of preventive and repressive measures aimed at curbing the crime committed at the detriment of children.

Implementation institutions: *The Ministry of Human Rights and Refugees, Ministry for European Integration in co-operation with the entity justice ministries and if needed, depending on the responsibility for proposing of laws, inclusion of other relevant ministries.*

Deadline: establish a group that would undertake the analysis of the law, prepare a new draft and propose measures to implement necessary activities concerning the harmonisation and passage of new laws within one year.

Continually monitor the situation and if there is the need, introduce temporary measures

B) Children in contact with the law

The situation with the youngest population of Bosnia and Herzegovina, the children and all elements of their living, viewed from the purview of the ministries of interior (law enforcement agencies), was never more difficult. Looking at the juvenile delinquency, we have to stress that it is on the rise. What is even more interesting is the fact that the age of the perpetrators is increasingly decreasing, and that among delinquents of this type there are those who have several hundred of criminal acts in their files, and that although criminal acts against property are predominant, there are also the most complex and most severe criminal acts (homicides, rape, etc.). The problem is significantly aggravated because there is no correctional institution for juveniles.

It often happens that the court renders penal sentences whereas the offenders have nowhere to serve that sentence. Because of this circumstance, adult criminals (for years) have been using children to commit different crimes for them, because they knew that there is no place to send juveniles to serve a possible sentence. Because of this experts warn that Bosnia and Herzegovina in 10 years might have more than 1,000 highly sophisticated criminals, who are now in the recruitment stage.

According to some estimates, Bosnia and Herzegovina is the only country in the world that has no correctional facility for juveniles. In that respect, especially troubling is the rampant expansion of prostitution, in which the children are increasingly involved, and this problem needs to be appropriately addressed.

Violence against children is a growing phenomena that is directly linked with the transition and general impoverishment of our society. This phenomena is not addressed in a proper extent. The data are available only for certain areas or in individual studies and the indicators based on the activities of non-governmental organisations and citizen associations. Some surveys have been initiated by international organisations, but from all the listed sources of information, relevant assessments cannot be passed.

It is completely clear that the problem of violence against children in our society has turned into a problem that requires special attention. This necessitates introduction of urgent measures designed to develop a joint methodology to monitor this phenomena and proposition of measures to curb violence against children.

Substance abuse is a trans-cultural phenomenon that no country in the world succeeded to resolve. On the contrary, there is a growing number of countries that face this problem. The situation in Bosnia and Herzegovina speaks of a significant expansion of this phenomenon, and also of a lower age of those who take drugs for the first time. The evidence tells that drugs have entered secondary schools a long while ago, and now they are making inroads into the final grades of elementary schools. The continuing increase in the quantity of different illegal substances impounded on the territory of Bosnia and Herzegovina substantiate the assertion that this phenomenon is on the rise. The presence of larger quantities of different drugs on the streets of Bosnia and Herzegovina, their greater and easier accessibility, very favourable cost, on one hand, and unforeseeable and permanent health consequences upon those who take them on the other, and possibility of serious consequences on stability and security of the country, call for an urgent action.

Taking all the above into consideration (acknowledging the good work of the police so far, which unfortunately mostly comes to the consequence, therefore after the crime was committed), and especially the appalling consequences on the youth, from the purview of activities of law enforcement agencies, the Ministry of Interior shall, in addition to undertaking preventive measures, procedures and activities - with respect to the purview of its activities - conduct the activities that are proposed in the action programme of this Action Plan.

We especially highlight the necessity of having all European laws harmonised; those laws that concern the protection of the rights of the child, including the harmonisation of this matter within Bosnia and Herzegovina between the regulations passed by Bosnia and Herzegovina within the Federation Bosnia and Herzegovina and the cantons, Republika Srpska and Brcko District.

1. Specialist (ongoing) education of law enforcement officers on all forms of abuse such as: sexual, physical, emotional abuse of children, juvenile delinquency and substance abuse.
2. Special tasks designated to appointed enforcement officers to deal with the sexual abuse of children, juvenile delinquency and substance abuse.
3. Unified methodological monitoring of the entire problem and setting up of a unified registration and database systems.
4. In co-operation with the Centres for Social Work, the Ministries of Interior - law enforcement agencies - should undertake analysis of juvenile delinquency in order to have proper monitoring and to work on eradication through the Ministry of Interior.
5. Taking into consideration a worrying fact that an increasing number of children and adolescents take illicit substances, monitor criminal acts perpetrated by minors as a consequence of drug abuse.
6. Different types of education of children and young people (engaging inspectors working with the Ministry of Interior by the Centre for Social Work and the Ministry of Education) discussing drugs, ways of production, placing of illicit drugs on the market, consequences of substance abuse and measures for protection and self-protection of children and young people (through lectures, public debates, etc).
7. The Ministry of Interior should provide the data on juvenile delinquency to the media, and the media should regularly publish them with clear educational messages so that they can reach children and young people.
8. Devise and launch programmes in public media, articles in magazines targeting children, with an aim of protecting them from the use of drugs, domestic violence, kidnapping and child trafficking and all other negative occurrences on which the law enforcement offices shall work.
9. During regular intervention of law enforcement offices in all forms of child exploitation and violence, establish a procedure under which the police would inform the Centre for Social Work and educational institution on each individual case so that appropriate action could be taken.
10. It is necessary to support the initiatives for SOS – telephone and institutionalise it, because many cases of child abuse remain unreported, and launch an initiative to open necessary counselling services.

Implementation institutions: *The Ministry of Human Rights and refugees, the Ministry of Civil Affairs and Communications in co-operation with the entity justice ministries and interior affairs and if needed and depending on the on the responsibility for proposing of laws, inclusion of other relevant ministries.*

Deadline: Undertake status assessment and situation analysis on annual basis and issue recommendations to improve the status.

Continually, and if needed introduce temporary measures.

C) HEALTH AND HEALTHCARE

C.1- Basic indices and available resources

Children are a vulnerable population group and their health is of special importance for any country. We have a whole array of goals dedicated to attaining better health and living conditions for children. The rights and goals that stem from the Convention on the Rights of the Child are regulated by the Constitution and relevant laws of Bosnia and Herzegovina and the entities.

In Bosnia and Herzegovina there is an ongoing reform of health system into a system of family doctor with a special emphasis on Primary Health Care.

At a Conference in Alma Ata the Primary Health Care is defined as: "Essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process."

The Primary Health Care is based on four elementary principles:

❖ **Multi-sectoral co-operation**, which presupposes that on one hand all sectors of the community, through joint efforts need to contribute to a better health of the population, and on the other that the health aspect must be included in all the elements of development. The sectors such as education, water supply, waste disposal, housing, transportation, food production, etc, are integral elements of health and because of that they make an integral part of the Primary Health Care.

❖ **Community participation** and participation of community members is a necessary precondition to achieve health. People need to receive the right information, they should be provided with professional assistance, but they have to make the decision on their own health independently. Health promotion and health education activities should help them to take part in the activities concerning the improvement and maintenance of health.

❖ **Equal resource distribution** necessitates the need to, no matter how large health resources are, they be equally distributed to geographical, socio-economic, educational, gender and other strata of society.

❖ **Appropriate technology** presupposes that the technology that is applied must respond to the needs and potentials of the population and that the decision about "which technologies" (the equipment, procedures, programmes) must be passed in consideration of many scientific precepts.

The experience shows that the legislative regulations in health are not only the decisive sphere for an efficient reform, but also the most important and most complex field of any health care reform. Republika Srpska has done a lot in that respect (Strategic Plan for reform and restructuring of health system, goals and measures of health policy in Republika Srpska by the year 2002, the Strategy of health promotion in Republika Srpska, National protocol of CINDI programme, Reform of health financing, The Law on Health Care, the Law on Health Insurance, etc.)

Health care is exercised through the legal system in both entities and the Brcko District. (in the Republika Srpska: the Law on Health Care and the Law on Health Insurance; In the Federation of Bosnia and Herzegovina: the Law on Health Care and the Law on Health Insurance).

Implementation of health care in the entities and in the Brcko District is the responsibility of following institutions:

In the Federation of Bosnia and Herzegovina,

- The Federation Health Ministry,
- Cantonal ministries (10 cantonal ministries),
- Clinic Centres, hospitals, health clinics, outpatient facilities.

In the Republika Srpska:

- Ministry of Health and Social Welfare.
- Health institutions.

In the Brcko District:

- Mayor,
- Department for Health, Public Security and Services to Citizens (regarded as a ministry).

C.2 - Financing

The Federation Ministry of Health is in the Federation of Bosnia and Herzegovina responsible to ensure a satisfactory and sustainable financing of the needs of health care, in accordance with the approach to health as an activity of a special social importance.

In the endeavour to achieve that goal one of very important principles will be taken into consideration.

The Solidarity needs to be assisted in meeting of the health needs for those who cannot pay services that they need - (The Federation Solidarity Fund).

With the establishment of the Federation Solidarity Fund with the Federation Insurance and Reinsurance Bureau, equal financing of the primary package of health rights in all cantons would be ensured, financing of highly differentiated healthcare in three clinical centres, etc. The Fund would be budgeted through contributions of cantonal institutes for health insurance. It is important to note that the introduction of the system of federal solidarity is one of the requirements of the World Bank based on the PFSAC II (Second Public Finance Structural Adjustment Credit and the third \$20-30 million instalment of PFSAC II would be called into question.

Faced with lacking resources in health, the Federation of Bosnia and Herzegovina has decided to introduce different arrangements of cost coverage -(patient participation). Attention must be paid to the fact that the main goal of introducing participation in the Federation of Bosnia and Herzegovina is prevention of overuse, and not to collect financial means that are necessary for normal health operations.

The financing of healthcare in Republika Srpska is the competence of following institutions: the government of Republika Srpska, the Ministry of Health and Social Welfare of Republika Srpska and republic Fond of Health Insurance of the Republika Srpska.

Based on the Law Healthcare and the Law on Health Insurance of Republika Srpska, a Decision on the minimal package of primary healthcare was passed. The minimal package of primary healthcare includes health measures and services that have special significance for the health of people and which is under equal terms provided for all insured persons, as well as the health measures and services that are pursuant with the law, provided to insured people in the group of health priorities. The group of health priorities includes the

children up to the age of 15 and women during pregnancy, delivery and one year after delivery.

C.3- Goals of world summit for children and indices for Bosnia and Herzegovina

Goal 1.: Reducing the rate of infant mortality and mortality of children younger than do 5 by one third, or to 50-70 per 1000 live births

Indicators for Bosnia and Herzegovina:

-under-five mortality rate	1999. 11.00 per thousand [1]
- infant mortality rate	1999. 8.02 per thousand [1].

