

ORANGE REPORT

6

Report on the State of Human Rights of
Women in Bosnia and Herzegovina in 2020

Sarajevo, 2021



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FOREWORD

Since the last report that covered the three-year period from 2016 to 2019, the changes that have taken place have not significantly affected the improvement of the quality of life of women in Bosnia and Herzegovina in the fields and areas covered within this report. Quite the opposite happened: at the end of 2019, the world was hit by the COVID-19 pandemic, which affected all aspects of human life, first of all health, and then economy, education, and politics. In this sort of situation, women bore a specific burden. Areas in which the majority of the workforce is made up of women have been directly affected by the crisis, women who are victims of domestic violence fell under the additional control of the perpetrators, access to certain medical and health services was further aggravated, and working mothers have, among other things, had to deal with the challenges of transitioning to online schooling, trying not to neglect their own businesses along the way.

I hope that the data collected, analyzed and presented by my colleagues will be a useful tool for all those dealing with women's human rights and gender equality, in further efforts towards gender equality and improvement of women's human rights situation in Bosnia and Herzegovina, and that the given guidelines will aid the institutions to primarily improve their practices and efforts in these areas through targeted, concrete and measurable activities, especially in cases of natural disasters, pandemics and other crisis situations.

I am proud and grateful for the fact that this report, based on earlier reports and efforts of previous authors, is composed of meticulous research, analyses and writing by members of Sarajevo Open Centre team: Delila Hasanbegović and Amina Dizdar. Through the dedicated work of young researchers, students of the Žarana Papić School of Feminism: Jelena Gugić, Nikola Kandić, Mirha Tepić, Admir Adilović, Selma Alispahić and Amila Husić, we received valuable data from a number of institutions in Bosnia and Herzegovina, which, in addition to researching the direct experience of women in Bosnia and Herzegovina and desk analysis, also provide a more concrete and coherent picture of gender equality and the position of women in Bosnia and Herzegovina.

I would also like to thank Vladana Vasić, who helped in the efforts to improve and expand the methodology used so far. However, in that context, the biggest thanks go to Amila Ždralović, from the Faculty of Law, University of Sarajevo, as the author of the methodology and questionnaire aimed to research and examine the ways in which the Covid 19 pandemic affected the everyday lives of women, their rights and position. My gratitude goes to all the persons from civil society organizations and institutions, who provided us with information and helped in the preparation of this report.

We look forward to your feedback, criticism and comments, in the hope that this report, as a result of our internal learning processes and your constructive criticism and suggestions, will be even better in its next edition.

Emina Bošnjak,
Executive Director

Sarajevo Open Centre





REPORT METHODOLOGY

This report presents the legal and institutional framework, its shortcomings, as well as the degree of their implementation aimed at creating and ensuring gender equality in B&H society in four key areas: socio-economic rights, sexual and reproductive health, political life and decision-making, and gender-based violence against women and domestic violence. Special attention was attributed to reporting on the effects of the COVID-19 pandemic, which had a significant impact on the position and rights of women in Bosnia and Herzegovina (B&H), and on the level of gender equality in these areas.

The structure of the 2020 Report follows the continuity of past reporting and monitoring against the changes that have taken place. However, given the fact that 2020 was marked by the outbreak of the COVID-19 pandemic, this year's Orange Report is primarily thematically oriented to its effects in the four above-mentioned areas.

Several methodological approaches were used in the preparation of this report. It relies upon existing research and analyses, as well as available data that Sarajevo Open Centre and other non-governmental organizations continuously collect through their work. In the analysis of the legal framework, the dogmatic-normative method was used. Meta-analysis was used to describe the current situation, with secondary data collected by contacting different institutions such as: the Gender Equality Agency of Bosnia and Herzegovina, gender centers, statistical institutes, entity ministries of health, entity and cantonal health insurance funds, gynecological and obstetric departments in hospitals, political parties, entity and cantonal ministries of internal affairs, cantonal social work centers, entity and cantonal ministries of social policy, safe houses.

Considering that the outbreak of the COVID-19 pandemic created a new way of life – which has fundamentally changed the ways we perform our daily duties, affecting all, but additionally and in specific ways, marginalized groups - the survey questionnaire, which is available as an annex to this publication, and with the help of Ipsos public opinion research agency, the ways in which the COVID-19 pandemic affected women's everyday lives, their rights and position, were examined. The total number of survey participants was 1,012 respondents, using the CAWI/CATI methodology of public opinion research on the population of women aged 18+, and the representativeness of the sample in regards to age, level of education, employment status and place of residence of the respondents, was taken into account. The research was conducted in the period between March 10, 2021, and April 8, 2021.

The Orange Report 6 is primarily a report on women's human rights in Bosnia and Herzegovina, and as such focuses on existing legal, institutional and social factors that affect the unequal position of women, and to frequent violations of their human rights. Given that gender equality is certainly one of the conditions for the improvement of women's human rights, a large part of the report is dedicated to this topic. As already emphasized, the report provides an insight into the women's human rights situation in Bosnia and Herzegovina in the previous year, recognizes former initiatives and efforts of various actors in this field, and provides guidelines and recommendations for further work.





PRIORITY MEASURES TO BE UNDERTAKEN

Demonstrate a dedication to implement the Istanbul Convention and combat all forms of gender-based violence

All levels of government in Bosnia and Herzegovina still have a long way to go to combat gender-based violence, and enhance the legislative and institutional framework for a more intensive fight against domestic violence and violence against women.

It is necessary to harmonize the criminal codes of the Brčko District and the Federation of B&H in the coming period, and to harmonize the laws on protection against domestic violence with the Convention. It is also necessary for all criminal codes in Bosnia and Herzegovina to regulate and criminalize sexist and misogynistic hate speech and incitement to violence against women and gender-based violence. Additional efforts must be made to ensure both the appropriate legislative environment and allocation of funds for the functioning of safe houses and providing adequate protection to victims of violence. Appropriate addressing of the gender-based violence issue requires awareness-raising activities through education and the media aimed at demonstrating the harmfulness of such behavior, and eradicating gender-based stereotypes and prejudice.

Ensure unhindered access to healthcare services relevant to women's sexual and reproductive health

At the entity, cantonal and Brčko District levels, it is necessary to develop and implement programs of measures and activities aimed at achieving equal rights and access to healthcare, including strengthening the professional capacities of healthcare providers to apply domestic and international sexual and reproductive health standards. Healthcare providers must conduct gender equality trainings for healthcare workers, in order to ensure the provision of healthcare services which take into account different needs and interests of women and men. Greater attention must be paid to raising awareness on adequate sexual and reproductive health, ensuring accessible contraception for both men and women, as well as the access to healthcare for marginalized groups of women, especially women with disabilities. Additional activities concerning the implementation of entity laws and the establishment of uniform termination of pregnancy procedure in the entire B&H are also necessary. It is necessary to improve the FB&H Law on Infertility Treatment with Bio-Medically Assisted Fertilization, and adopt the same law in Republika Srpska, in order to uniformly regulate bio-medically assisted fertilization in both B&H entities and to enable an individualized approach to each couple.

Improve legal and institutional framework for the harmonization of private and professional life

In order to ensure the conditions necessary to harmonize private and professional life, it is important to amend laws and policies, and develop measures to support families, with





respect to the adequate regulation of issues and timely payments of maternity benefits - for both employed and unemployed new mothers - it is also necessary to provide equal access to preschool childcare facilities for all, while cantons should specifically consider subsidies/additional incentives to improve access to kindergartens for children from socially underprivileged and low-income families. Furthermore, it is necessary to promote gender-sensitive parenthood and family life models, encourage men to use parental leave and participate in family care in cases of absence from work due to illness, caring for a family member, etc. When creating policies and measures, it is important to consider and envisage the establishment and subsidization of access to preschool facilities, day care centers for children with disabilities, facilities for elderly family members, etc., which would reduce the care burden carried by women within a family, making it more difficult for them to harmonize their private and professional lives.

Improve legislative framework for equality between men and women in executive and legislative branch

Even though the Election Law has been harmonized with the B&H Law on Gender Equality, and even though it is mandatory for political parties to include at least 40% of the underrepresented gender on the candidate lists, this measure has not achieved its goal. Bearing in mind that this is an affirmative measure aimed at ensuring equal participation of women and men, it is necessary to introduce mechanisms such as those used to ensure the parity of the constitutive peoples in those bodies. Also, since the share of women in B&H population is 51%, the existing quota of 40% needs to be raised to 50%, to reflect the social reality as well as the interests of the female and male population. In order to ensure equal representation of women in the executive branch, the Law on the Council of Ministers needs to be amended, as well as the laws on governments and the appointments of ministers at the entity and cantonal levels, in a way that would ensure 40% participation of women in these bodies, as was done to ensure the participation of the constitutive peoples.



GENDER EQUALITY IN THE FIELD OF ECONOMIC AND SOCIAL RIGHTS

Legal and Normative Framework

The Law on Gender Equality in Bosnia and Herzegovina guarantees equality on the grounds of gender in the recruitment process. The law **prohibits gender-based discrimination in labor and labor relations**, in the employment offering process, vacancy announcements, filling of existing vacancies and employment termination. It is prohibited:

- to deny equal pay for work of equal value for both genders,
- to prevent career advancement under the same conditions,
- to prevent equal conditions for education,
- unequal suitability of work and auxiliary premises for the needs of both genders,
- different treatment due to pregnancy, childbirth or exercising the right to maternity leave,
- any unfavorable treatment of parents or guardians in the harmonization of their private and professional lives,
- any other action representing some form of direct or indirect discrimination, defined by the same law.

With respect to the protection against direct and indirect discrimination, The Law on Gender Equality refers the parties to use the anti-discrimination protection mechanisms defined by the Law on Prohibition of Discrimination. **Sexual harassment and gender-based harassment** are criminal offenses, and the Law on Gender Equality and the Law on Prohibition of Discrimination require employers to ensure all effective measures aimed at preventing the same. Bosnia and Herzegovina has also committed to harmonizing all general and special collective agreements with the provisions of the Law on Gender Equality, and an important role of unions and employers' associations in securing the protection of **equal right to work regardless of gender** is emphasized.

The Law on Gender Equality prescribes that everyone has **equal rights to education, regardless of gender**. Under this law, an educational institution must not discriminate on the grounds of gender in relation to: conditions of admission, refusal of admission, provision of services and benefits, exclusion from the education process, evaluation of achieved results during education, equal conditions in career building and professional guidance, professional improvement and obtaining diplomas, and other possible cases. A very important instruction in the law is that curricula should ensure gender equality **by eliminating the parts that contain the stereotypical social role of men and women**, which result in discrimination and inequality. The law also obliges the competent educational institutions and facilities to provide effective mechanisms for protection against discrimination and sexual harassment.





The **maternal and maternity protection** rights are regulated by labor laws and laws governing the field of social protection, at the entity and cantonal levels. Law on the Basis of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children states that the percentage of maternity benefits is determined by cantonal regulations. In Republika Srpska, these issues are stipulated by the Law on Social Protection, Child Protection Act and the RS Rulebook on Exercising the Child Protection Rights. For the first time, the 2016 amendments to the FB&H Labor Law, defined **parental leave** and specified that an employee - father of the child can use it 42 days from the delivery if the parents so agree¹, while mothers **will be entitled to work half of full-time working hours following the maternity leave** for twins, third, and each subsequent child, if the woman works full time.