Goal 2.: Reducing the maternal mortality rate by one half

Indicators for Bosnia and Herzegovina:

-maternal mortality rate	1999. 0 [1].
--------------------------	--------------

Comment:

Goals 1. and 2. of the World Summit for Children are, according to the official information, achieved in Bosnia and Herzegovina.

Symptoms, signs and undefined conditions are indicators that take the second place among the leading causes of death in Bosnia and Herzegovina, which indicates the inefficiency of the system. Reform of the mortality registration system is needed.

Goal 3.: Reducing the number of moderately and severely underweight children under the age of 5 by one half

Indices for Bosnia and Herzegovina:

- underweight prevalence of children under the age of 5	2000. 4.7% [2]
moderately underweight 4.1% [2]	
severely underweight 0.6% [2]	
-prevalence of stunted children under the age of 5	2000. 12.6% [2]
moderately stunted 9.7% [2]	
severely stunted 2.9% [2]	
-prevalence of under fives who are too thin for their height	2000. 8.2% [2]
moderately wasted 6.3% [2]	
severely wasted 1.9% [2]	

Comment:

Children's nutritional status is a reflection of their health. When children have access to adequate food supply, they are not exposed to repeated illness and are under a good care, they reach their full growth potential and are considered well nourished.

In a well-nourished population, there is a standard distribution of height and weight for children under the age of five years. Under-nourishment in a population can be gauged by comparing children to this standard distribution. The standard or reference population used here is the NCHS (National Centre for Health Statistics US) standard, which is recommended for use by UNICEF and the World Health Organisation. Each of the three nutritional status indicators are expressed in standard deviation units (z-scores) from the medial of this referent population.

It would be advisable to establish the standards for Bosnia and Herzegovina, because the comparison with the general international standards is not the most effective.

Almost one-fifth of children under the age of five years in Bosnia and Herzegovina (18 percent) are overweight, while 4.8 percent of children are obese.

It is necessary to prepare and implement health promotion programmes that concern proper nutrition, growth and development of children in Bosnia and Herzegovina.

Goal 4.: The universal access to safe sources of potable water *

Indicators for Bosnia and Herzegovina:

-the use of safe sources of potable water 2000. 97.5% [2].

Comment:

Safe drinking water is a basic necessity for good health. In our research the quality of drinkable water was not controlled, but analysed the availability of improved (the so-called safe) sources of drinkable water for the general population.

Almost two thirds of the population (70.9 percent) uses water brought through pipes to their dwellings (from the town or local water supply system), and 9 percent use the water brought through pipes to their yard (from the local water supply system). The pumps, protected wells and protected spring water account for the remaining sources of drinkable water in Bosnia and Herzegovina.

Drinking water sources in household vary depending on the region. The urban population mostly uses the water in their dwellings (97.2 percent). The main sources of drinking water in rural areas include: water in a dwelling (55.4 percent), water in the yard (13.9 percent), pumps (7.6 percent), protected spring (7.9 percent) and protected wells (7.8 percent).

Under the MICS (Multiple Indicator Cluster Survey) research, the population that uses safe sources of drinking water is the one that is connected to one of the following sources: water in a house, water in the yard (piped), pumps, protected wells, protected spring and rainwater. In Bosnia and Herzegovina 97.5 percent of the population has access to safe drinking water, more than 99 percent in urban areas and 96.2 percent in rural areas.

It would be good to raise the percentage of population that uses safe drinking water to 100 percent and institute a permanent monitoring over the quality of water used for drinking.

With an aim of maintaining the health among the population it is necessary to improve, i.e. establish a monitoring system for health safety of water used for drinking, and the quality of underground and surface waters; focus control on individual water supply systems; ensure required quantity and quality of water for the general population in accordance with the standards of the European Union and guidelines of the World Health Organisation.

In other to achieve the above, it is necessary to undertake the following: use a adequate planning methods when building water supply facilities and for their supervision; conduct the permanent control of suitability of water for drinking; pass administrative measures to monitor the area under sanitary protection, build facilities that safeguard drinking water, register the existing and potential sources for water pollution.

Note: our country is a signatory to the international instrument: «Protocol on water and health» that includes all elements that are necessary for prevention, control and reduction of the illnesses contracted through water.

Goal 5.: Universal access to sanitary means of excreta disposal*

Indicators for Bosnia and Herzegovina:

-the use of sanitary means of excreta disposal 2000. 93.5% [2].

Comment:

Inadequate excreta disposal and personal hygiene are linked with many diseases such as diarrhoea and polio. Sanitary means of excreta disposal (proper places designated for human excreta disposal) include the following: toilets connected to a sewage system or septic tank, other toilets that are flushed, ventilated and non-ventilated toilets with a hole.

About 93 percent of the population of Bosnia and Herzegovina is living in households with sanitary means of excreta disposal. This percentage stands at 99 percent in urban and 90.2 percent in rural areas. The most frequent type of toilette in Bosnia and Herzegovina is the toilette with water tank, connected to the sewage system or a septic tank.

It is necessary to make efforts in achieving the goal that all households in Bosnia and Herzegovina have access to sanitary means of excreta disposal, especially in rural areas.

Goal 6.: Universal approach to primary education and the 80 percent rate of primary school completion among school-aged children and narrowing the gap between boys and girls *

Indicators for Bosnia and Herzegovina:

- children who reach enrolment to the fifth grade 2000. 99% [2]
- primary school attendance of children 94% [2].

Comment:

The universal access to basic education and accessibility of primary education by the world's children is one of the most important goals set by the World Summit for Children. Education is a vital prerequisite for combating poverty, gender imbalance, protecting children from labour and sexual exploitation; as well as the struggle for promoting human rights and democracy, protecting the environment and influencing the population growth. Ninety-five percent of children aged 7-14 are included in the primary school education. There is no great difference between male and female primary school attendance (93.5 percent vs. 94.6 percent). All children who enter the first grade reach grade five. We should strive to achieve a goal of having 100 percent primary school inclusion of children. The quality of primary school education needs to be improved.

Goal 7.: Reducing the illiteracy rate among adults by a half, with an emphasis on female illiteracy *

Indicators for Bosnia and Herzegovina:

- the literacy rate (percentage of population older than 15 who can read and write with comprehension a brief simple event from everyday life) 2000. 94.6% [2].

Comment:

Most of the population (94.6 percent) older than 15 in Bosnia and Herzegovina is literate. Ninety-three percent of rural and 97.3 percent of urban population is literate. Literacy rate drops in older age groups. Literacy exceeds 99 percent in the 25-34 age group, while in the group over 64 years, it stands at 75.8 percent. This drop is especially visible in female population and from more than 99 percent in the 15-34 age group, it drops to 62 percent in the female age group older than 64 years.

Goal 8.: Providing better care for children in extremely different circumstances and determining the causes that led to such circumstances *

No indicators

Goal 9.: Providing special attention to health and nutrition of girls, pregnant women and lactating mothers

Indicators for Bosnia and Herzegovina:

- death rate of children under the age of 5 (disaggregated by sexes) 1999.
 - total 9.03 per thousand [1]
 - male 10.01 per mill[1]
 - female 8.02 per mill [1]
- Prevalence of underweight children under the age of 5 (disaggregated by sexes) 1999.
 - total 4.7% [2]
 - male 5.5% [2]
 - female 3.8% [2]
- antenatal care (proportion of women aged 15-49 who received at least once during pregnancy care from health personnel) 2000. 99.2% [2]
- prevalence HIV/AIDS (by sexes) no data
- prevalence of sideropenic anaemia among general female population and pregnant women - no data, but the evaluation of project "School for Pregnant Women" in Republika

Srpska conducted a study of 1,000 pregnant women and found that 610 pregnant women were sideropenic (the haemoglobin level below 11g/l).

Comment:

Comments on the death rate for children under the age of 5 and prevalence of underweight children under the age of 5 have been stated; what needs to be highlighted is the fact that there is no significant difference between males and females within data relating to these two indicators.

Quality ante-natal care can contribute to the prevention of maternal mortality by detecting and managing potential complications and risk factors, such as: pre-eclampsia, anaemia and sexually transmitted diseases. Antenatal care also provides opportunities for women to learn the danger signs during pregnancy and delivery, to learn how to take care of the baby and to be treated for existing conditions, such as anaemia. Female respondents who had given birth in the year prior to the survey were asked whether they received antenatal care and what type of person provided the care. If the women named more than one type of provider for prenatal care, the most qualified were taken. Almost all women in Bosnia and Herzegovina receive some type of antenatal care from health professionals (some two percent from a nurse/midwife, other from the doctor). The quality of antenatal care was not surveyed.

The data shows that only few people in Bosnia and Herzegovina are infected with HIV, but it is believed that the data cannot be relied upon. It is necessary to step up efforts for the identification of HIV-positive people.

The data that 610 of 1,000 pregnant women who come to the Counselling for Pregnant Women in Health Clinic, Banja Luka are sideropenic is alarming. There are efforts to launch a prevention programme against nutritive anaemia among pregnant women in Bosnia and Herzegovina, which would consist of the education of health professionals and general population and provision of iron supplements that would be freely distributed to pregnant women. As the consequence of frequent sideropenia among pregnant women, it is also frequent among the pre-school children. From 1999, the programme titled: "Prevention of nutritive anaemia among children under the age of 6 in the Republika Srpska". Preliminary survey on sideropenia and sideropenic anaemia incidence among this population, which was conducted as a part of this programme, tell that approximately 40 percent of children under the age of 6 are sideropenic (the recommendations of the World Health Organisation were used for the level of haemoglobin in different age groups).

**Goal 10.: Availability of family planning information and services to all couples
Indicators for Bosnia and Herzegovina:**

-contraception prevalence	2000. 47.5% [2]
-fertility rate for women aged 15-19	no data
-total fertility rate	no data

Comment:

Current use of contraception was reported by 47.5 percent of married women or women living in a union. The most popular method is withdrawal, which is used by 27 percent, followed by intrauterine devices used by 8 percent of women. Three percent of women use condoms, and 4.5 percent the oral contraceptive pill. Any modern method of contraception is used by 15.7 percent, while any traditional method is used by 31.7 percent of women. Younger women are less likely to use any contraception method compared to older women. Women with higher education level are more likely to use modern contraception methods compared to women with lower education level and in general they use contraception more frequently. Low percentage of women that use contraception methods, especially modern ones, and the fact that the birth rate is low, indirectly indicate that the percentage of deliberate pregnancy terminations in Bosnia and Herzegovina is high.