Women's Participation in Education and the Labor Market

Education

In regards to participation in the educational process, **Agency for Statistics of B&H** data for the school year 2020/2021 is not yet available. Gender-segregated statistical data of the FB&H Statistics Institute (for the 2020/2021 school year) indicate the approximate enrollment ratios of preschool, primary, and secondary education for girls and boys, while more women enrolled in higher education facilities in the academic year 2020/2021 (59.40% of women versus 40.60% of men).

2020/2021					
Number of children in preschool facilities			Number of women and men managers in preschool facilities		
Total	15,675	100.00%	Total	146	100.00%
Female	7,455	47.60%	Female	126	86.30%
Male	8,220	52.40%	Male	20	13.70%

Table 1: Enrollment ratios in FB&H preschool facilities and ratios of managers in preschool facilities

School Year 2020/2021					
Number of students enrolled in elementary schools			Number of women and men directors in elementary schools		
Total	175,389	100.00%	Total	551	100.00%
Female	85,403	48.70%	Female	237	43.01%
Male	89,986	51.30%	Male	314	56.99%

Table 2: Enrollment ratios in FB&H elementary schools and ratios of directors in elementary schools





School Year 2020/2021					
Number of students enrolled in high schools			Number of women and men directors in high schools		
Total	72,717	100.00%	Total	321	100.00%
Female	35,970	49.50%	Female	130	40.50%
Male	36,747	50.50%	Male	191	59.50%

Table 3: Enrollment ratios in FB&H high schools and ratios of directors in high schools

When it comes to **managerial positions** in these educational institutions, there is significantly more women in preschool facilities in the school year 2020/2021 (86.30% of women versus 13.70% of men), while a larger percentage of men are at the head of elementary and high schools, as well as deans, professors and associates at higher education facilities.

Year	Month	Women	Men	Gender unknown
2019	12	227,586	314,529	612
2020	1	226,183	311,536	608
2020	2	226,509	311,372	634
2020	3	227,862	312,498	648
2020	4	215,364	302,937	634
2020	5	216,035	302,306	629
2020	6	218,929	305,422	638
2020	7	217,906	306,128	654
2020	8	217,065	305,979	677
2020	9	219,616	306,553	727
2020	10	220,220	307,058	767
2020	11	220,167	306,576	799
2020	12	219,908	305,820	819
2021	1	217,932	303,490	822

Table 4: Enrollment ratios of students at FB&H higher education facilities, and managers, professors and teaching assistants at higher education facilities

Labor Market

According to the **RS Employment Bureau** data, 24,798 persons whose employment was terminated, were registered in the time period between March 2020 and February 2021. The table below shows data on persons who lost their jobs in this period, classified by qualification/education level, where can be seen that mostly women were those who lost their jobs.





GENDER			
Level of education	Men	Women	Total
NK ²	1,351	1,456	2,807
PK-NSS ³	99	161	260
KV ⁴	4,748	3,179	7,927
SSS ⁵	3,619	4,973	8,592
VKV ⁶	146	36	182
VŠS ⁷	85	141	226
VSS ⁸	1,402	3,402	4,804
Total	11,450	13,348	24,798

Table 5: Ratios of persons whose employment was terminated in Republika Srpska (March 2020 - February 2021) - qualification/education level (The abbreviations from the table are kept in BCS language)

The following table shows data on persons who lost their jobs in this period, classified by industry and gender structure, where we see that more women have lost their jobs in industries in which they are more represented.

Industry	m	f	Total
Agriculture, hunting and forestry	293	154	447
Fishing	15	1	16
Mining	100	56	156
Manufacturing	3,117	3,065	6,182
Electricity, gas and water supply	214	79	293
Construction	1,311	93	1,404
Trade	1,647	3,251	4,898
Catering	1,306	1,744	3,050
Traffic, storage and communications	820	115	935
Financial operations	75	152	227
Public administration and defense: compulsory social security	178	224	402
Education	290	1,682	1,972
Health and social protection	115	441	556
Other community, social and personal service activities	1,751	2,071	3,822
Private households with employed persons	7	13	20
Extraterritorial organizations and bodies	7	2	9
Real estate, renting and business services	204	205	409
Total	11,450	13,348	24,798

Table 6: Ratios of persons whose employment was terminated in Republika Srpska (March 2020 - February 2021) – industry/gender structure





A total of 10,572 persons waited for employment for up to three months, out of which 4,865 were men and 5,707 were women.

Data gathered from the **FB&H Statistics Institute** indicates that a total of 321,581 persons were unemployed in 2020 (out of which number 187,365 were unemployed women), which is more than in 2019, when unemployment was 313,570 persons (181,995 of unemployed women). Unemployment rose significantly from March to August 2020. A total of 11,804 new persons (6,255 women) were registered in the employment bureaus, which is more than in 2019, when that number was 10,320.

FB&H Tax Administration data shows that the number of part-time employees decreased from March to December 2020, as can be seen in the following table:

Year	Month	Women	Men	Gender unknown
2020	1	6,379	4,836	8
2020	2	6,444	4,862	10
2020	3	6,449	4,867	15
2020	4	6,324	4,865	15
2020	5	6,270	4,830	14
2020	6	6,182	4,843	12
2020	7	5,407	4,663	10
2020	8	5,265	4,621	11
2020	9	6,262	4,828	17
2020	10	6,266	4,831	15
2020	11	6,284	4,820	16
2020	12	6,188	4,769	18
2021	1	6,024	4,728	19

Table 7: Number of part-time employees in Federation of Bosnia and Herzegovina (2020)

It can also be seen that more women than men are employed on a part-time basis.

The following table shows the data on the number of different persons registered on a monthly employment basis, classified by gender (fewer employed women than men):



Year	Month	Women	Men	Gender unknown
2019	12	227,586	314,529	612
2020	1	226,183	311,536	608
2020	2	226,509	311,372	634
2020	3	227,862	312,498	648
2020	4	215,364	302,937	634
2020	5	216,035	302,306	629
2020	6	218,929	305,422	638
2020	7	217,906	306,128	654
2020	8	217,065	305,979	677
2020	9	219,616	306,553	727
2020	10	220,220	307,058	767
2020	11	220,167	306,576	799
2020	12	219,908	305,820	819
2021	1	217,932	303,490	822

Table 8: Number of registered persons on the basis of employment in Federation of Bosnia and Herzegovina (2020)

The Impact of the Pandemic on Harmonization of Private and Professional Life

Sarajevo Open Centre sent requests for information to three workers' unions in Bosnia and Herzegovina, related to the **exercise of employees' right to parental leave**. **Confederation of Independent Trade Unions of Bosnia and Herzegovina** responded that fathers very rarely use this institute in practice, and in 2020, they recorded only one such case that was resolved in favor of the father. It is difficult to determine the percentage ratio of women compared to men trying to exercise their right to parental leave, although women are more likely to encounter this problem in practice, most notably in the private sector, where there is no trade union organization and where workers are not covered by any of the collective agreements. An additional problem is the fact that there are many female workers who have fixed-term employment contracts. Thus, in practice, it happens that upon expiration of the contract, the female workers' employment is terminated, regardless of whether she was on maternity leave. The Confederation sees this as one of the reasons why the birth rate has been constantly declining in the past few years. Accordingly, it is common practice for women to use maternity leave more if they have indefinite-term employment contracts, which is more pronounced in the public sector. In terms of workers' rights protection during the Covid-19 pandemic, Confederation of Independent Trade Unions came to the realization that women were significantly more vulnerable (about 68%), and the problems they were approached with were mostly related to the termination of employment contracts, which were mostly illegal. Out of 24 branch unions that are part of the Confederation, only five are lead by women.

The Association of Trade Unions of Republika Srpska did not record cases of legal assistance provided to members during the pandemic, and were not able to provide



any information due to the lack of data. In Republika Srpska, only one union is lead by a woman.

Since 2009, **The Trade and Services Union of Bosnia and Herzegovina** has had only one case of a father who used parental leave (Bingo company, 2017), whereas they have no data on the ratio of women and men exercising this right.

While further inquiring this matter, **The Child Protection Public Fund of Republika Srpska** informed us that, out of 4,944 decisions for the use of parental leave that were issued in 2020, 63, or only 1.27% of fathers, exercised this right. Union of Employers' Associations of Republika Srpska has data on **very low rates of parental leave usage by fathers** - on average, it does not exceed 0.6% per annum. The cantonal ministries of labor and social policy responded to Sarajevo Open Centre's inquiries about the percentage of fathers taking parental leave that they either did not record such data or that no one had yet exercised this legally guaranteed right in practice.

Gender centers in Bosnia and Herzegovina do not have data on **gender dimension of home/household work during the isolation measures introduced due to the COVID-19 pandemic**, while the Agency for Gender Equality of Bosnia and Herzegovina published a study 'The Impact of Gender Division of Family and Housework on the Professional Life of Employed Women in Bosnia and Herzegovina' in August 2020, conducted by surveying 500 employed women from all over Bosnia and Herzegovina, aged 18 to 65, living with their partners.² One of the research goals was to examine the ways in which family responsibilities and housework are distributed within the family, how the distribution of family and housework affects the professional lives of women and how the same relates to the harmonization of private and professional lives of employed women.

The research has shown that employed women have double working hours: one at work, the other after work at home. According to the research, almost 53% of surveyed employed women had to significantly reduce sleep time for a longer period due to housework at least once in their lives. Many of them, as the research also shows, are exposed to long-term stress, are distracted and deconcentrated at work due to lack of sleep, which eventually leads to oversights that reduce their productivity and chances of advancement. Mental health of women, burdened with long working days in two fronts, is seriously endangered in this situation.

The main key to the problem is the **division of housework among partners**, due to the prevailing social stereotypes about the division of housework into 'male' and 'female'. The Agency for Gender Equality of Bosnia and Herzegovina research indicates that in more than 93% of families, women, even though employed outside the home, perform all or most of the daily housework. In less than 6% of the surveyed families, partners perform these chores equally, while in only three out of 500 cases, the majority of routine housework is more often performed by a man.³ The survey shows that 17% of women had to terminate their employment due to childcare, while 15% of them changed jobs due to maternal duties.⁴

Regarding the **contribution of partners or fathers**, the research showed that those are occasional larger chores related to the maintenance of the home, like painting, and minor home repairs such as replacing a light bulb or a fuse, as well as car maintenance



chores. In 46% of the surveyed families, neither partner used **parental/maternity leave**. Among the parents who did, a woman was on a maternity leave in 94% of cases, while only 3.5% of fathers exercised this legal right.⁵

Sarajevo Open Centre's research

From February to April 2021, Sarajevo Open Centre, with the help of a polling agency, conducted a survey on a sample of 1,000 women, on the **impact of the COVID-19 pandemic on everyday circumstances and duties**. A survey questionnaire was created, containing questions about women's career advancement and training, their work environment, and sexual harassment in the workplace. The questions also concerned the type of a household in which they live, their financial situation, general household situation, distribution of household responsibilities, free time, leisure, household consumption, as well as experiences of gender-based violence.