It is necessary to mobilise all forces available in the social community to seriously tackle the problems of population policy, establish family planning counselling services and make them available to all citizens of Bosnia and Herzegovina, and implement health-promotional campaigns discussing family planning. It is also necessary to establish a system that would allow monitoring of the fertility rate (total rate and the rate for women aged 15-19).

Goal 11.: Availability of antenatal care, healthcare during delivery and referral institutions for high-risk pregnancies and urgent obstetrics conditions to all pregnant women

Indicators for Bosnia and Herzegovina:

-antenatal healthcare	2000. 99.2% [2]
-healthcare at delivery	2000. 99.6% [2].

Comment:

The antenatal care was commented earlier.

Provision of professional assistance during delivery can significantly improve the health of mother and the child. The appropriate professional assistance during delivery is considered to be the one provided by the doctor, nurse and midwife. The quality of professional assistance during delivery was not researched. This would require drafting of written protocols for all diagnostic and therapeutic procedures, and that would be the best basis for the introduction of a quality control in healthcare.

Goal 12.: Reducing the proportion of children born with low birth weight (less than 2.5 kg) to less than 10 percent

Indicators for Bosnia and Herzegovina:

-the rate of live births with low birth weight (less than 2.500 g.) 2000. 3.3% [20].

Comment:

Infants who weigh less than 2,500 grams at birth are categorised as low birth weight babies. The percentage of babies with low birth weight at birth is estimated from the data on discharge lists or from the mothers' statements on the baby's size at birth. More than 95 percent of children in Bosnia and Herzegovina are weighed at birth. Approximately three percent of infants are estimated to weigh less than 2,500 grams at birth. The percentage of infants with low weight at birth is smaller in urban areas and among mothers who have secondary education or higher. Using the MICS methodology when assessing the percentage of infants with low birth weight at birth, this data can be underestimated, because the assessment is based on the data on live births, and the infant mortality rate is higher among children with low birth weight at birth.

Goal 13.: Reducing the proportion of women who have sideropenic anaemia by one-third compared to the 1990 levels

Indicators for Bosnia and Herzegovina:

-prevalence of sideropenic anaemia among women in generative period	no data.
---	----------

Comment:

It is necessary to establish a system to monitor this index.

Goal 14.: Elimination of iodine deficiency disorders

Indicators for Bosnia and Herzegovina:

-proportion of households that use adequately iodised salt	1999. 56.04% [3]
--	------------------

-proportion of school children population aged 7-14 with low iodine concentrations in urine 1999. 23.64% [3]

optional:

-proportion of school children population with goitre aged 7-14 1999. 23.47% [3].

Comment:

Proposed measures:

1. Establish Committee for Iodine Deficiency Disorders that would develop a strategy to combat iodine deficiency disorders and lead all other actions;
2. Introduce regular screening of infants for hypothyroidism in all delivery wards (determining the neonatal TSH - thyroid-stimulating hormone);
3. Harmonise the Book of Rules on the salt quality for human use with the recommendations of the World Health Organisation;
4. Legislative regulation that iodised salt be used for the diet of domestic animals;
5. Implement measures of protection for special population groups from iodine deficiency (pregnant women);
6. Implement the programme of population education on the importance of iodised salt, procedures that this food item passes from production to consumption in the household (import, control, packaging, storing, validity period, amount of iodine, where to keep it in the household, required quantities, preparation, etc.);
7. Standardise the methodology of determining the amount of iodine in urine and in salt;
8. Introduce a regular basis monitoring for the quality of iodised salt;
9. Measure iodine in urine at certain intervals;
10. Conduct a new research in 2004. and continue ongoing education of health professionals.

Goal 15.: Elimination of vitamin A deficiency and the consequences of this deficiency, including blindness

Indicators for Bosnia and Herzegovina:

- percentage of children who receive A vitamin supplements
 - percentage of mothers who received high doses of vitamin A by the time their child is eight weeks old
 - percentage of children aged 6-59 months with a low level of serum retinol
- optional
- percentage of children aged 24–59 months suffering from the night blindness
 - percentage of women who suffered from night blindness during previous pregnancy.

Comment:

In Bosnia and Herzegovina the cases of night blindness were not reported, while the prevention measures against disorders caused by vitamin A deficiency are not being implemented as of last year. Thus far, it was implemented among the infant population.

Goal 16.: Encouraging women to practice exclusive breastfeeding of their children for 4-6 months and to continue with the breastfeeding until the age of two full years with a timely introduction of additional foods

Indicators for Republika Srpska:

- rate of exclusive breastfeeding under the age of 4 months 1999. 37.5% [4]
 - rate of timely introduction of additional food 1999.13.89% [4]
- rate of continuing breastfeeding for 1999:
- Children aged 12-15 months of life 22.86 percent
 - Children aged 20-23 months of life 6.67 percent

-number of "Baby Friendly Hospitals" is five, conducting some 40 percent of all births in Republika Srpska.

Indicators for the Federation of Bosnia and Herzegovina:

- rate of exclusive breastfeeding under the age of 4 months 1999. 40.6%
- rate of continuing breastfeeding for 1999:
 - Children aged 12-15 months of life 37.1%
- number of "baby Friendly Hospitals" : nine.

Comment (recommendations to improve the situation):

1. Continue (with certain changes) with the implementation of the Programme for Promotion, Support and Protection of Breastfeeding (BFI) in Republika Srpska and in the Federation of Bosnia and Herzegovina.
2. Establish patronage services in all towns in Bosnia and Herzegovina and strengthen them.
3. Give the precedence to education of health professionals who are working in the primary health care of pregnant women, mothers and children, because they are very important for the implementation of the BFI programme.
4. Step up the scientific-promotional activities conducted with the pregnant women and mothers, and also include grandmothers and other members of the household (pay attention to the "proper placing of baby on the breast," breastfeeding "when required," giving water and tea, food for infants and detrimental effect of the teat).
5. Increase presence of quality scientific-promotion programmes on the radio and television and corresponding articles in the newspapers.
6. Pay special attention to education of health workers and general population concerning the fact that the child needs breastfeeding for two full years and consider a change in terminology of *odojče (non-breastfeeding child)* (until a child reaches the age of 1 year it is called *dojenje* (lit. breastfeeding child)).
7. Continue with the implementation of programmes that promote breastfeeding such as: "Schools for Pregnant Women", "Implementation of the International Code for Marketing the Breast Milk Substitutes", "Prevention of nutritive anaemia among children under the age of 6 years", "Acute Respiratory Infection and Acute Diarrhoea Syndrome among children under the age of 5".

Note: We believe that some of the indicators defined at the World Summit for Children need to be changed. The percentage of births delivered in the Baby Friendly Hospitals is a better index compared to the number of Baby Friendly Hospitals. As an indicator, it is necessary to introduce a ratio of children who were exclusive breastfeeding under the age of six months, in accordance with the new recommendations of the World Health Organisation. When calculating the indicators for a timely introduction of additional food, children who started receiving additional food before they were six months old should be excluded from the ratio, because that would produce a realistic number. In our research it turned out that most children aged 6-9 months who are still breastfeeding, started receiving additional food before the time.

Goal 17.: Institutionalisation of growth promotion and continuing monitoring of growth in all countries
No indicators

Comment:

We have already made a reference to the fact that it would be advisable to establish a standard distribution of weight and height for children under the age of 5 in Bosnia and Herzegovina, because the comparisons with the general information standards are not the

best choice. This would be the best beginning for the introduction of a continued monitoring of growth in Bosnia and Herzegovina.

Goal 18.: Spreading the knowledge and services in support of increasing food production and provision of food safety in households *
No indicators

Comment:

It is necessary to prepare promotional programmes with respect to this issue.

Goal 19.: Global eradication of poliomyelitis by the year 2000
Indicators for Bosnia and Herzegovina:

-annual number of poliomyelitis cases 1999. 0 [1].,

Comment:

In Bosnia and Herzegovina there are no registered cases of poliomyelitis. Attention needs to be paid to immunisation.

Goal 20.: Elimination of neonatal tetanus by the year 1995
Indicators for Bosnia and Herzegovina:

-annual number of cases of neonatal tetanus 1999. 0 [1].

Comment:

In Bosnia and Herzegovina there are no registered cases of neonatal tetanus. This condition needs to be maintained.

Goal 21.: Reducing the death cases caused by measles by 95 percent and the number of measles cases by 90 percent, in comparison with the 1995 figures (as the main step toward the global eradication of measles)

Indicators for Bosnia and Herzegovina:

-annual number of death cases due to measles 1999. 0 [1]

-annual number of cases of contracting measles no data.

Comment:

We do not know the 1995 figures therefore we cannot compare them, but in Bosnia and Herzegovina there are no death cases caused by measles. Attention needs to be paid to immunisation.

Goal 22.: maintaining the high immunisation coverage (at least 90 percent for children under the age of 1) for diphtheria, tetanus, pertussis, measles, poliomyelitis, tuberculosis and pregnant women against tetanus

Indicators for Bosnia and Herzegovina:

-immunisation coverage against DiTePer 2000. 88% [2]

- immunisation coverage against measles 2000. 79% [2]

- immunisation coverage against poliomyelitis 2000. 82% [2]

- immunisation coverage against tuberculosis 2000. 95% [2]

-protection of children against neonatal tetanus is not in the immunisation programme of Republika Srpska.

Comment:

Increase the immunisation coverage against Di Te Per, MoRuPar, Polio at least 90 percent, strive to achieve this and the coverage of BCG of 100 percent. All children need to have the vaccination card with the data on vaccination. Raise the percentage of children

who have been given all eight recommended vaccines to at least 90 percent. Discuss the advantages and disadvantages of the transfer from the MoRuPar vaccine in 19th month of life to the monovalent vaccine against measles before the first birthday.

The new Decree on compulsory immunisation (vaccination) of population against communicable diseases ("Official Gazette of Republika Srpska" no. 31/01) the programme of compulsory immunisation received vaccination against hepatitis B. The vaccination includes all children from the date of birth to one year of age, and it is conducted by administering three doses of hepatitis B vaccine.

Goal 23.: reducing the number of death cases among children under 5 years of age by 50 percent and reducing the diarrhoea incidence by 25 percent

Indicators for Bosnia and Herzegovina:

-annual number of death cases caused by diarrhoea	1999. 0 [1]
-average number of diarrhoea episodes among children under the age of 5	no data
- use of oral re-hydration treatment among children with diarrhoea	2000. 1.6. % (2)
-home management of children with diarrhoea	2000. 11.1% [2].