When asked whether the emergency caused by the COVID-19 virus affected their **professional development** and/or **career advancement**, 20.8% of women responded affirmatively, where most of them **lost their jobs**, i.e. **got fired** (17.7%). You can see the remaining answers in the following chart:

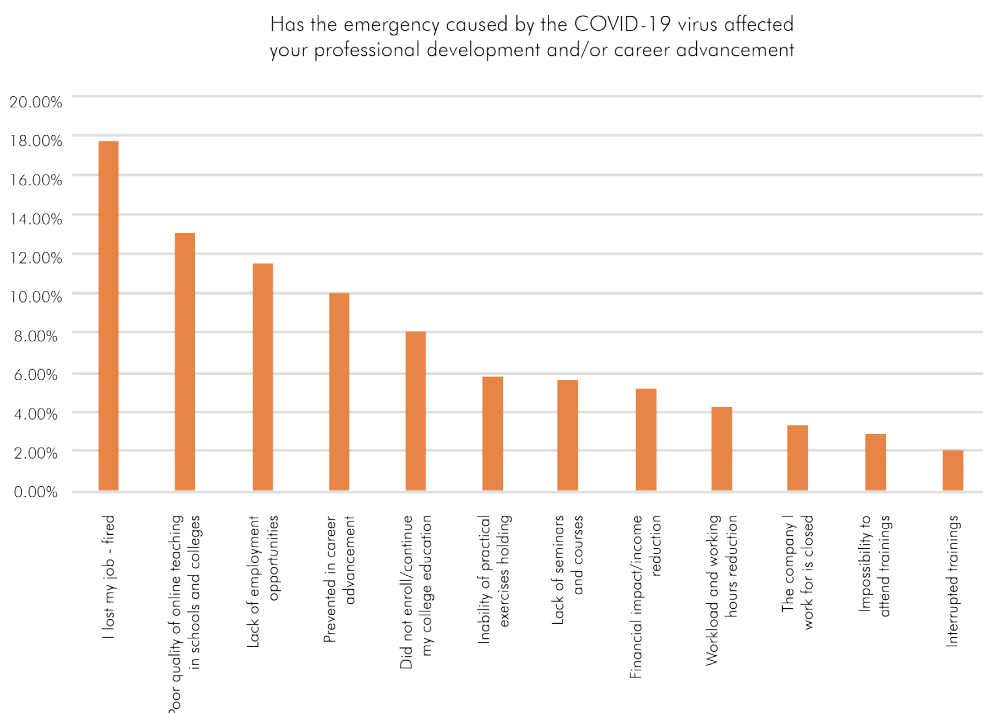


Chart 1: Impact of Covid-19-caused emergency on professional development/career advancement

Working modes during the pandemic remained the same as before in some cases (31.3%), some of the respondents switched to online work – ‘work from home’ (7.2%),



while some of them combined - worked both in the workplace and online (13.4%). In 23.3% of women, their health was endangered due to the type of work they perform, and 7.5% of them worked several more hours per week due to the declaration of a state of emergency.

When asked if they experienced **sexual harassment in the workplace** during 2020, 0.8% of them answered they did once, 1.4% they did more than once, 55.6% that they didn't. The remaining answers are shown in the following chart:

Have you experienced sexual harassment in the workplace during 2020
(e.g. sexual connotations, unwanted comments, jokes, offers, touches...)?

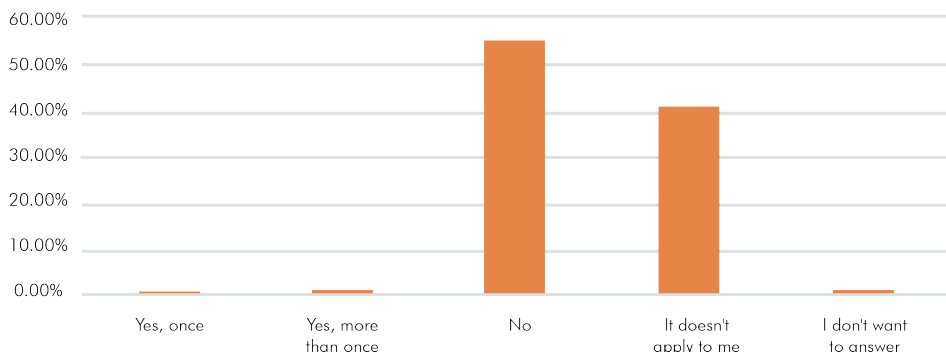


Chart 2: Experiences of sexual harassment in the workplace

Out of the women who experienced sexual harassment, only 1.8% reported it, while 78.3% did not. The reasons they stated are shown in the following chart:

For which reasons did you not report sexual harassment?

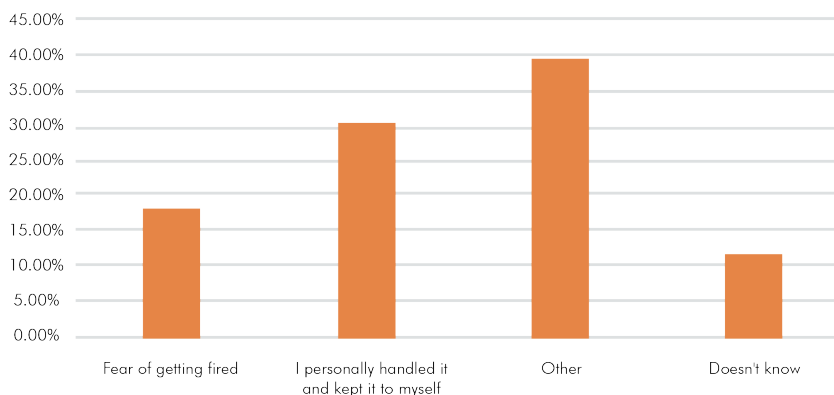


Chart 3: Reasons for not reporting sexual harassment





In regards to the **financial situation of persons/households upon the Covid-19 outbreak**, most women answered that it stayed the same (42.8%), while lower percentages of deterioration were reported - significantly worsened in 27.4%, and slightly worsened in 25.2% of women. The reasons for worsening of the economic situation are shown in the following chart, where we see that the most common reasons are job loss, reduced income, and reduced workload:

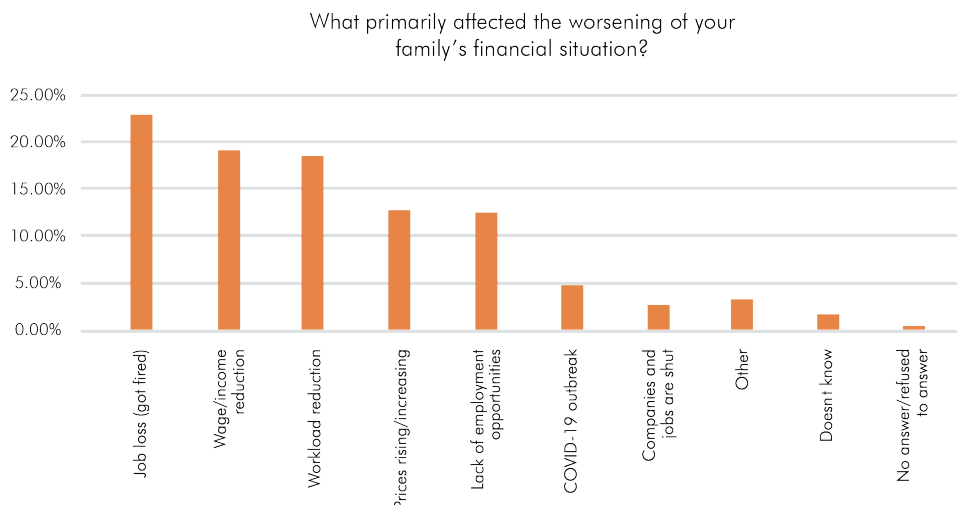


Chart 4: Worsening of the financial situation in the family

The subject of the research was also the **distribution of household responsibilities**. The responses of women show that they spend an average of two to five hours a day doing housework, with the majority of respondents (48.2%) stating that the time of doing housework did not increase during the COVID-19 pandemic - from March to the end of 2020; 24.1% of them claimed that the average time they spend doing housework has increased. The data collected also shows that 68.2% of women performed most of the housework in their households by themselves.

The research sought to examine women's attitudes towards the division of household duties into male and female - 16.9% of respondents answered there is such a division, 35.3% said there is a partial division of that type, and 47.6% claimed there is no such division of housework in their household. See charts 5 and 6 for typical 'female' and 'male' household chores.

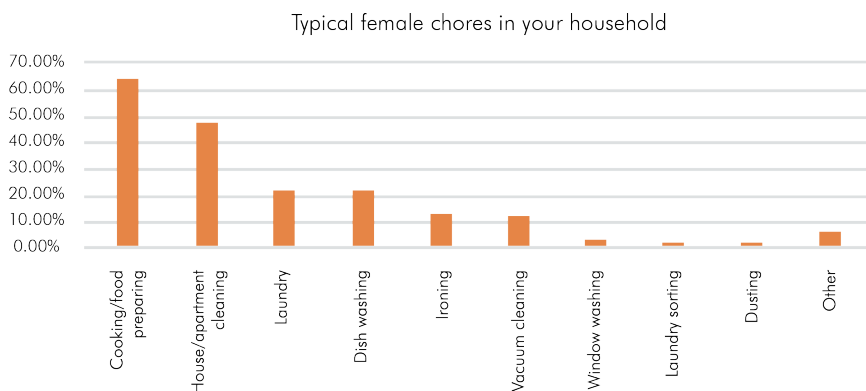


Chart 5: Typical female chores in a household

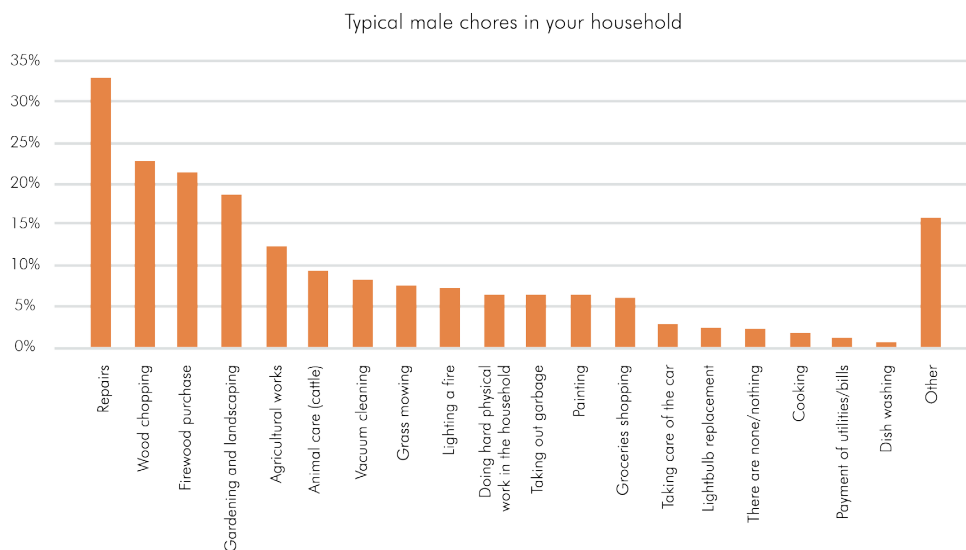


Chart 6: Typical male chores in a household

The collected data also show that women take over all or most of the childcare (44.9%), while 38.8% of them share this responsibility equally with their partners. We can see what primarily affected the change in the scope of childcare responsibilities after the state of emergency outbreak in the following chart:





What primarily affected the change in the scope of childcare responsibilities after the state of emergency outbreak?

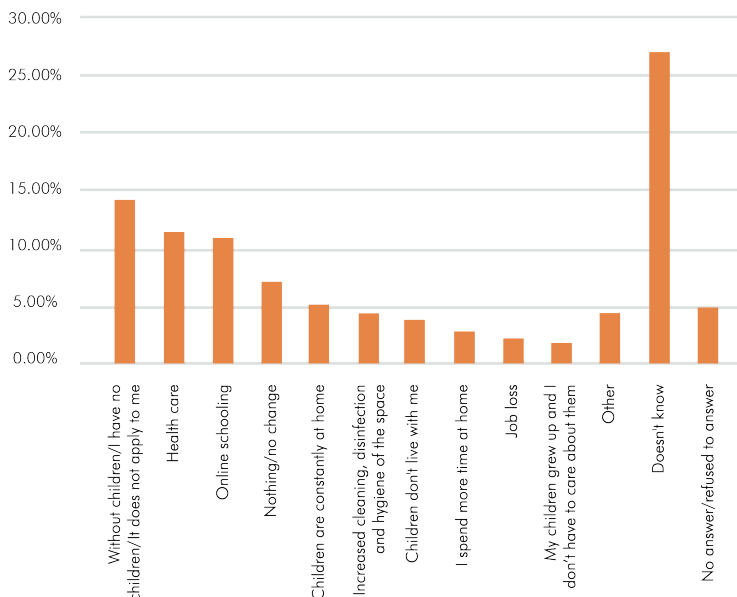


Chart 7: Change in the scope of childcare responsibilities during the Covid-19 pandemic

Among other data is that 31.2% of women cared for an elderly or sick family/household member in 2020, while 68.8% did not. While doing that, 38.6% of them had no help.

Most women spend majority of their **free time** doing housework (33.9%), followed by leisure (20.4%), hobbies (18.1%), care for other family members (9.5%), sports and recreation (8%), while 7.2% have no free time at all. Most respondents have an average of one to three hours a day for leisure activities.

The survey also included questions related to **household consumption**, and based on the respondents' answers, it can be seen that before March 2020, marital/extramartial partners had equal control or decision-making power over household consumption (39.6% answered this way), while 33.5% of women made such decisions independently. Also, 85% of women answered their role in decision-making about the household consumption has not changed after the outbreak of the state of emergency.

Gender Perspective of the Proposed Economic Measures for Combating the Consequences of the Pandemic

By declaring a state of emergency on the territory of Federation of Bosnia and Herzegovina, due to the increased number of persons who lost their jobs, and with the intention of mitigating the economic consequences of the epidemic, FB&H started working on **amendments to the Labor Law**, without prior dialogue with their social partners (workers' unions and employers' associations). Workers' unions pointed out to





this problem, as many provisions of the law would ensure greater power for employers over their employees, and would bring even greater uncertainty about their employment status. Sarajevo Open Centre also warned of the negative effects of the amendments on vulnerable groups of workers, single parents, persons with disabilities, minors, etc., leaving them without protection mechanisms. The law would allow employers to make unilateral decisions that would diminish workers' rights, without providing any affirmative measures for workers' protection.⁶

In order to unify maternity benefits in Federation of B&H and systematically addressing this issue, the **FB&H Draft Law on the Protection of Families with Children** was prepared and approved by the cantons. According to the latest available information, the draft law should go to public debate, after which the FB&H Government will prepare a bill. The practice this law will introduce is that the cantons would pay maternity benefits, while Federation would pay child allowances. The law will establish the grounds that all unemployed new mothers in FB&H would receive monthly benefits, in the amount of 60 percent of the average salary in FB&H. Also, the identical amount of child allowance for the whole FB&H will be established.

Regarding the responses to the epidemic in Bosnia and Herzegovina, FB&H and the cantons have adopted **laws on mitigating the negative economic consequences of COVID-19 (the so-called corona laws)**, and budget rebalances were also made. As noted by the FB&H Gender Center in the analysis and expert opinion on these documents, the proposed measures did not take into account the gender perspective, that is, they did not approach the recovery in a gender-responsive manner. No account was taken to define more flexible working arrangements, which would give greater freedom to workers on where, when and how they will fulfill their work duties and tasks. Social protection is still based on the status of the beneficiary, not on real needs. The cantonal opposition representatives pointed out that the measures were adopted late, cantonal governments did not provide sufficient funds for the enforcement of this law, and the cantons that introduced the right to a subsidy did not envisage economic entities that had a significant drop in revenue, but only those whose work has been banned or disabled. Also, no subsidies or any kind of assistance are envisaged for persons who lost their jobs during the pandemic.⁷

Guidelines for Action

The state must establish a regular system of statistical data collection on the status of women, especially in terms of employment, salary and benefits level in different employment sectors, professional training and career advancement, participation in the management of companies, 'gray economy', etc.

In order to establish a functioning system for the collection of data on discrimination, courts in Bosnia and Herzegovina should expand their CMS database of the cases commenced based on discrimination with new indicators: 'discrimination' and 'grounds for discrimination', regarding discrimination cases on the grounds of gender, sexual harassment and other cases of gender-based discrimination.

Incorporate research on gender equality (gender studies) at the universities in Bosnia and



Herzegovina by introducing adequate subjects or expanding the existing educational-scientific contents, programs and processes.

Employers should organize working hours to adapt to the conditions of the pandemic, while keeping in mind the unpaid housework of women, as well as further valorize women's engagement, responsible roles and contributions, particularly in the sectors most exposed to the effects of the pandemic.

Economic recovery and support measures should be based on previous gender impact analyses, i.e. they should incorporate a gender perspective based on the real needs of users.

Relevant state bodies, including the ministries of labor in both entities, Brčko District and the cantons, should conduct large-scale studies on unpaid work and the role of women in the informal economy, in order to inform citizens/public about the economic consequences of unpaid work in Bosnia and Herzegovina.

All level governments in Bosnia and Herzegovina should provide financial support to single and low-income parents - for help in caring for children and the elderly. This would help alleviate the financial burdens and difficulties, and potential job losses after Covid-19.

All level governments in Bosnia and Herzegovina need to provide access to innovative and available care systems for children and the elderly, for workers in core activities and those who cannot work from home.

It is necessary to regulate the rights of new mothers and other rights related to the protection of families with children in Federation of Bosnia and Herzegovina by a separate legal act - law on the protection of families with children, which would eliminate established shortcomings and unharmonized cantonal legislation in force, in order to improve the social protection system for the families with children and secure the minimum equal rights, with clearly defined sources of funding for the Federation of Bosnia and Herzegovina. The most effective solution to the current problem of maternity benefits would be to completely transfer the competence from the cantonal level to the FB&H, while setting up a fund for maternity benefits by enacting a new law.

It is necessary for the FB&H and cantonal governments to examine the justification of the decision according to which payments of maternity benefits are made from the cantonal budgets, given that the right to benefits instead of salary during maternity leave is a right that arises from employment, and should not be related to budget inflows.

SEXUAL AND REPRODUCTIVE HEALTH

Legal and Normative Framework

In Bosnia and Herzegovina, there is no single law, program or strategy relating to sexual and reproductive health. Issues of sexual and reproductive rights at the level of entities, cantons and Brčko District are not regulated as a separate legislative unit, that is, they are contained in laws enacted in the areas of health, social protection, family relations, criminal and misdemeanor legislation. After the expiration of FB&H Strategy for the Improvement of Sexual and Reproductive Health and Rights in 2019, a new strategy wasn't adopted. In Republika Srpska, the Strategy for Improving Sexual and Reproductive Health (2019-2029) is in force, and the following goals are set:

Family planning is available to everyone and all women of reproductive age, who desire offspring, have a healthy pregnancy, a normal birth and a preserved postpartum health

Reduced burden of reproductive diseases: malignancies, sexually transmitted diseases, developmental abnormalities of the reproductive tract

Equality and awareness of citizens regarding sexual and reproductive health and protection in all circumstances.

The FB&H Law on Infertility Treatment with Bio-Medically Assisted Fertilization⁸ is not fully implemented. The main condition for the implementation of the Law was the adoption of bylaws and professional guidelines for the treatment of infertility. Guidelines and bylaws were adopted by January 2020, so the health care facilities were supposed to act within the deadlines prescribed by the Law and bylaws. There is a Rulebook on more detailed conditions regarding space, medical-technical equipment and quality systems that must be met by healthcare facilities in order to perform bio-medically assisted fertilization procedures (BMAF), as well as the verification process⁹, as a basic precondition for further actions in accordance with the Law. Article 35 of the Rulebook prescribes the obligation of harmonization for healthcare facilities within six months from the day of entry into force. It is important to note that the verification of healthcare facilities is a prerequisite for concluding contracts with health insurance funds for the provision of BMAF services.

The Law on Infertility Treatment with Bio-Medically Assisted Fertilization Procedures of Republika Srpska was adopted in 2020. Infertility treatment with BMAF procedures has been done in Republika Srpska since 2007, and has not been regulated by law so far, for which reason a need to regulate this matter by law in practice emerged. In addition, there were no clearly defined facilities that could perform BMAF procedures, whether they were public or private, and the methods and conditions for performing BMAF, that is, the health care system did not provide the possibility for all healthcare facilities that meet the criteria to perform infertility treatment with BMAF, to have the same standard operating procedures and requirements related to personnel, space and equipment. The adoption of the law has filled a legal gap in this area, thus preventing various abuses, i.e. safe and quality protection of marital and extramarital spouses' rights is provided, the process of their treatment is facilitated, which could result in

an increase in number of BMAFs performed, as well as an increase in the success rate of BMAFs performed, and significantly contribute to the increase of the birth rate. Unlike in the Federation of Bosnia and Herzegovina, this law also allows heterologous fertilization, that is, fertilization performed in cases when during the BMAF procedure, it is not possible to use one's own reproductive tissues and or cells and embryos of one of marital or extramarital spouses, or when the BMAF procedure is performed to prevent the transmission of a hereditary disease to a child, and it is necessary to use donated reproductive tissues and/or cells and embryos. Also, the adoption of this law created conditions for the promotion of donations and raising awareness of citizens about the importance of donations, thereby increasing the number of successful treatments and improving the quality of health care provided, in accordance with the modern standards of medical science and practice, i.e. with the European Union regulations in this field.

The Impact of the Pandemic on Access to Sexual and Reproductive Health Services

With the declaration of disaster/state of emergency due to the COVID-19 pandemic on the territory of Bosnia and Herzegovina, there were restrictions on access to regular health services, because the priority was mainly on adapting to the coronavirus and providing health care to COVID-19 positive patients.