Comment:

Dehydration caused by diarrhoea is the leading cause of mortality among the children of the world. In Bosnia and Herzegovina, there are no registered death cases due to diarrhoea. Home management of diarrhoea, either through oral re-hydration salts (ORS) or a recommended home fluid (RHF), can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child is the important strategy for managing diarrhoea.

In the questionnaire used in our surveys, mothers or people who take care of the child were asked whether the child had had diarrhoea in the two weeks prior to the survey. If the response was affirmative, mothers were asked a series of questions about the type and the quantity of liquid and food the children used during the episode of diarrhoea. Ten percent of children had had diarrhoea two weeks preceding the survey. The percentages of children who were receiving various types of recommended liquids during the episodes of diarrhoea were calculated. Since mothers were able to name more than one type of the liquid, the percentages did not necessarily add up to 100. Sixteen percent of children received breast milk, 36 percent porridge and soup, 13 percent received ORS. Eighty-seven percent of children under the age of 5 received one or more of the recommended liquids (ORS or RHF).

Twenty-one percent of children drank more liquid than usual, while 71 percent drank the same or less liquid. Some 63 percent of children ate the same, somewhat less or somewhat more food than usual. A total of 14 percent of children with diarrhoea drank more fluids than usual and ate the same, somewhat less or somewhat more food than usual.

Only 11 percent of children during diarrhoea received increased quantities of fluids and continued eating as recommended. People in Bosnia and Herzegovina traditionally pay much attention to the type and the quantity of food they give to sick children, which cannot be said for the greater intake of fluids. One of the goals of the programme: "Acute Respiratory Infection and Acute Diarrhoea Syndrome among children under the age of 5" is to teach health professionals and general population how to treat children at home. Written health-promotional material is prepared for health workers and population on the intake of recommended fluids during an episode. This should change the attitudes and habits concerning the fluid intake during diarrhoea episodes.

Goal 24.: Reducing the number of death cases due to acute respiratory infections among children under the age of 5 by one-third

Indicators for Bosnia and Herzegovina:

-number of death cases due to acute respiratory infections	1999. 3 [1]
--	-------------

-treatment of acute respiratory infections

2000. 80% [2].

Comment:

Acute respiratory infections (ARI) are the leading on the list of diseases of children in Bosnia and Herzegovina. Acute infection of lower respiratory tract, pneumonia especially, are one of the leading causes of death among the children of the world. In Bosnia and Herzegovina in 1999. they caused deaths of three children. In the MICS questionnaire, ARI are defined as an illness with a cough, accompanied by rapid or difficult breathing, and whose symptoms are due to a chest problem, a problem in the chest and a blocked nose, or those illnesses for which the mother did not know the source for the problem. This definition is more appropriate for pneumonia and other severe acute lower respiratory infections. For only 40 children under the age of 5 it was reported that they had such ARI symptoms two weeks prior to the research.

**Goal 25.: Elimination of drakuliniasis by the year 2000
Bosnia and Herzegovina is not the region where drakuliniasis appeared**

Goal 26: Expansion of activities for early childhood development, including small cost interventions in the family and in the society *

Indicators for Bosnia and Herzegovina:

-pre-school development	2000. 8.7% [2]
-prevalence of underweight children under the age of 5	2000. 4.7% [2].

Comment:

Approximately 90 percent of children aged 36-59 months attend some kind of institution for pre-school education. Fewer boys (8.1 percent) compared to girls (9.5 percent) attend those institutions.). Urban children are almost three times more likely to attend these institutions compared to their rural counterparts. The higher education level of the mother, the higher the rate of child attendance to pre-school institutions. This percentage is very small and should be increased, but it directly depends on the socio-economic situation in Bosnia and Herzegovina. Measures to improve the situation are provided in the chapter on Education. The comment on the situation with nutrition is presented earlier in the text.

Goal 27.: Greater knowledge acquisition, skills and values required for a better life (through all education conduits, including the mass media, other types of modern and traditional communication and social action) by individuals and families, whose effectiveness shall be measured by the changes in behaviour*

No indicators.

Comment:

Provided in the chapter on education.

Additional indicators to monitor child rights for Bosnia and Herzegovina*

-Birth registration of children under the age of 5	2000. 98.4% [2]
-Living arrangements of children under the age of 14	2000. 0.6% children who are living in household within the presence of biological parents [2]
-Children under the age of 14 within parental care living in households	
both parents deceased	2000. 0.1% [2]
mother deceased	2000. 0.5% [2]
father deceased	2000. 4.0% [2]

-Child labour
[2].

2000. 17.7% children aged 5-14 years currently working

Comment:

The UN Convention on the Rights of the Child states that every child has the right to a name, nationality and the right to his or her own identity. Birth registration is a fundamental means of securing these rights for children. The births of 99 percent of children under five years of age in Bosnia and Herzegovina have been registered in the birth registration book. Children without parents (orphaned) may be at increased risk of discrimination, poverty, abuse and exploitation. In Bosnia and Herzegovina, 93 percent of children aged 0-14 are living with both parents. Less than one percent of children are not living with biological parents.

Some 4.5 percent of children have only one parent alive. Less than half percent of children under the age of 5 are not living with biological parents.

It is important to monitor the extent to which children work and the type of work in which they participate, for several reasons: children who are working are less likely to attend school regularly and they are more likely to drop out. Working conditions for children are often unregulated, leaving the room for abuse. Many types of work are hazardous for the health of children. In Bosnia and Herzegovina 0.9 percent of children engage in paid work. About 6 percent participate in unpaid work for someone other than a household member. Domestic work is defined as cooking, fetching water, shopping, washing clothes and caring for children. Fifty-five percent of children are doing these tasks less than hour hours per day, while 0.6 percent spend more than four hours per day on such tasks. Girls and older children are more likely to be engaged in such tasks in the household. Family business is defined as the work on the family land (agriculture) or some other family business.

Fifteen percent of children are engaged in this type of work. Children from the rural areas, boys and older children are more likely to be engaged in this type of work.

For children who perform any kind of paid or unpaid job for someone who is not a member of their family household or who spend more than hour hours per day doing family tasks or do other family tasks are considered to be currently working. In Bosnia and Herzegovina, there is 17.7 percent of children who are currently working. Boys, children from rural areas and older children are more likely to be working. It is necessary to reduce this number by one half, and strive that it stands at 0 percent.

Additional monitoring IMCI (Integrated Management of Childhood Illness) Initiative and malaria for Bosnia and Herzegovina

-Home management and treatment of childhood illnesses 2000. 16.1% [2]

-Knowledge required for home management of childhood illnesses 2000. 67.9% [2]

-Safety nets around beds Bosnia and Herzegovina is not the region where malaria appears

-Malaria treatment in Bosnia and Herzegovina Bosnia and Herzegovina is not the region affected by malaria.

Comment:

The Integrated Management of Childhood Illnesses (IMCI) is a programme developed by UNICEF and the World Health Organisation that combines strategies for control and treatment of five major killers of children - acute lower respiratory tract infections, dehydration during diarrhoea, measles, malaria and malnutrition. The programme focuses on the improvement of case management skills of health workers, improvement of the overall healthcare system and improvement of family and community practices in the prevention and early management of childhood illnesses. Appropriate home management of illness is one component of IMCI. This approach teaches mothers that appropriate home management of diarrhoea and many other illnesses requires giving more fluids and continuing to feed the child as they are normally fed.

The research collected information on the drinking and eating habits among sick children. Almost 19 percent of children were reported to have had diarrhoea or some other illness in the two weeks preceding the survey. Of these children, 26 percent received more fluids during the illness, while 65 percent continued eating the same, somewhat less or more food than usual. Only 16 percent of ill children received increased fluids and continued normal eating as recommended under the IMCI programme. One should keep in mind that not all children who are ill require an increased intake of fluids and the same dietary regimen as recommended in the IMCI initiative. Improving the knowledge among mothers and those who took care of sick children about when it is necessary to look for a professional medical assistance is another important component of the IMCI programme. Some 68 percent of those who provided care for a sick child knew to name at least two signs that would lead them to seek urgent medical assistance for the child.

This percentage should be increased to 100 percent, and it should be strived that those who provide care to a sick child know a greater number of symptoms that would lead them to seek urgent medical assistance for the child.

Indicators to monitor HIV/AIDS in Bosnia and Herzegovina

-Knowledge on HIV/AIDS prevention methods	2000. 28.3% [2]
-Prejudices on ways of HIV/AIDS transmission	2000. 68.9% [2]
-Knowledge about mother to child HIV/AIDS transmission	2000. 47.5% [2]
-Discriminatory attitudes toward people with HIV/AIDS	2000. 24.1% [2]
-Women who know where they can be tested for HIV/AIDS	no data
-Women who have taken HIV test	no data
-Attitude concerning the use of condoms	no data
-Sexual behaviour among adolescents	no data

Comment:

One of the most important strategies for reducing the rate of HIV/AIDS infection is the promotion of accurate knowledge of how HIV/AIDS is transmitted and how to prevent transmission. Some 26 percent of women aged 15-49 possess satisfactory knowledge concerning the HIV/AIDS transmission. Knowledge of HIV/AIDS increases along with the education level.

Given the nature of the disease and modes of transmission, HIV/AIDS requires an ongoing and continuing epidemiological surveillance and monitoring. The surveillance and prevention aspect needs to harness the potentials of the entire society and improve measures of early detection and treatment of sick persons. To that end, the Strategic HIV/AIDS Prevention Programme is currently being developed.

***These goals are not in direct jurisdiction of institutions that organise and implement health care, but their attainment is the necessary precondition to maintain and improve health among children.**

IMPLEMENTATION AGENCIES

Council of Ministers of Bosnia and Herzegovina

IN THE FEDERATION OF BOSNIA AND HERZEGOVINA
 Government of the Federation of Bosnia and Herzegovina
 Federation and cantonal health ministries
 Institutes for Public Health
 Primary Health Care

IN REPUBLIKA SRPSKA
Government of Republika Srpska
Ministry of Health and Social Welfare of Republika Srpska
Health Institutions

IN THE BRCKO DISTRICT
Mayor
Department for Health, Public Security and Citizen Services (regarded as a ministry)

IMPLEMENTATION DEADLINE: continually, monitoring and reporting every two years.