According to the B&H Institution of Human Rights Ombudsman information, obtained from service providers in all cities covered by the research, the scope of work was reduced in hospitals, waiting time for appointments was extended and the surgical program was reduced to a minimum.¹⁰ The majority of respondents who participated in the qualitative part of the research believe that the COVID-19 pandemic negatively affected the availability and quality of services in the field of sexual and reproductive health, where most of the attention is paid to patients with COVID-19. Healthcare facilities, on the other hand, claim that health services for pregnant women and new mothers were not neglected during the COVID-19 pandemic, and that they were of the same quality as before, while the work of organization in some facilities had to adapt to the new conditions.

In February 2021, Sarajevo Open Centre sent inquiries to public and private healthcare facilities, with a set of questions on the **adaptation of healthcare services for women during the Covid-19 pandemic**, with special emphasis on the **adaptation of gynecological services to persons with disabilities** (gynecological tables for examinations and childbirths, and mammograms). Out of a total of 14 contacted healthcare facilities (clinical centers, hospitals, private polyclinics/consulting rooms), we received a response from six of them (five public, one private), and eight facilities did not respond, despite our multiple requests.¹¹ The responses we received are as follows¹²:

- Services in all six healthcare facilities are adjusted to the requirements and conditions of the pandemic, through opening COVID-19 departments, reorganizing space capacities, establishing separate wards to include separate delivery and operating rooms, rooms for patients, etc.



- They provide emergency and necessary healthcare services during the pandemic, in accordance with the orders of the crisis headquarters, guidelines of professional associations and COVID-19 disease preparedness plans. When conditions and orders allowed, they also provided regular healthcare services. They provided all types of healthcare services to COVID positive patients.
- They followed virus protection measures, such as wearing a mask, hand and room disinfection, distance, reduced number of patients in waiting rooms, etc.
- Access and services in clinics/hospitals are adjusted for persons with disabilities. It was pointed out that there is no difference in the treatment of persons with disabilities.
- Out of six clinics/hospitals that responded, three of them are not equipped with tables for gynecological examinations and deliveries that are adjusted to women with disabilities. Examinations and procedures are performed on standard tables and equipment, but accesses, pathways and all other types of assistance in providing services are adjusted. Mammograms are available at radiology departments/clinics.

Treatment of Infertility with Medically Assisted Fertilization

In February 2021, Sarajevo Open Centre sent inquiries to health insurance funds and ministries of health with a set of questions on the **application of regulations, financing and practices of BMAF** during 2020. Out of a total of 13 contacted health insurance funds (10 cantonal, two entity and one from Brčko District), we received responses from 11 of them, while two funds did not respond¹³. Regarding the implementation of the FB&H Law on Infertility Treatment with Bio-Medically Assisted Fertilization, cantonal health insurance funds stated they apply the mentioned law - some of them have already adopted bylaws prescribed by the FB&H Ministry of Health, while others need to adopt and/or start implementing regulations/decisions during 2021. Until then, the decisions and regulations adopted in the previous period are in force. Federal law will be applied in the cantons after the Federal Ministry of Health Commission verifies health facilities that can provide BMAF services (as is the case with, for example, Zenica-Doboј Canton). After that, the funds conclude a contract with the facility in question, creating the conditions for the application of the law.

According to the Federal Ministry of Health information, the first verification request arrived at the end of July 2020, and a total of seven requests have been received since then. Upon receipt of the request, the Federal Minister of Health appointed expert commissions with the task of conducting a direct inspection of the applicant, and determining the fulfillment of the space, equipment and personnel conditions for performing the BMAF procedures for which the request has been submitted. Requests were received during the pandemic and the work of the commissions was hampered making it significantly more difficult to implement activities related to the verification of these healthcare facilities. One verification has been completed so far, and the others are in process.

The costs of assisted fertilization are covered by health insurance funds, but the amounts and number of attempts are different in the cantons, entities and in the Brčko



District.¹⁴ Since the adoption of the new law, healthcare facilities are obliged to work in accordance with the regulations, and the conditions are envisaged by the commissions at the individual administrative-territorial units Ministries of Health in the cantons, entities and in the Brčko District. Regarding the number of BMAF procedures approved by individual funds during 2020, the data are as follows: Sarajevo Canton Health Insurance Fund – 315, Tuzla Canton – 70, Zenica-Doboj Canton – 50, Bosna-Podrinje Canton – 4, Posavina Canton – 1, Central Bosnia Canton – 43, West Herzegovina Canton – 16, Herzegovina-Neretva Canton – they have just entered the refund process with the adoption of the new law and do not have data for 2020, Health Insurance Fund of Republika Srpska – 391, Brčko District Health Insurance Fund – 47.

Out of **five public healthcare facilities** that responded to Sarajevo Open Centre's inquiries on **bio-medically assisted fertilization health services**, two perform BMAF procedures¹⁵ (one has not yet started applying the Law and are in the process of organizing and preparing to perform these procedures¹⁶), and the **number of procedures performed** in Zenica Cantonal Hospital during 2020 was 20, whose success rate was 40%. Health Center Brčko did not provide information on the number of procedures performed, but did respond that their success rate in the previous year was between 35 and 40%. In Republika Srpska, according to the data Health Insurance Fund received from Mediko S healthcare facility, the success rate in the number of realized clinical pregnancies on a monthly basis was 45.7 to 64.2% in 2019 and 2020 (average age of the patients was 36 and a half)¹⁷.

Availability of Contraception, Accessibility of Sterilization/Vasectomy Procedures, and the Right to Abortion

Contraception

According to the Institution of Human Rights Ombudsman of Bosnia and Herzegovina's situation assessment, the **inclusion of contraceptives on the positive lists of drugs** in Bosnia and Herzegovina is slow and inefficient. No canton in Federation of Bosnia and Herzegovina covers the oral contraceptives by refunding costs, which are on the B list of the FB&H mandatory health insurance drugs – they cannot be funded from the mandatory health insurance.¹⁸ Contraceptives in Bosnia and Herzegovina can be found on essential drug lists only in Republika Srpska and Canton 10, while in other parts of the country beneficiaries have to pay the full price for all contraceptives. The Republika Srpska Health Insurance Fund may fully or partially finance contraceptives from the essential list, while the Canton 10 Health Insurance Fund allocates 50% of the funds for the said medicine.¹⁹

Emergency contraception is available with a gynecologist's prescription in Federation of Bosnia and Herzegovina, while in Republika Srpska, a doctor's prescription is not necessary for emergency contraception, whereby the beneficiary bears the full price for the medicine.

There is **no systematic education on methods of contraception** in Bosnia and Herzegovina, only certain partial and ad hoc solutions, and adolescents most often use the media as a source of information on contraception including the internet, social networks,



press and television. To a lesser extent and sporadically, they receive this information in healthcare facilities and within education through teaching contents in the subjects of biology and physical education, where the information depends entirely on the sensibility of the teaching staff conducting the education.²⁰

Research conducted by the Institution of Human Rights Ombudsman of Bosnia and Herzegovina in 2019 and 2020, through collecting data from beneficiaries aged 18 to 49, affirms that the levels of **information, counseling and availability** of contraception methods are low.²¹

Sterilization/vasectomy

In order to investigate the practices of sterilization and vasectomy at clinical centers and hospitals in Bosnia and Herzegovina (gynecology and urology clinics), Sarajevo Open Centre sent requests for access to information to leading healthcare facilities in July 2019, with questions concerning the **methods** used for these procedures, statistical data related to the **number of procedures performed** during 2017, 2018, 2019 and the first half of 2020, **conditions** for performing these procedures, **costs** and **legally binding acts/internal regulations** governing these procedures.

Out of five healthcare facilities contacted, we received a response from three of them²². University Clinical Centers Tuzla and Sarajevo - gynecology clinics do not perform sterilization at the request of the patient as a method of contraception, but only if there are medical indications for such a procedure. The University Clinical Center of Republika Srpska had no requests for sterilization procedures as a method of surgical contraception nor are the said procedures performed in this facility. However, sterilization was performed on several occasions as a method of contraception after the third cesarean delivery (ligation of both oviducts) at the request of both spouses and during surgery (cesarean section). The University Clinical Center Tuzla Urology Clinic performs vasectomies as a method of male contraception, but they had no requests for said procedure from 2017 to 2020. Health insurance funds cover the costs of vasectomy, and the conditions for performing a vasectomy are that a person has reached 35 years of age and the expert opinion of the Clinics' Council.

Abortion

The data Sarajevo Open Centre collected from healthcare facilities indicate that abortions are performed for medical reasons, as well as at the request of the patient, both medicated and surgical abortion, in accordance with the applicable entity laws on conditions and procedures for abortion. From the received responses of five public healthcare facilities, as well as 11 health insurance institutes/funds, it is clear that the termination of pregnancy due to **medical indication** is covered by the mandatory health insurance funds, while **abortion at the request of the patient** (so-called **intentional termination of pregnancy**) is paid by the patient (in private healthcare facilities, patients are paying for all types of abortions). Depending on whether the abortion is performed under general or local anesthesia, prices range from 117 BAM to 180 BAM in Federation



of Bosnia and Herzegovina according to the FB&H Institute for Health Insurance and Reinsurance valid price list.²³

However, the data obtained by the Institution of Ombudsman of Bosnia and Herzegovina show that the **intentional termination of pregnancy services are not provided in all parts of Bosnia and Herzegovina**, as is the case in healthcare facilities in Canton 10 and part of Mostar, where only medically indicated abortions are performed. From the responses of women to the questionnaires, it is also evident that there is a low level of availability of information and counseling on abortion.²⁴

Prenatal and Postnatal Care

In Bosnia and Herzegovina, women during maternity period - pregnancy, delivery and 42 days after delivery - face various problems in the field of health, social protection and labor relations. As the Institution of Ombudsman concluded in their recent research, Republika Srpska, Federation of Bosnia and Herzegovina and Brčko District **lack a systematic and comprehensive approach to family planning**.²⁵

The availability of healthcare for pregnant women and new mothers is different within the territory of Federation of Bosnia and Herzegovina. According to the Law on Health Protection, healthcare for pregnant women and new mothers is free, regardless of whether they have health insurance or not, while there are certain differences in the part related to the participation and coverage of costs for the drugs that are not on the essential list. There are obvious differences in the provision of equipment for newborns and hygiene packages for new mothers.²⁶

Based on the responses of women from the questionnaire through the research of The Institution of Human Rights Ombudsman, most of the respondents who live in the cities where the research was conducted²⁷ point out there are long waits to get an appointment scheduled in the public health sector, for which reason women are increasingly choosing to undergo examinations in private healthcare facilities, due to quality service and better approach of the healthcare workers. A quarter of respondents believe that women are provided with quality healthcare during delivery (25%), while a smaller percentage of respondents (21%) believe that women are provided with quality healthcare **after delivery**.

As stated in the responses to Sarajevo Open Centre's inquiries, public healthcare facilities provide prenatal and postnatal care services for pregnant women and new mothers, which are of satisfactory quality and according to the standard operating procedures. These primarily include health centers and gynecology and obstetrics clinics/departments for delivery procedures (secondary healthcare), in terms of the mother and fetus monitoring, preparations for delivery, complete diagnostic and therapeutic treatment of pregnant women and new mothers (clinical and ultrasound examinations, laboratory analyses, regular follow-up examinations) and neonatal care of the newborn. Some hospitals/clinics are accredited as 'Baby Friendly Hospital', within which special emphasis is placed on breastfeeding support, with the defined 'ten steps to successful breastfeeding'.