FINANCING:

IN THE U FEDERATION OF BOSNIA AND HERZEGOVINA
Government budget of the Federation of Bosnia and Herzegovina
Cantonal and municipal Institutes of Health Insurance
Donations

IN REPUBLIKA SRPSKA
Budget of the government of Republika Srpska
Republic Fond f Health Insurance of Republika Srpska
Donations

D) EDUCATION

In the pre-war Bosnia and Herzegovina education system was well developed. It was regulated by the law of Bosnia and Herzegovina and to a great extent it was harmonised with the legislation of the former common state. This high level of development is perhaps best depicted by the fact that there were a wide variety of school institutions and quality programmes which were not far behind the European standards by their quantity and structure. However, despite the fact that European results were achieved in the education sector, the education by itself as well as its stakeholders, were not adequately valued in society in comparison to results that they achieved.

The tragic war conflict 1992.-1995. has not only devastated school facilities, it has brought the discontinuity in the quality of classes and the once integrated system of education got disintegrated. The Constitution of Bosnia and Herzegovina defined the education aspect as the jurisdiction of entities, and in the Federation of Bosnia and Herzegovina that jurisdiction is further distributed to the level of cantons. Because of that, today there are at least two independent education systems in Bosnia and Herzegovina, and when it comes to the national group of subjects, there are three education systems.

In the post-war period, with the help of international community, great efforts have been made and visible results have been achieved concerning the reconstruction of destroyed school facilities and construction of new ones, but all that is still a far cry from satisfying the needs of citizens in Bosnia and Herzegovina. From this fact stems the first goal of education sector and it concerns the improvement of quality of life among children in Bosnia and Herzegovina. Therefore, primarily the construction of elementary schools, in all the places where there are enough children and where the estimates say that there will be enough children.

As regards the school curricula, the first aspect that needs to be put up front is that in the post war period there were attempts to reform it and harmonise it with standards of the European Union – so that today in Bosnia and Herzegovina, in both entities, there are several primary schools with the so-called experimental classes – however the process is yet to be completed. From this stems the second goal in the sphere of education – reforming the school curricula in primary and in the secondary education and after that at the university.

There is no doubt that students in Bosnia and Herzegovina during their primary and secondary education attained a fairly high level of knowledge, primarily general knowledge, but there is also another fact that there was a lack of the so-called applied knowledge, i.e. the professional and practical education and consequently the application of acquired knowledge in practice was slow and difficult. This would indicate the focus of the change in school curricula – therefore, there should be more education about the practical sides of life.

In Bosnia and Herzegovina, in both its entities and Brcko District, there are four levels of education – pre-school, primary, secondary and high education. The last one does not directly concern the education of children, but it is very important since the people who will teach children are educated there. The level of inclusion of children in certain levels of education is different, and the difference is necessitated primarily by the legislative regulations, and also the needs and financial potentials of participants in the education process (for example, in Bosnia and Herzegovina only primary education is compulsory). Unfortunately, taking into consideration some of phenomena and trends in the process of privatisation and the overall transition of society, it is realistic to assume that there will be a

growing percentage of children who would not attend secondary school, let alone the university.

The lowest coverage of children are those under the age of seven, which means that the institutions and activities of the pre-school education are least developed compared to all other levels. Considering the global goals of the Action Plan for Children and trends for harmonisation with the European educational practice, this area will need the most radical measures and more efforts to be invested in order to attain the desired standard.

The changes shall depend on the changes of legislation, but they shall also equally depend on financial potentials of society and parents, and regulation of childcare.

In addition to the current situation and described problems, we identify the following detrimental effects that affect the education sector:

- Inadequate technical and technological capacities of primary and secondary schools and to a certain extent the university;
- The lack of and insufficient training of human potentials to address the challenges of a modern teaching processes;
- Inadequate, yet expensive textbooks, manuals and other teaching aids.

D.1- PRE-SCHOOL EDUCATION

We have already said that the pre-school education is the most neglected level of education. This means that the efforts of society, and primarily the state bodies, have to be at their most robust here and implement transparent measures. We propose the following:

1. Regulate this education area as compulsory under the law. Considering that education is in the purview of entities (municipal, canton and district), the entities shall in their own legislation incorporate all specificities, but they shall leave the obligation upon authorities to cover costs for this level of education in a higher proportion than was the case so far. Therefore, the sources of financing to achieve this goal are the budgets of the entities, cantons and districts.
2. In the forthcoming period, the focus should be on preparatory classes and linking of pre-school education with the regular primary school education. This measure shall necessitate the training of teachers, which are now lacking in number.
3. In accordance with the measures above, it is the obligation of authorities to construct a far greater number of facilities for the pre-school education: kindergartens and facilities attached to current primary schools for preparatory classes.
4. Programmes aimed at health promotion should be initiated in the pre-school institutions.

D.2- PRIMARY EDUCATION

Primary education is and must remain the compulsory type of education in Bosnia and Herzegovina, regardless of who is going to have future jurisdiction over it. Universal approach to primary education and availability of primary education to the children of the world is one of the most important goals of the World Summit for Children. Education is the vital precondition in the struggle against: poverty, gender inequality, child labour, sexual exploitation, as well as the struggle for promoting human rights and democracy, protecting the environment and influencing the population growth. The current legislation in this respect should be reformed in terms of setting more precise and stricter sanctions for incomplete implementation of regulations in this sector. From this we can define the goal, and it is 100 percent inclusion of children in primary education, regardless of sexual, social,

ethnic (especially of Roma children), confessional and other differences. In order to have a full implementation of this goal in Bosnia and Herzegovina the following needs to be done in the forthcoming period:

1. Reconstruct and build new facilities for primary schools in accordance with European standards – number of students, number of classes, size of a classroom, equipment in the classroom, cabinets, sports halls and the so-called supporting premises.
2. Good equipment for schools, especially in undeveloped municipalities and rural areas.
3. Changes to school curricula and programme: a) reduction of the teaching contents, b) development of creative learning skills, c) development of extra-curricular activities, i.e. alternative types of learning, d) good co-operation between students– parents – schools, e) reform of the student knowledge evaluation methods, f) creating conditions for transfer of students to higher grades without application of the traditional system of knowledge evaluation, g) creating conditions for better support to talented children, h) creating conditions to reduce the number of children who attend so-called special schools) harmonisation of teaching activities concerning the general knowledge and the knowledge of local values: allow education on specific aspects of education regarding human rights and freedoms, tolerance and dialogue, religion, and religion studies, j) education and training to promote: mine awareness, prevention of infectious diseases – HIV/AIDS especially, prevention of substance abuse and socio-pathological behaviours, etc.
4. Additional professional and technical training of teachers.
5. Creating conditions for establishment and development of primary schools for special purposes (music, ballet, etc.).
6. Creating conditions to put into reality constitutional norms and international conventions on free education: a) printing and distribution of free textbooks and manuals, b) exemption of children and parents from all types of additional financing, etc.
7. Determining the pedagogical and scientific code of conduct for teachers and building the instruments to monitor its implementation in practice.
8. Establishment of professional services and scientific institutions for pedagogical and psychological studies and primary education.
9. Building of links and mechanisms between secondary school and health institutions, cultural institutions, government bodies (Ministry of Interior, Ministries of Justice, health, etc.), co-operation with non-governmental organisations and from the sports organisations
10. Establishment of the Councils of Students
11. Establishment of the Councils of Parents

IMPLEMENTATION INSTITUTIONS:

1. Governments of the entities, cantons and the Brcko District;
2. Entity and cantonal ministries of education, culture, sports and youth, health, social welfare;
3. Municipal bodies in charge of education;
4. Entity and cantonal pedagogical institutes and other professional institutions within education sector;
5. Entity institutes for textbooks and teaching aids and other corresponding institutions;
6. Agencies and bureaus for statistics;
7. Schools.

Deadline: Continuing, with monitoring and reporting every second year.

D.3- SECONDARY EDUCATION

Secondary education in Bosnia and Herzegovina is regulated under the laws on secondary schools and so far it was mostly under the jurisdiction of the state bodies at different levels, for example: municipality and canton. However, throughout the world and in Bosnia and Herzegovina as well, private secondary schools of a different profile are being established.

This trend, as an important step in improving the education process, should be supported in the forthcoming period. Although the secondary education, under the current legislation, is not compulsory for all elementary school graduates, there should be an attempt to create such conditions in which as many elementary school graduates as possible would attend some secondary school, because only through secondary schools will they be able to acquire the knowledge, skills and abilities that would guarantee their inclusion in the working process as the basic source of sustenance, on one hand, and allow continuation of further education at higher schools and faculties, on the other.

With respect to the existing school curricula and planning, school profiles and technical and technological capacities in the next ten years, special attention should be directed at the following:

1. Construction and reconstruction of school facilities,
2. Technical and technological capacity building, especially of secondary vocational and technical schools, and schools that offer re-qualification,
3. Reform and modernisation of school curricula in terms of reducing the scope of general education (with the exception of *gimnazija* – general secondary education), while increasing the scope of vocational subject and practical classes,
4. Creating preconditions to establish a larger number of specialised schools supported by state bodies, such as art schools, etc.,
5. Legislative regulation of compulsory in-service training of teachers and occasional review of their psychophysical profile,
6. Implementation of health promotion programmes, especially those on sexually transmitted diseases, family planning, substance abuse and all other disorders and conditions concerning public health,
7. Additional training in the area of civil society development, democracy, human rights and freedoms, etc.,
8. Inclusion of students in social and non-governmental organisations such as sports clubs and associations, cultural and art associations, and raising awareness on the importance and social function of the media,
9. Building of links and mechanisms between secondary schools and health institutions, cultural institutions, government bodies (Ministry of Interior, Ministries of Justice, health, etc.), co-operation with non-governmental organisations and sports organisations.

Taking into account the already initiated secondary education reform by the European Commission, the activity of state bodies have to be compatible with activities of international organisations.

IMPLEMENTATION INSTITUTIONS:

1. Governments of the entities, canton, Brcko District,
2. Entity and cantonal ministries of education, culture, sports and youth, health and social welfare
3. Municipal bodies in charge of education;
4. Entity pedagogical institutes and other professional institutions in the education sector;
5. Entity institutes for textbooks and teaching aids and other corresponding institutions;
6. Agencies and bureaus for statistics;
7. Schools.

Deadline: Continuing, with monitoring and reporting every second year.

FINANCING:

- Governments' budgets
- Donations

D.4- HIGH EDUCATION

This level of education is relevant for children to the extent that it concerns education of future teachers. The most important measures include the following:

1. Determining (pre-selection) criteria for admission of students to teacher faculties in terms of giving preference to best secondary school students, and through testing of selected candidates for their ability to work with children,
2. Expansion of curricula at teacher faculties with an aim of increasing the practical and didactical teaching in primary and secondary schools,
3. Introduction of teaching programmes on non-pedagogical faculties through a group of pedagogical subjects to qualify those professionals to work with children (for example, by introducing the teaching methodology subject at the Medical Faculty; and/or subject that concern violence against children, domestic violence, juvenile delinquency at the Faculty for Criminological Science, Law Schools, and other faculties educating people that might have a possibility to work with children),
4. Giving preference to post-graduate studies in the fields that deal with children (child psychology and psychiatry, the rights of the child in the context of human rights, children as victims and perpetrators of criminal acts, children as the subject of manipulation in the media and quasi art, social paediatrics, etc.

IMPLEMENTATION INSTITUTIONS:

1. Governments of the entities, canton, Brcko District,
2. Entity and cantonal ministries of education, culture, sports and youth, health and social welfare
3. Municipal bodies in charge of education;
4. Entity institutes and other professional institutions within the education sector;
5. Entity institutes for textbooks and teaching aids and other corresponding institutions;
6. Agencies and bureaus for statistics;
7. Entity Academies of Science and Art
8. Rectorate of Universities in Bosnia and Herzegovina
9. Philosophical, Teacher and Pedagogical Schools and Academies, Medical Faculties, Theological Faculties and Academies, Law Schools, Faculties of Crime Sciences and Institutes from the sphere of social studies

Deadline: Continuing, with monitoring and reporting every second year.

FINANCING:

Governments' budgets

Donations

E) SOCIAL AND CHILD WELFARE

Social and child welfare is an organised system in Bosnia and Herzegovina, aimed at ensuring the social security of its citizens and families who are in social need.

The rights to child welfare belong to children and parents and they are neither transferable, nor can they be subjected to forced execution, which paves the way to for the fulfilment of their purpose, and that is the provision of a minimum social security of children and family in special family and social circumstances.

The rights within child welfare are of social and protection character and they are primarily intended to families living in poverty, i.e. the total income is below the legally prescribed

amount, as well as the children with special needs such as children with difficulties in their psychophysical development or children who are treated in hospitals for a longer period of time.

Social security of family and its members and individual citizens, is exercised through its detection, alleviation and removal of causes that have led to a situation of social need. It also includes exercising the right to a certain types of security: financial and other material assistance, training for life and work, accommodation with another family, accommodation within a social protection institution, social and other professional services, home care and assistance at home.

The Social and child security is exercised as an expanding element and a logical form of social policy in the transitional setting, conducted in conditions of low budgetary resources and prejudices against vulnerable groups prevailing from the previous system.

Growing needs for social security among the population and the inability of the current system to meet these needs leads to an increase in the number of vulnerable and unprotected populations and deterioration of social services.

E.1- LEGAL FRAMEWORK

In Bosnia and Herzegovina, definition and provision of child and social welfare falls within the purview of the two entities. In Brcko District, consolidation of three centres for social work into one Centre for Social Work was accomplished so that this centre covers all issues of child protection. The Centre for Social Work in Brcko is one of the sub-divisions in the government of the Brcko District of Bosnia and Herzegovina, operating as a part of Department for Health, Public Security and Citizens Services.

The rights of the child in the social and child welfare sector are, as stated above, regulated by the entity laws, and in the Brcko District the process of passing the Law on Social Welfare and the Law on Child Welfare is underway. In the Federation of Bosnia and Herzegovina, the enactment of the Law on the basics of social welfare, the welfare of the civilian war victims and families with children provided a new legal framework to launch the reform and has triggered the transitional processes in the social sector. Final goal of the sector reform in both the Federation of Bosnia and Herzegovina and Republika Srpska as well as in the Brcko District is to provide for and assist in a cost-effective and most humane manner all those who are social need and excluded amid the growing poverty, children especially.

In this context, our ultimate goal has to be the establishment of social justice, meeting of human and especially child needs and bridging the social gaps.

In the Federation of Bosnia and Herzegovina, the Federation government is in charge of determining, policy planning and enactment of laws in the area of social policy, while the responsibility for the implementation of social policy and social welfare rests with the cantonal and municipal authorities.

The new social welfare law attempted to ensure the previously attained level of social welfare, but at the same time it contains several novelties as preconditions for required transitional processes in this sector. Now the beneficiary of social welfare is the family, and even the whole social groups, not an individual as it was the case so far.

Another novelty is the expansion of the number social welfare beneficiaries, protection of civilian war victims and families with children. The new law determines the rights and responsibilities of humanitarian organisations, associations of citizens, religious

communities and their organisations, other associations, and social institutions that are now enabled to directly assist people and families in social need and families with children, and to establish, run and finance social institutions.

The involvement of humanitarian (governmental and non-governmental) organisations, non-profit (third) sector, is the beginning of transitional process in the social welfare sector as a part of the general process of democratisation and building of civil society.

By giving preference to accommodation in foster families (for children without parental care, persons with disability as well as the older people without family care) and daily accommodation for social welfare beneficiaries, compared to the so-far asylum accommodation of beneficiaries into the social institutions, a gradual dissolution of traditional institutionalisation will be achieved. Namely, this type of accommodation of beneficiaries is more humane, better in quality and more cost effective. What is most important, the beneficiaries remain in their natural surrounding and with the family if they have one, as it is prescribed in the new Federation Law. These are the positive experiences from the countries of Western Europe and the model that is accepted in transition and reform of social sector. In Republika Srpska the rights of children in the social and child protection sector are unified in the entire territory of Republika Srpska and all regulations concerning the social, family and legal protection of children are in agreement with the Convention of the Rights of the Child. With the Law on Social Welfare the quality and more efficient application of legal provisions on the rights of the child are provided through the ongoing professional training of staff who carry out many different tasks and services in the network of institutions for social and child protection.

That was the basis to organise professional and educational seminars on legal, pedagogical and other aspects concerning the application of the current and determining new provisions in defining the legal framework or methods of work with children.

The Law on Social Welfare of Republika Srpska foresees that all children have the right to protection and rehabilitation, but due to reasons stated earlier, there are no realistic social possibilities to realise these rights, with the exception of children having psychological difficulties in development – their status is regulated by the Law on Child Welfare, and thus provide for social welfare and rehabilitation of these children.

Also observed is the problem of inability to continue social protection and assistance to children who are completing their primary and secondary education, and have no conditions and possibilities to continue their education or find employment, as well as the children with difficulties in development who were institutionalised during their education.

The Law on Child Welfare of Republika Srpska determines the rights for compensation of costs for the time spent in a pre-school institution for the third and the fourth child, with an aim of helping the care for these children and it is implemented only in municipalities with negative natural population growth; the right to a pre-school education for children without parental care, children with difficulties in development and children who are hospitalised for a longer period of time, which includes organised educational programmes that take 3-5 hours per day. The children who are accommodated in a health institution or social welfare institution undergo an educational programme in the year when they reach the school age with the aim of preparing the pre-school children for school and their inclusion into the education process. The Law has determined that those rights are provided by municipalities. Considering the poor level of development of municipalities and the republic these rights are exercised by a small number of children. In the Brcko District, in the area of social welfare legislation, the problem is in the fact that the Law on Social Welfare and the Law on Child Welfare are not yet adopted. Until these laws are passed, the Decision on care of persons in social need is applied. The Decision determines the basic rights for the following categories: **a)** juveniles that include children without parents, persons with difficulties in physical and mental development, persons whose development is hindered by family circumstances, neglected persons, and **b)** adults with no working capacity, older

people without family to take care of them, people with disabilities, ,persons in need of social help due to special circumstances.

The following bodies and institutions are in charge of implementation of social policy in Bosnia and Herzegovina:

Federation of Bosnia and Herzegovina

- a) Federal Ministry of Social Policy, displaced people and refugees
- b) Cantonal ministries (ten cantonal ministries)
- c.) Centres for Social Work
- d.) Institutions and children homes.

Republika Srpska

- a) Ministry of Health and Social Welfare
- b) Centres for Social Work (45 centres)
- c) Municipal services for social and child welfare (14 services)
- d) Children homes and institutions.

Brcko District

- a) Mayor
- b) Department for Health, Public Security and Citizen Services (regarded as a ministry)
- c) Centre for Social Work.

E.2- SOCIAL STRATEGY TO REDUCE POVERTY AND INEQUALITY

Poverty that appears in all contemporary societies, especially in societies ravaged by the war and societies that are in transition where it usually impedes the overall development. Bosnia and Herzegovina has been through the war and now passes through the period of transition, and poverty is one of primary destabilising factors becoming the main preoccupation not just at the level of the entities, but at the level of state of Bosnia and Herzegovina.

Considering the current situation, and with aims of reducing poverty, eliminating inequality and improving status of children within the society, it is necessary to undertake the following activities:

1. Include in the Poverty Reduction Strategy that was adopted by the Council of Ministers of Bosnia and Herzegovina in the second half of 2000, a special segment that refers to the rights of the child, which would be based upon the principle of human progress, reduction of poverty of children and young people and reduction of unacceptably high level of inequality.
2. Harmonise legal regulations between entities concerning the social policy and work out the budgets intended for children.
3. Pass the Programme on Social and Child Policy, which would, at the state level, ensure the minimum of social security of children, and the rights of the child, in accordance with the international conventions whose signatory/party is Bosnia and Herzegovina.

IMPLEMENTATING AGENCIES:

1. Governments of the entities, Brcko District, cantons.
2. Entity, cantonal ministries from the field of social welfare
4. Municipal institutions for social welfare
5. Non-governmental organisations.

Monitoring – the competence of the Council of Ministers/Ministry of Human Rights and Refugees of Bosnia and Herzegovina.

Deadline: Implementation of goals and reporting at least two times per year.

The State Council for Children BiH (upon its establishment) should be responsible for collection of all data that are important for this sphere, reporting and the entire monitoring policy.

E.3- CHILDREN OF SCHOOL AGE

Unfavourable economic and social consequences in the post-war period have serious social consequences on certain vulnerable social groups, children in particular. In Bosnia and Herzegovina, of the total number of children, some 94 percent are attending primary school. This percentage is the same for entities, urban and rural areas, boys and girls. Almost all children, or 99 percent, who enter the first grade of primary school reach grade five, regardless of the entity or rural/ urban criteria. In this group, there is a large, unregistered number of children who need to be provided with social welfare and care because they come from poor families and families of people with disability. The system of child welfare for children in this group, who are in social need, is exercised through activities of the centres for social work and social and child services through different activities and links with other institutions and non-governmental organisations.