Healthcare facilities generally did not receive **complaints of gynecological treatment during and/or after delivery**, except for two, stating they had one complaint each during 2020: University Hospital Foča - a complaint related to the procedure of pregnancy management; Zenica Cantonal Hospital - the parents' complaint referred to the situation of a stillborn child, analyzed as an incident situation, but it was concluded that there were no omissions in the services provision.

Availability of HPV Vaccines

In the Federation of Bosnia and Herzegovina and the Republika Srpska, breast and cervical cancer prevention services are provided at the level of primary healthcare, including counselling, examinations, diagnostic services, treatment, home visits, etc. For certain groups of health insurance beneficiaries, prevention services are free in Republika Srpska - girls under 15, women over 65, pregnant women - while other categories pay a certain participation fee. Data on the number of screenings for cervical and breast cancer in Republika Srpska are incomplete because patients perform these services in both public and private healthcare facilities.²⁸ In the Federation of Bosnia and Herzegovina, screening and early detection programs are implemented in the cantons through counseling centers at gynecological clinics.

According to information obtained from public healthcare facilities, **HPV testing** is being performed²⁹, while **HPV vaccination is not available in Bosnia and Herzegovina**, since the vaccine is not registered in Bosnia and Herzegovina. According to the Federal Ministry of Health information, the HPV vaccine is currently not available under the Mandatory Immunization Program in the Federation of Bosnia and Herzegovina. However, the Federal Ministry of Health Expert Advisory Body for Immunization pointed to the need of introducing the HPV vaccine for boys and girls, and the fact that some of the countries in the region enabled HPV vaccination. It is expected that the FB&H Public Health Institute, as the institution authorized for development of the Mandatory Immunization Program in the Federation of Bosnia and Herzegovina, introduce the mentioned vaccine and make it available in the upcoming period, in accordance with its powers and competencies.

The program for the HPV vaccine introduction in the Sarajevo Canton vaccination calendar has been completed. It was organized by UNFPA, and developed by the doctors from Sarajevo Canton Public Health Institute and Sarajevo Canton Institute for Protection of Women and Maternity. The program proposal was adopted and sent to the cantonal minister and Sarajevo Canton Assembly, to discuss the procurement of bivalent and tetravalent vaccines (Cervarix and Gardasil 4). However, the question remains why to do vaccination with a worse vaccine if there is a possibility of purchasing a vaccine that provides protection against nine types of viruses (Gardasil 9). The problem is that the vaccine is quite expensive, especially for less well-funded health systems, like those in Bosnia and Herzegovina. Complete vaccination with three doses of Gardasil 9 vaccine, which protects against most types of HPV virus, costs between \$400 and \$500.³⁰

The Republika Srpska Health Insurance Fund responded to Sarajevo Open Centre's inquiries, stating that the HPV vaccine is not yet included in the calendar of mandatory immunizations in Republika Srpska either. Some health centers sporadically conduct organized preventive examinations of citizens in Republika Srpska, and healthcare

facilities should conduct preventive examinations as part of their regular activities.

Research conducted by the Institution of Human Rights Ombudsman of Bosnia and Herzegovina in 2019 and 2020³¹, through collecting data from beneficiaries aged 18 to 49, affirms that the majority of respondents believe preventive services are available in public healthcare facilities (69%), diagnostic examinations (67%), and cervical cancer treatment services (59%), while only a third (34%) of respondents believe that relevant information on cervical cancer is available. Less than a third (30%) of respondents believe that medicines used in the treatment of cervical cancer are available, while 42% of respondents believe that psychological counseling for patients with cervical cancer is not available in the public sector.

Guidelines for Action

Competent healthcare institutions should regularly collect, analyze and publish gender-classified data - on participation, access and use of healthcare services in the field of sexual and reproductive health.

Healthcare facilities should provide adequate access to healthcare services for women with disabilities, especially in primary healthcare, in terms of the suitability of medical equipment, interior space, accessibility of information for people with visual/hearing impairments, as well as medical personnel trainings to adequately provide assistance to persons with disabilities (possibility of sign language interpreters, instructions for blind persons, adequate physical accessibility to buildings, beds, gynecological tables, toilets, etc).

Improve the availability and quality of sexual and reproductive healthcare services during the COVID-19 pandemic and similar crisis situations.

Include contraceptives on the essential medicine lists of all administrative and political units in Bosnia and Herzegovina, especially the cantons in Federation of Bosnia and Herzegovina, and expand the offer of contraceptives on the B&H market.

Plan and conduct trainings on modern methods of contraception within healthcare facilities of all healthcare levels, and inside and outside formal education, using the resources of non-governmental organizations and professional associations of healthcare workers in the field of sexual and reproductive health.

Implementation of the entity laws on procedure and conditions of pregnancy termination must be more adequate, meaning this right is exercised under equal conditions throughout the country, that it is equally accessible and safe for all women, with clearly prescribed procedures and the possibility of women to decide on their own bodies, health and lives.

Ensure that intentional pregnancy termination services are covered by mandatory health insurance, as is the case with medically indicated abortions.

Provide equal and timely access to cervical cancer prevention and treatment services, including the availability of HPV vaccination programs under equal conditions and



throughout the entire Bosnia and Herzegovina (include the HPV vaccine in mandatory immunization programs in Bosnia and Herzegovina).

Conduct gender-sensitive training on patients' rights for healthcare workers, to ensure the provision of healthcare services that would take into account the different needs and interests of women and men.





POLITICAL LIFE AND DECISION-MAKING

Legal and Normative Framework

The B&H Law on Gender Equality guarantees equality of women and men in all spheres of life.³² All other laws and bylaws must be harmonized with this Law, which is still not the case.³³

In its concluding observations on the Sixth Periodic Report of Bosnia and Herzegovina, **The UN Committee on the Elimination of Discrimination against Women (CEDAW)**, recommended that Bosnia and Herzegovina should draft the amendments to the Election Law in such way that the quota for representation of women candidates on electoral lists is increased from 40% to 50%, as well as to introduce a minimum quota of 40% for the representation of any gender in the B&H Law on the Council of Ministers.³⁴ These recommendations have not yet been implemented.

Representation of Female Candidates in Local Elections

In the local elections held on November 5, 2020, a total of 3,090 mandate holders were elected to municipal councils/municipal assemblies, city councils, city assemblies, or the Brčko District Assembly, out of which 2,483 were men (80.36%) and 607 were women (19.64%), which is a slight improvement compared to previous local elections, when women won 18.34% of seats in municipal councils. Out of a total number of elected mandate holders, 1,810 are in Federation of Bosnia and Herzegovina, of which 21.43% are women. Out of 1,249 mandate holders in Republika Srpska, 17.21% are women. A total of 27 men and 4 women were elected to the Brčko District Assembly. A total of 35 councilors were elected to the Mostar City Council, of which 26 men (74.3%) and 9 women (25.7%).³⁵ Out of a total of 425 mayor candidates, only 29 were women, which is a percentage of 6.82%³⁶, while women were represented by 6.22% in the previous local elections.³⁷ A total of 5 women were elected to the position of municipal mayors³⁸, and the City of Sarajevo got a female mayor for the second time in history.

Gender Equality and Women's Human Rights in Political Party Programs for Local Elections

For the purposes of preparing this year's report, we sent letters to 19 political parties. Only 4 of them submitted a response.

In the **HDZ 1990 Youth**, women are represented by 45%. The **HDZ 1990** party currently has only two women in its Presidency, out of a total of 29 members. That is a very small number, but they stated that the party's Assembly, which will be held in May this year, will pay special attention to this issue and elect a significantly greater number of women. The HDZ 1990 municipal committees in Bosnia and Herzegovina are currently chaired by 5 women, women are represented in municipal/city and county committees in percentages from 40% to 60%, while there is not a single woman at the head of any





of the county committees.

Compared to the last year, **Our Party** has made some progress, increasing the percentage of women in the party's Main Board from 34% to 42%. The Presidency of Our Party is consisted of 47% of women, while women are represented by 60% in the Supervisory Board and the Ethics Committee. Out of Our Party's four active Cantonal Committees, women make up 50.9% of the membership. The Presidency is headed by a man, the Main Board by a woman, and the Supervisory Board by a man, and out of Our Party's four active Cantonal Committees, two have women presidents. Out of a total of 24 active local committees, nine of them have women presidents (37.5%).

The **Party of Democratic Progress Presidency** has 15 members, out of which three are women. The Main Board has 24 female members out of a total of 131 members. Out of nine deputies in the Republika Srpska National Assembly, two of them are women. Out of Party of Democratic Progress' 34 active Committees, four of them are headed by women. In the Republika Srpska municipalities, 13 women were elected in front of the Party of Democratic Progress. According to the Party's statute, at least one woman should be elected in the internal bodies of the Municipal Boards, which was not respected in one third of the boards.

Six women (out of 15 members) are represented in the leading structures of the **Platform for Progress**, primarily the Presidency, that is, women are represented by 40%. Women have been appointed to the positions of President and Vice President of Congress. The Supervisory Board is headed by a woman. The party does not have a Main Board. We did not receive a response from the other parties.

Sarajevo Open Centre also sent inquiries to parties about supporting the human rights of women and LGBTI persons. Our goal was to determine which party and its candidates want to work on establishing a society in which all citizens are equal, and give space to precisely those candidates. We received responses from only a few individuals with whom we have established cooperation through the Gender Equality Academy³⁹, and some of them were not candidates in the 2020 Local Elections.

When asked what was done to ensure equal representation of women during the election campaign and in terms of women candidates' promotion in the election campaign, **Our party** held 10 events, i.e. trainings in which 197 female participants took part. As part of these trainings, participants were educated in public speaking, preparation for the election campaign, work on communication skills, organization and competencies of local self-government, political ideology, holding simulations of municipal/city councils work and defining individual program goals. A mentoring system has been established for the candidates assessed to have a real possibility of entering into municipal/city councils. Candidates were helped to determine their political focus through this system, to choose the topics they want to deal with, establish connections with the internal structures of Our Party – the PR and the Policy and Research Department - connect with various social structures and determine the path of their activities, with the aim of achieving recognition and political authenticity. The mentoring system is also linked to the following period, which is the subsequent work in the representative bodies. In terms of Our Party female candidates' promotion, a special PR program was organized, focusing on the '50% Initiative'. Video clips of the candidates were prepared and uploaded on social networks. As a central point of the aforementioned PR program, paid media



advertising on one internet portal has been contracted, in the form of interviews for female mayoral candidates in Tuzla and Zenica, as well as the list holder in Srebrenica.

The focus in the preparation of the election campaign was to achieve equal representation of male and female candidates in public space. The pamphlets and billboards featured persons who, based on the number on the list, were considered to be able to enter municipal or city councils. Apart from the printed materials, the principle of equal representation is also visible in the central election video, where out of 13 participants in the video, six were women, who were direct candidates in the elections, six men who were also candidates, and a seventh man, who is both Party president and video narrator.

During the election year, the **B&H Social Democratic Party** drew attention to the problem of unequal representation of women by adopting amendments to the Rulebook on Criteria and Mode of Candidacy in the Local Elections 2020. The provision stipulating that candidate lists must have at least 40% of the underrepresented gender candidates has been amended, and an equal representation of men and women (50-50) is now envisaged.

The **Party of Democratic Action** program declaration guarantees respect for gender equality, but women are still underrepresented in party bodies. **The People and Justice** program platform for the 2020 Local Elections does not invoke the principle of gender equality and non-discrimination.

Misogyny and Sexism as Part of the Election Campaign

The B&H Election Law provides rules of conduct in running the election campaign and the portrayal of any candidate, male or female, in an insulting or degrading manner, is prohibited.⁴⁰

However, the election campaign for the 2020 Local Elections was marked by several sexist outbursts. Thus, the **candidate for mayor of Visoko** showed disrespect towards the female candidate in a guest appearance on a television, addressing her with the words 'my kitten', while **Nebojša Vukanović** addressed the female candidate for mayor of Modriča as 'little peasant Goca' on his website.

When the 21-year-old female candidate ran for a seat in the Tuzla City Council, a great number of media outlets reported on her as an 'attractive Instagram blogger with a great number of followers', and even the regional media made comments on her looks, calling her a 'politician with the biggest breasts'. **Portal source.ba** conducted an interview with this candidate.⁴¹ During the interview, she was asked questions such as 'Would you mind if people voted for you because of your looks and not because of the ideas you have?' and 'Who is the most handsome female politician in Bosnia and Herzegovina for you and is there one?'. In her answers, the candidate made it clear that such questions were not appropriate, but the media still put the main focus on her looks when reporting on her candidacy.

This sexist media coverage partly answers the question of why we have so few successful



women in politics. But the media are not the only ones who approve of sexism and contribute to its survival. During the Election Campaign, the **B&H Social Democratic Party** published a candidate list for the Banja Luka Assembly in which no gender-sensitive language was used, and in addition to the names of the female candidates who have children, it was added that they are mothers. This would not be disputable if the same had been done in cases of male candidates who are also parents and whose role as fathers should be no less than the role of mothers. In this way, the party, which promotes gender equality and has decided that both genders will be equally represented on the electoral lists, unequally portrayed men and women, emphasizing that the role of the mother is the primary and most important role a woman can play, and putting in the foreground characteristics that are not important at all for one's political activity.

Guidelines for Action

Implement the recommendation of the UN Committee on the Elimination of Discrimination against Women, which indicates the need to amend the Election Law in such a way that the women candidates on electoral lists quota is increased from 40% to 50%.

Amend the Law on the Council of Ministers, laws on governments and ministerial appointments of the entities and cantons in a way that ensures the participation of 40% of women in these bodies, similar to the way it ensures the participation of the constitutive peoples.

Political parties must include the principle of gender equality in their program platforms, include women in party bodies, and work to promote their female candidates during election campaigns.

The media have a great responsibility in informing the public and it is very important to avoid assigning traditional roles to men and women when creating media content, and to make sure their reporting to be objective and focused on accurately informing the public about relevant topics.



GENDER-BASED VIOLENCE AGAINST WOMEN AND DOMESTIC VIOLENCE

Legal and Normative Framework

Criminal codes in Bosnia and Herzegovina prescribe fines and imprisonment for perpetrators of violence against family members. However, this area is also regulated by the laws on protection from domestic violence, which treat domestic violence as a misdemeanor. Republika Srpska adopted the Law amending and supplementing the Law on Protection from Domestic Violence at the end of 2019, which definitively defines domestic violence as a criminal offense. In the Federation of Bosnia and Herzegovina and the Brčko District, cases of domestic violence are still prosecuted as misdemeanors.

When compared to the previous reporting period, nothing has changed in terms of harmonization of the FB&H Criminal Code with the Istanbul Convention.

Amendments to the Republika Srpska Criminal Code were adopted, modifying the definition of family members or family community in the context of domestic violence⁴² and thus extending the protection to persons who have been or are still in an emotional or intimate relationship, and who did not necessarily share a household or were related.

Institutional Mechanisms for Combating Domestic Violence

The FB&H Gender Center cooperated with civil society organizations in developing cantonal gender action plans, and two cantonal gender action plans (GAP) have been adopted so far - in Sarajevo Canton and Central Bosnia Canton. Advocacy for the development of gender action plans in other cities is in the process. Thanks to work of the FB&H Gender Center, local gender action plans have also been adopted in addition to cantonal gender action plans: Cazin, Banovići, Živinice, Žepče, Zenica, Old Town – Sarajevo, Tešanj, Čapljina, Kladanj, while local gender action plans are in place for Cazin, Banovići, Živinice, Žepče, Tešanj, Čapljina, Novo Sarajevo and Ilidža for the first quarter of 2021. The FB&H Government acknowledged the Information on the state of gender equality during recovery from the crisis caused by the COVID-19 pandemic, and adopted a proposal of improvement measures, in order to harmonize with the gender equality standards. An expert proposal of measures was made for the competent federal and cantonal institutions, relating to the labor market, domestic and gender-based violence, health needs of women and men during and after the crisis, and strengthening the capacity of institutions to respond to crisis situations as a gender-responsive measure.

A total of 10 guidelines have been developed, containing recommendations for federal ministries for a gender-responsive approach to risk reduction and mitigation of the COVID-19 pandemic, Information on the COVID-19 Pandemic Impact on the Functioning of Safe Houses was prepared; an Analysis of the COVID-19 Pandemic Impact on Admission to Safe Houses and calls to SOS telephone number 1265 was also done, and requests were sent to the Federal Ministry of Labor and Social Policy



regarding the implementation of the Federal Civil Protection Headquarters' decisions on the admission of victims of violence to safe houses, which facilitated the procedure of victims' admission to safe houses. The FB&H Gender Center signed a cooperation agreement with the Women's Association 'Seka' Goražde for the project 'Improving the Work Capacity of Bosna-Podrinje Canton Coordination Body Concerning the Temporary/Crisis Admission of Domestic Violence Victims', which provides professional support until the procedural resolution of the case.

In cooperation with the non-governmental organization 'Nešto više', the **Republika Srpska Gender Center** organized and conducted 12 online workshops for the development of Local Gender Action Plans in four cities/municipalities in Republika Srpska (Rogatica, Han Pijesak, Teslić and Trebinje). Professional and advisory support was provided to local gender action plan development working groups, and after the plans were made, they were sent to the parliamentary procedure for adoption, and were eventually adopted by the Assemblies. As part of the cooperation on the UNDP project 'Women in Elections', the Republika Srpska Gender Center provides professional and advisory support for the development of local gender action plans in three cities and municipalities in Republika Srpska (Laktaši, Bijeljina and Banja Luka). The Republika Srpska Gender Center has initiated the development of five more local gender action plans (Gradiška, Srbac, Derventa, Brod and Kotor Varoš), and after the appointment of working groups for the local gender action plans development, five consultative meetings were held with their representatives. In order to create more efficient policies as well as the response of the system, i.e. competent institutions and organizations, it was necessary to determine the impact of the pandemic and the measures taken, particularly in terms of gender-based violence. For this purpose, the Republika Srpska Gender Center has developed a Methodology for assessing the impact of the pandemic on gender-based violence and the measures taken. The Republika Srpska Gender Center received 9 reports related to gender-based violence in 2020. In two of those cases a procedure was conducted, while in other cases it was a matter of providing legal assistance.

The B&H Agency for Gender Equality has issued a Recommendation to employers and competent authorities regarding gender equality in work and employment, Recommendation for the gender equality perspective integration into the process of planning, decision-making and implementation of decisions, measures and plans in the combat against the COVID-19 pandemic, Public announcement to political parties and public figures on respect for the gender equality principles and refraining from stereotypes and sexism in election campaigns, Open letter to registered political parties: 'Nominate and promote female candidates - it benefits everyone', Public statement strongly condemning all forms of gender-based discrimination, especially those related to sexual harassment and abuse, and others.

In its recommendations, the B&H Agency for Gender Equality emphasized that the police capacities were burdened during the pandemic by implementing measures to prevent the spread of the pandemic and maintaining public order and peace, and that it is necessary to find the capacity for unobstructed and efficient police response to reports of domestic and gender-based violence, as well as supervision over the imposed protective measures implementation against the perpetrators of violence.

The Republika Srpska Ministry of Internal Affairs stated the digitalization of the activities during the pandemic did not negatively affect their work, and that police officers were





able to respond to all reports of domestic and gender-based violence in a timely manner. According to their data, a total of 1,011 reports of domestic violence were received in the period from March 2020 to January 31, 2021, out of which 684 for criminal offenses, and 139 for misdemeanors. Reports were submitted to the competent district public prosecutor's offices in 188 cases, in accordance with the Republika Srpska Law on Protection from Domestic Violence. The most common relationship between the perpetrator and the victim of violence is husband-wife (502), extramarital partner-female partner (108), son-father (102), son-mother (97), father-son (95) and father-daughter (77).

According to the responses of the **FB&H cantonal ministries of internal affairs**, the biggest problem was the lack of capacity due to the increased number of police officers suffering from COVID-19, and the obligation to comply with epidemiological measures, but that did not affect the possibility of a timely response to reports of domestic and gender-based violence.

The pandemic also affected the activities of **social work centers**, and the biggest problem was the restriction of movement measures, due to which they were not able to have direct contact with victims of violence or make home visits due to the risk of infection. Communication was mostly reduced to telephone contacts, but social work centers went out into the field despite the risk of infection if the situation so required, while they went out into the field in compliance with all epidemiological measures after the lockdown.

Position and Work of Safe Houses

For the purposes of drafting the Orange Report, we also contacted **safe houses**, which, in the context of protection of victims of domestic and gender-based violence, bore the greatest burden, given that even before the pandemic, the financing of safe houses was one of the biggest problems they face. During the pandemic, additional financial burdens were put on safe houses, as it was necessary to provide disinfectants and other protective equipment needed to comply with epidemiological measures.

The safe house **'Žene sa Une' Bihać** states they had the biggest problem at the beginning of the pandemic. Establishing a procedure for admission to a safe house was a challenge because it was necessary to equip rooms for isolation of new users, provide equipment for online schooling and enable the application of all measures for prevention and protection against the virus infection, especially because several users use the same bathrooms and toilets. At the beginning of the pandemic, there were not many admissions to the safe house recorded, which enabled the personnel to make the necessary preparations and overcome obstacles. The functioning of safe houses was not questioned, and the personnel took the situation seriously and took care of all users. Before being admitted to a safe house, social work centers referred the victims to competent health centers to undergo triage. An isolation room was provided for the admission of new users, in which they were obliged to spend 14 days. All employees and users wore masks and measured their temperature on a daily basis. Funds intended for financing safe houses were not fully realized in 2020, so the work of the Safe House Bihać was aggravated.





The safe house ‘Budućnost’ Modriča faced similar problems, and the biggest challenges were in terms of organization when being admitted to the safe house, in order to prevent virus infection. The biggest problem was the lack of the isolation room to accommodate victims who were put into isolation. The safe house personnel solved this problem by converting into an isolation room one space that has a separate entrance, but this was only a temporary solution. From the beginning of the pandemic to the end of the year, they recorded 1,824 calls to the SOS line from women who were victims of domestic violence.