The Goal of the National Plan of Action for this group of children is to ensure their access and allow successful completion of primary education, and this shall be achieved through the following activities:

1. Increasing public spending in education with a special emphasis on destitute areas and students who are educated in difficult circumstances,
2. Pushing for a high level of primary school completion, increasing the number of enrolments in secondary school, with a special emphasis on families with low income,
3. The need to approach quality education as the right of those who live in utter destitution, children who are living on the street or do not have a home.

IMPLEMENTING INSTITUTIONS:

1. Governments of the entities, cantons, Brcko District
2. Entity and cantonal ministries of education, culture, sports and youth, health, social and child welfare
3. Municipal institutions for education social policy and child welfare
4. Entity institutes.

Monitoring – Council of Ministers/Ministry of Human Rights and Refugees

Deadline: Implementation of goals and reporting every two years with a special emphasis on the role of the Council for Children of Bosnia and Herzegovina (upon establishment).

E.4- CHILDREN AND YOUNG PEOPLE WITH SPECIAL NEEDS

In Bosnia and Herzegovina the procedure for categorisation and assessment of the competence of people with difficulties in their development is initiated by the social protection services at the level of municipalities (cantons) ex officio or upon report of parents or guardian or health, educational, social and other organisation, that monitor

development or are aware of the condition of the person with difficulties in psychophysical development. The Commissions for categorisation are most commonly established in municipalities (cantons), while the second instance commissions are at the level of Republika Srpska and the Federation of Bosnia and Herzegovina. The Commission for Competence Assessment and Classification is assessing the capacity of people with difficulties in development, under criteria that determine procedures of detection, assessment of ability, classification and registration of children and young people and their physical and mental development, with an aim of their special protection, education, and life-skills training. The Decision on the Assessment of Capacity and the need for special education and care is passed by the social service based on the findings by the expert commission. If a party (child or parent) is not satisfied with the finding of the first instance commission, they can address the second instance commission that reviews the findings and passes the final decision. In accordance with the Law on Amendments to the Law on Child Welfare in Republika Srpska, these children are placed in a special protection category in comparison to other categories of children. These children acquire the right to supplementary welfare allowance regardless of their financial status and the order of birth. There are also associations and alliances for assistance to people with difficulties such as the association of blind and deaf people, people suffering from dystrophy and paraplegia and association for assistance to people who are mentally underdeveloped. In addition there is a co-ordinating body that co-ordinates activities aimed at protection and assistance to children and young people with difficulties in development and proposes measures to address the situation. In agreement with the Law on the Basis of Social Welfare, Welfare of Civilian War Victims and Families with Children, the people with disabilities and people with difficulties in physical and mental development enter into the category of social welfare beneficiaries as the people who are in a special social need. In the Federation of Bosnia and Herzegovina, 11 daily centres for daily activities of people with mental difficulties have been established, and the same applies to children from this group. Also existing in the Federation of Bosnia and Herzegovina are three Institutes for care of people with difficulties in physical and mental development, including Pazaric, Drin and Bakovici, where there are 1,067 people of 52 are children, while in Republika Srpska there are homes for people with difficulties in physical and mental development in Prijedor and Jakes. The number of institutionalised children with difficulties in their development, according to the report of the Public Fund for Child Welfare of Republika Srpska is 845. The information from the Brcko District states that there are four registered cases of severe mental retardation and three cases of profound mental retardation, while in the Federation of Bosnia and Herzegovina, the total number of children placed in institutions that take care of people with special needs stands at 46. Special problem for the children with special needs in the territory of Bosnia and Herzegovina is a difficulty in communication between parents and children accommodated in these institutions. This problem occurred during the war and so far there has been no agreement on the method of return of children to the areas where their parents and relatives live.

The goals of the National Plan of Action for this group of children include taking efforts so that children and young people with special needs would be provided with the equal treatment, and to ensure adequate service adjusted to individual needs, which would promote integration at a higher level. The following activities need to be taken to achieve these goals:

1. Raising awareness and stronger promotion of rights of children with special needs that are based on the transfer from the medical to civil model, while striving to overcome the obstacles that are pervasive in the environment where people with special needs live.
2. Supporting and strengthening of care which is based on family care through adequate services, extended care and appropriate level of benefits. This would require assistance in the provision of teaching aids and materials, provision of assistance to families by experts

such as a social worker, pedagogues, psychologists, psychiatrists, special education experts, etc. Also important is a significant reduction of institutionalisation as the last resort, and support to return of children with special needs to their families.

3. Enabling children with special needs to have the right to additional classes and support, if needed, within the education system.
4. Encouraging young people with special needs to be involved in the institutions of higher education and to take part in all forms of decision-making.

Implementing institutions:

1. Governments of the entities, cantons, Brcko District
2. Entity and cantonal ministries of education, culture, sports and youth, health, social welfare
3. Municipal institutions for health, social policy and child welfare
4. Non-governmental organisations

Monitoring – Council of Ministers/Ministry of Human Rights and Refugees of Bosnia and Herzegovina

Deadline: Implementation of goals and reporting every two years, active role of the Council for Children of Bosnia and Herzegovina.

E.5- CHILDREN BELONGING TO ETHNIC MINORITIES

Problems of children belonging to ethnic minorities in Bosnia and Herzegovina so far have not been given due attention, and there is no special registry of children that belong to this group. Therefore, in order to achieve improved position of these children the following activities should be taken within the Action Plan:

1. Allow integration and give equal opportunities to each child regardless of religious affiliation, national or ethnic background, and develop a special study on this group of children;
2. Unique acceptance of anti-discriminatory legislation;
3. Advocate for accessible and quality education, especially for Roma, while reducing the number of social welfare beneficiaries among the ethnic minority groups.

Implementing institutions:

1. Governments of the entities, cantons, Brcko District
2. Entity and cantonal ministries of education, culture, sports and youth, health, social welfare
3. Municipal institutions for education, social and child welfare

Monitoring – Council of Ministers/Ministry of Human Rights and Refugees of Bosnia and Herzegovina

Deadline: Implementation of goals and reporting every two years - role of the Council for Children of Bosnia and Herzegovina.

E.6- DRUG ABUSE, SEXUAL EXPLOITATION, CHILD ABDUCTION AND TRAFFICKING, AND OTHER FORMS OF ABUSE, TORTURE AND DEPRIVATION OF LIBERTY, JUVENILE JUSTICE

As a party to the Convention on the Rights of the Child Bosnia and Herzegovina took the responsibility of taking appropriate measures aimed at child protection. Articles 33, 34, 35, 36 and 37 of the Convention state that states-parties are obliged to take all appropriate measures, including legal, administrative, social and educational with an aim of protecting children from illicit use of narcotic substances, sexual exploitation and sexual abuse, prevention of forced kidnapping, sale or trafficking of children, and of protecting children from exploitation, torture and deprivation of liberty. The situation in Bosnia and Herzegovina is such that it can be stated that violence against children is on the rise. Sexual, physical and emotional violence against children is rising fast. This is further substantiated by the fact that every second girl under the age of 18, and every third under the age of 12 is exposed to some form of sexual abuse.

With an aim of taking certain preventive measures to curb and prevent the above forms of child abuse and deviant behaviour of juveniles, it is necessary to implement the following activities within the Action Plan:

1. Institutionalize SOS – telephone, because many cases of child abuse remain unreported, and launch an initiative to open adequate counseling services.
2. During regular intervention of law enforcement officers in all forms of child exploitation and violence, establish a procedure under which the police would inform the Centres for Social Work and educational institution on each individual case so that appropriate actions could be taken.
3. Devise and launch programmes in public media, articles in magazines dedicated to children with an aim of protecting them from the use of drugs, domestic violence, kidnapping and child trafficking and all other negative occurrences.
4. Education for children and young people on drugs, ways of production, placing of illicit drugs on the market, consequences of substance abuse and measures for protection and self-protection of children and young people.
5. Co-operation of the Centres for Social Work and the Ministry of Interior, Ministry of Education and other ministries in order to monitor, analyse and collect data on children in contact with law, in order to monitor the issue adequately and curb all types of abuse and juvenile delinquency.
6. Measures that were determined in the Action Plan for prevention of trafficking of human beings in Bosnia and Herzegovina, which concern prevention of child trafficking, should be a special priority and linked with activities specifically planned within this Action Plan.
7. Pass measures that would include a better application of the laws concerning the area of children in contact with the law.

Implementing institutions:

1. Governments of the entities, cantons, Brcko District
2. Entity and cantonal ministries of education, culture, sports and youth, health, social welfare
3. Municipal institutions for education, social and child welfare
4. Agencies and bureaus for statistics
5. Non-governmental organisations

Monitoring – Council of Ministers/Ministry of Human Rights and Refugees of Bosnia and Herzegovina.

Deadline: Implementation of goals and reporting every two years.

E.7- CHILDREN WITHOUT ONE PARENT

The Multiple Indicator Cluster Survey in Bosnia and Herzegovina found that 93 percent of children aged 0-14 are living with both parents, less than 1 percent are children who do not live with biological parents, while almost 5 percent are children whose one or both parents have died and who are aged 0-14.

According to the data from the Federation of Bosnia and Herzegovina, the total number of children without one parent who are placed in the child homes without parental care in Sarajevo, Mostar, Zenica, Tuzla, Medjugorje and Gradacac is 498. In Brcko District there are 51 children without both parents, while in Republika Srpska there are 821 children without parental care, 659 children accommodated in extended families, 110 children in institutions and 48 children accommodated in foster families.

The goal of the Action Plan for this group of children is to provide support for children without one parent, by undertaking the following activities:

1. Creating favourable living conditions, providing financial and other material assistance to family and child in order to assist and educate the child to live on his or her own.
2. Providing tuition fees and scholarships to pupils and students belonging to this category.

Implementing institutions:

1. Governments of the entities, cantons, Brcko District
2. Entity and cantonal ministries of education, culture, sports and youth, health, social and child welfare
3. Municipal institutions for education, social and child welfare

Monitoring – Council of Ministers/Ministry of Human Rights and Refugees of Bosnia and Herzegovina.

Deadline: Implementation of goals and reporting every two years.

IX- STATISTICS

The world today is the world of information. Information becomes necessary in order to pass any decision. Statistics system represent a key element of the state infrastructure and ensures immense number of information for all members of society, and also for the other countries and international institutions. Also, it is impossible to enter into the process of European integration without statistics system. Statistics system is the first necessary infrastructure in that endeavour.

Statistics should be viewed as an organised system for gathering, processing keeping and publishing of statistical data on events and developments and their changes in economic, demographic and social aspect, protection of environment and issuing statistical data in order to meet informational obligations. That system is regulated under a special law. In Bosnia and Herzegovina it is the Law on Statistics of Bosnia and Herzegovina (currently in the parliamentary procedure).

An official statistical information is an important starting point for development in economic, demographic and social fields and in the field of environmental protection, as well as the acquisition of common knowledge and sharing between different European countries and peoples.

The statistical system in Bosnia and Herzegovina consists of three statistical organisations: the Federation Institute of Statistics of Bosnia and Herzegovina (FIS) seated in Sarajevo, Republic Institute for Statistics of Republika Srpska (RSIS) seated in Banja Luka, and the Agency for Statistics of Bosnia and Herzegovina (BIHAS), seated in Sarajevo.

These statistical organisations are obliged to honour the principle of neutrality, objectivity and professional independence. Data collection and processing must be conducted on the basis of professional and scientific knowledge and methods. All statistical research that is implemented by these statistical organisations is regulated by law and programme of statistical research.

Bosnia and Herzegovina, primarily for its own needs, should determine the objective state of facts in all walks of life. These facts must be calculated, and presented to local and international public under the international and European standards by the statistics system. The work of statistics system is susceptible to professional criticism and review from the experts of the International Monetary Fond, World Bank, UN and Eurostat.

Statistics system is a part of the world family of statisticians who are producing their information based on common standards and based on a whole array of rules and methodologies for certain areas.

Statistics system in Bosnia and Herzegovina shall be able to achieve an independent and objective collection and processing of data and indicators under condition that the law ensures its independent status and when Bosnia and Herzegovina enters the political processes leading to integration into EU, as this will force the country to honour the rules and deadlines by which these rules will have to be applied and to establish obligatory controls.

Europe already has its plans to include Bosnia and Herzegovina statistics system into detailed programmes of technical assistance to countries of South-eastern Europe, which includes Albania, Bosnia and Herzegovina, Croatia, Macedonia and Yugoslavia in the so-called CARS programme 2000-2006.

Within this Action Plan, it is important to highlight the importance of statistics and to plan measures aimed at determining unique methodology for monitoring indicators important for implementation of this Plan of Action.

1. It is necessary to develop joint methodologies—indicators to monitor implementation of this Action Plan and develop required indicators for all areas.

Implementing institutions: Agency for Statistics of Bosnia and Herzegovina in co-operation with relevant entity institutes for statistics and relevant ministries.

DEADLINE: 6 months upon the adoption of the Action Plan.

2 It is necessary to collect, process and share data and indicators on the annual basis. Also, it will be necessary to undertake processing of data for purposes of regular reporting of the bodies tasked to monitor implementation of the Action Plan and of other implementing institutions.

Implementing institutions: Agency for Statistics of Bosnia and Herzegovina in co-operation with relevant entity institutes for statistics and relevant ministries.

Deadline: each year

X REPORTING

The obligation to prepare bi-annual reports/reviews on implementation of the goals set in the Action Plan is required having in mind the long period of Action Plan implementation. Planning of the reporting/review process as well as amendments to the Plan of Action that may result from the periodic reviews are aimed at improving the process of monitoring and implementation of the Convention on the Rights of the Child. This measure will be implemented on a permanent basis. It includes continued information dissemination and sharing of data and establishment of good communication and co-ordination between all those who are implementing this plan.

1. The key obligation pertaining to the periodic reporting process concerns timely delivery of requested information for the needs of Action Plan implementation.
2. Responsibility for initiating and monitoring of these activities rests with the Council for Children of Bosnia and Herzegovina, and it is also the obligation of other institutions implementing this plan.

Deadline: continued

XI- RESPONSIBILITIES OF THE GOVERNMENTS

The implementation of the Action Plan as a Strategic Plan of Bosnia and Herzegovina, aimed at implementing the goals that concern the rights of the child – implementation of the Convention on the Rights of the Child, and other international documents from the field of child protection, is the responsibility of the authorities in Bosnia and Herzegovina and concerns the entire territory of Bosnia and Herzegovina.

It is necessary to ensure that all governments within their implementation competencies, accept the commitment to implement this plan.

To that end, a special measure is instituted – obligatory development of annual operational plans for implementation of the National Action Plan for Children in Bosnia and Herzegovina for 2002-2010. that will be prepared by the entity governments and the government of Brcko District based on proposals of the relevant ministries.

IMPLEMENTING INSTITUTIONS:

The Council for Children of Bosnia and Herzegovina in co-operation with the Ministry of Human Rights and Refugees, governments of the entities, Brcko District, cantons.

Deadline: this measure is carried out each year.

XII- CREATING FINANCIAL BASIS TO IMPLEMENT THE PLAN

Based on the annual operational plans for implementation of the National Plan of Action for Children in Bosnia and Herzegovina 2002-2010, it is necessary to plan financial needs for each year in the budgets at all levels of the government and jointly plan actions to find additional resources for the needs of child protection. Also, it would be necessary to explore possibilities for consolidation of resources in order to achieve planned goals.

IMPLEMENTING INSTITUTIONS:

The Council for Children of Bosnia and Herzegovina in co-operation with the Ministry of Human Rights and Refugees, ministries of the finance in the entities, Brcko District, cantons.

Deadline: this measure is carried out each year.

XIII- TARGETED PROJECTS AND CO-OPERATION WITH THE NON-GOVERNMENTAL SECTOR

In order to facilitate the implementation of the Action Plan, the implementation institutions are obliged to establish transparent communication with the non-governmental sector with an aim of finding additional possibilities to improve the level of child rights implementation in Bosnia and Herzegovina. These activities need to be implemented continually in co-operation with the Council for Children of Bosnia and Herzegovina, in order to avoid overlapping of activities.

Depending on the interest of the non-governmental sector, co-operation with these organisations will be established, i.e. if the non-governmental sector consolidates its activities, it shall be transparently involved in the implementation of this Action Plan and this shall be regulated through special agreements on consolidation of activities in each individual sector.

XIV- PLANNING –CAPACITY BUILDING AND CREATION OF LOCAL RESOURCES

The implementation of the Action Plan will be difficult if the plan does not include the activities aimed at informing all government bodies at all levels with this Plan.

This presupposes activities aimed at raising awareness and developing programmes whose goal is to create local resources and training of local authorities to enable them to do their own planning and monitoring of all activities.

Bosnia and Herzegovina is the signatory to the Convention on Elimination of all forms of Discrimination Against Women in Bosnia and Herzegovina (CEDAW) so it is especially important to develop actions related to family education that will include proper understanding of motherhood as a social function and recognise joint responsibility of man and woman in raising and development of children, keeping in mind the best interests of the child.

It is especially important to include measures that relate to introduction of the gender component into the education system, meaning inclusion of the gender equity concept into the school curricula.

Action Plan for Children shall be promoted by the Ministry of Human Rights and Refugees and we expect that the Presidency of Bosnia and Herzegovina will soon be actively involved in these activities and that promotion will be helped by UNICEF, the organisation that concretely helped the actions undertaken so far.

* * * *

In accordance with the Conclusion of the Council of Ministers of Bosnia and Herzegovina, determined at the 55th session held on February 14, 2002, and upon delivered proposals of entities, Brcko District and the Agency for Statistics of Bosnia and Herzegovina, a decision was passed on the appointment of Expert Team

tasked with preparing the National Plan of Action for Children in Bosnia and Herzegovina 2002.-2010., and the team started developing the Plan. The expert groups, in capacity of the co-ordinator is led by Dr. Kadrija Haračić-Šabić, deputy minister at the Ministry of Human Rights and Refugees in Bosnia and Herzegovina. Members of the expert group that prepared the National Plan of Action for Children in Bosnia and Herzegovina 2002.-2010:

- Ms. Amela Lolić, specialist in social medicine with organisation and economics of healthcare in Dom zdravlja Banja Luka, Republika Srpska
- Mr. Miloš Bajić, coordinator in the RS government
- Ms .dr.sc.med. Gordana Tešanović, paediatrician, director of medical affairs in the Public Health Institutio Dom zdravlja, Banja Luka, Republika Srpska
- Ms. Nora Selimović, expert in demographics, Agency for Statistics of Bosnia and Herzegovina
- Ms. Fatima Fazlović, social worker in the Centre for Social Work, Brcko District
- Mr. Ljuban Krnjajić, assistant minister for social and child protection at the Ministry of Health and Social Welfare, Republika Srpska
- Mr. Miroslav Mauhar, chief of the Department for Protection of Families and Children at the Ministry of Social Policy, Displaced People and Refugees, Federation BiH
- Mr. Asim Zečević, assistant minister in the Sector for Social Welfare at the Ministry of Social Policy, Displaced People and Refugees, Federation BiH
- Mr. dr. Mladen Milosavljević, Ministry of Interior Affairs, Federation BiH
- Mr. Džemaludin Mutapčić, deputy minister, Justice Minister, Federation BiH
- Ms. Almina Jerković, expert associate, Ministry of Human Rights and Refugees of Bosnia and Herzegovina
- Ms. Saliha Đuderija, chief Department for Protection of Human Rights, Ministry of Human Rights and Refugees of Bosnia and Herzegovina
- Ms. Ivanka Taraba, expert associate, Ministry of Human Rights and Refugees of Bosnia and Herzegovina
- Mr. Slobodan Nagradić, assistant minister in the Sector for Human Rights, Ministry of Human Rights and Refugees of Bosnia and Herzegovina.

The sources of data used when making the Plan were the statistical data collected though the experts in demography, Agency for Statistics of Bosnia and Herzegovina (package of statistical data attached).

References:

1. Household survey of women and children in Bosnia and Herzegovina 2000.;
2. First report of Bosnia and Herzegovina to the Committee for the Rights of the Child
3. Initial report on the application of the Convention on the Rights of the Child, Ministry of Health and Social Welfare of Republika Srpska, the Ministry of Social Policy, Displaced People and Refugees, Federation BiH
4. Demographic statistics, Republic Institute for Statistics of Republika Srpska, Institute for Statistics Federation BiH;
5. Lolić A., Lolić B. – Iodine Deficiency. Clinical Centre Banja Luka, Banja Luka, Banja Luka 1999. ;
6. Lolić A.: Breastfeeding in Republika Srpska – specialist work (pending publishing);