Fondacija lokalne demokratije stated that 27 victims of violence were accommodated in their facility at the time of the pandemic outbreak, which represents 80% of their capacities. Due to epidemiological measures, requiring both the isolation of individuals and keeping distance, they were forced to suspend the admission of new users since March 11, 2020. This was also the most difficult situation they faced because accepting new users would require their isolation for a period of two weeks, and the safe house did not have spaces that could be used for those needs. Since May 26, 2020, this problem was solved with the support of the German Embassy, by equipping two isolation rooms, and an agreement with the Sarajevo Canton Health Center allowed them to test new users for the corona virus after they were admitted into the safe house. All safe house users lost their jobs during the first lockdown, making it difficult for them to become independent and leave the safe house. There were also eight children admitted, for whom the safe house had to provide means of attending online school classes. Providing psychological services for all women and children has been intensified and additional work-occupational and recreational treatments have been introduced.

‘Udružene žene’ Banja Luka stated their work was not jeopardized during the pandemic, but it was aggravated. Users were not able to have direct contact with members of their primary families, or important persons from their social network, which further affected their functioning. The only contact that could be made during the pandemic was by telephone, but this is not enough since the users need additional empathy, closeness and direct support during their stay in the safe house, which is extremely important for their recovery. The safe house users had an increased need for conversations and psychosocial support, as well as for empowerment in different life directions. The users’ self-esteem, self-confidence and motivation dropped due to the isolation, and it was necessary to make additional efforts to focus on positive outcomes in the upcoming period. Some of the users have lost their jobs and are afraid they may lose custody of their children, because they will have no means to support them. All follow-up examinations and procedures in the competent social work centers, prosecutor’s offices and courts were postponed until the end of the measure. The safe house has continuously provided support and advice to users, but the pandemic affected the self-confidence and independence of victims of violence.

The safe house “Vive žene” Tuzla struggled with similar problems related to how to provide additional space and assistance to victims of violence due to lack of funds, and doubts regarding the accommodation procedures and work of organizations where safe houses have been established. The functioning of this safe house was called into question due to the lack of accommodation capacities for persons who had to be placed in isolation. Testing procedures were very slow and the safe house did not have a room for persons to stay in while waiting for the test results. The funds were not paid on





time, while the number of requests for admission was increasing, including even multi-member families. The safe house provided a room for isolation, but this space was not entirely satisfactory. The two rooms utilized for isolation were located in the same space and used the same bathroom, increasing the risk of the virus being transmitted from one person to another.

Safe house name	Number of persons admitted to safe houses in the period March 2020 - January 2021
Žene sa Une Bihać	61
Budućnost Modriča	25
Fondacija lokalne demokratije	90 during 2020 and 23 from the beginning of 2021
Udružene žene Banja Luka	54
Vive žene Tuzla	86

Table 9: Number of persons admitted to safe houses in the period March 2020 – January 2021

According to the Agency for Gender Equality for the period March 2020 – January 2021, a total of **679 victims of domestic and gender-based violence are placed in safe houses in Bosnia and Herzegovina.**

Misogynistic Violence

We are witnessing misogynistic statements by public figures on a daily basis, sensationalist reporting by the media shifting responsibility for the violence suffered to the victim, and not the perpetrator. In reporting, which should aim to inform the public and criticize the work of political actors, sexist language is used that has no function other than portraying a person in an offensive, humiliating and demeaning manner.

In January 2021, the **Zenica portal 072info** published an article about a councilwoman in the Zenica City Council, with the tendentious title 'Watch the 'dirty' dance of the councilwoman Tufekčić'. It insinuated this was a video of immoral content. There was no critical review of her political engagement in the text, but it is stated that the councilwoman could engage in dancing if she gives up politics in the future. An appeal was lodged with the Press Council over this article, but the appeal was rejected on the grounds that Ms. Tufekčić was a public figure and that she must be prepared for greater public interest in her private life.

In early May 2021, journalist Ozren Kebo published an article criticizing Senad Hadžifejzović's interview with the President of Serbia, Aleksandar Vučić. He referred to the numerous deficiencies of the mentioned interview in the text. After such criticism reached the Face Television journalist, **Senad Hadžifejzović publicly called his critic 'novinarka Ozrenka'**. By pronouncing his name in a female gender, he sends out the message that he uses women as a comparative tool when he wants to humiliate someone and that it is actually shameful to be a woman.





The events that marked the end of 2020 and are still current are the rape cases talked about by Serbian actresses, whose actions inspired other victims of violence to talk about what they survived. **The Facebook page 'Nisam tražila'** was created in Bosnia and Herzegovina, which gathered about 40,000 people in record time. The page served as a secure platform for persons who have experienced rape or any other form of sexual violence. A surprisingly great number of persons shared their experiences anonymously, and many only realized after reading other confessions that they had in fact been victims of rape or sexual harassment. The confessions of the victims drew attention to the problems that women face on a daily basis, after which Sarajevo Canton started drafting the Protocol on the Procedure in Cases of Sexual Harassment and Violence in Administrative Bodies, Public Enterprises, Public Institutions and Legal Entities, whose founder was Sarajevo Canton.

Femicide

Femicide is defined as the killing of a woman that is motivated by misogyny. It is not recognized as a separate criminal offense in B&H criminal laws. Femicide is a common occurrence in many societies, and their mutual characteristic is an unequal society – a patriarchal society dominated by men, and violence against women is common as there is a dominant opinion that a woman should be subordinate to a man.

In cases of femicide, courts classify it as domestic violence, and not as aggravated murder⁴³, which is contrary to Article 46 of the Istanbul Convention⁴⁴ according to which the state is obliged to take the necessary measures in order to consider certain circumstances as aggravating when sentencing for certain criminal offenses. Unfortunately, practice shows that courts do the exact opposite, that is, when sentencing for cases of rape or other forms of sexual violence, the perpetrator's family status is taken as a mitigating circumstance.

According to the B&H Agency for Gender Equality data, collected from judicial institutions and non-governmental organizations, **12 women were killed in Bosnia and Herzegovina last year, and a total of 56 women have been killed since 2015**, but these murders are not treated as femicide.⁴⁵ In the femicide cases that we witnessed in Bosnia and Herzegovina last year, it was not about men who were willing to commit some other kind of violent crime, but about men who felt they were losing their gender role, and thus their power. When we put femicide in the context of gender roles, not surprisingly, murder is often followed by suicide. It is these harmful gender stereotypes about the roles of women and men in our society that are the root cause of femicide, but also other forms of violence against women, which is confirmed by the Istanbul Convention. It is devastating to learn that often in cases of femicide the whole environment was aware of the violence but did not react, due to tolerance of domestic violence, or distrust in the work of institutions, but sometimes due to fear of retaliation if it is found out they were the ones who reported the violence “, said Kadribašić.⁴⁶





Guidelines for Action

Amend the laws on protection from domestic violence in the Federation of Bosnia and Herzegovina and the Brčko District in a way that domestic violence is treated as a criminal offense and not as a misdemeanor.

Provide funding for safe houses in Bosnia and Herzegovina, especially in conditions of the pandemic, given that the current epidemiological measures require much higher costs, which may jeopardize the functioning of safe houses.

Harmonize the criminal codes in Bosnia and Herzegovina with the Istanbul Convention, in order to adequately define cases of sexual violence, sexual harassment, psychological violence, femicide and other criminal offenses motivated by the gender and sex of the victim.

Avoid misogynistic and sexist speech when creating media content, and properly sanction the media that are using it.

Criminalize sexist and misogynistic hate speech, and incitement to gender-based violence or its triggering.



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ABOUT SARAJEVO OPEN CENTRE

Sarajevo Open Centre (SOC) is working on human rights promotion, especially the position and human rights of LGBTI persons and women in Bosnia and Herzegovina, by interpreting, presenting and promoting the authentic experiences of persons suffering human rights violations and unequal position, and advocating for legal, political, economic, social and cultural changes in all spheres of life.

We will set forth here only some of the achievements related to the equality of LGBTI persons and women. In addition to psychosocial and legal counseling, we continued to run the only LGBTI media in the country - the www.lgbti.ba portal. We organized trainings for the police, prosecutor's offices and courts, focusing on the topics of hate crimes, hate speech and the application of anti-discrimination law; for medical experts and healthcare workers, focusing on trans-specific and trans-inclusive gender reassignment; and for the LGBTIQ community.

We worked intensively on creating a local institutional network to support LGBTI persons in Sarajevo Canton, improving the regulation of bio-medically assisted fertilization in the Federation of Bosnia and Herzegovina, female workers' rights in relation to discrimination based on gender and maternity leave, introducing gender-sensitive language in parliaments and universities, adoption and implementation of cantonal gender action plans, but also raising awareness on gender-based violence in Bosnia and Herzegovina. Over the past years, several of our legislative and policy initiatives have entered government or parliamentary procedure. Our advocacy focus has been placed on policy issues for women's and LGBTI persons' equality in Bosnia and Herzegovina, issues of women's and men's reproductive rights, parenthood in the context of harmonization of private and professional segments of life, freedom of assembly for LGBTI persons and improvement of the institutional framework for protection against violence and discrimination, and we intend to continue working on issues concerning transgender persons, intersex persons, same-sex partnerships, their social inclusion, but also the position of LGBTI persons in education, health, work and employment. Over the past few years, we have conducted media campaigns, which have reached over one million B&H citizens, and we also organized the LGBTI film festival Merlinka, which will be known as local film festival Kvirhana from 2021, organized in cooperation with Tuzla Open Centre.

You can find more about our work at www.soc.ba.

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ANNEX I

QUESTIONNAIRE

1. How old are you?

18– 24
25– 35
36– 50
51– 65
66 –

2. Choose a place of residence:

Federation of Bosnia and Herzegovina
Una-Sana Canton
Posavina Canton
Tuzla Canton
Zenica-Doboj Canton
Bosna-Podrinje Canton
Central Bosnia Canton
Hercegovina-Neretva Canton
West Herzegovina Canton
Sarajevo Canton
Canton 10
Republika Srpska
Brčko District Bosnia and Herzegovina

3. State the highest completed level of education

Without any education or incomplete primary education
Elementary school
High school
Specialization after high school, higher school and first degree of college
Faculty, academy, university
Post-diplomatic study
Doctoral study

4. Do you belong to any of the groups below? (it is possible to choose multiple answers)

Singe mother
Person with disability
Roma woman
LGBTIQ person
No
I don't want to answer
Other

If you think you belong to another vulnerable group, specify which group it is.



**5. What is your employment status?**

Employed full time.
Employed on less than full time.
Unemployed - looking for a job.
Unemployed - not looking for a job.
Unemployed, but I do informal work from which I generate income.
Student.
Retired.
Other. Specify:

6. Has the Covid-19 emergency affected your further professional development and/or career advancement?

Yes.
No. (move to question number 8)
Not applicable. (move to question number 8)

7. In what ways did the emergency situation affect your professional development and/or career advancement?

How did you perform your work tasks in 2020?
Same way as before.
I worked online ('work from home').
It was a combination (both at the workplace and online/ 'from home').
Not applicable.

8. Was your health particularly endangered due to the type of work you performed during the Covid-19 pandemic in 2020?

Yes.
No.
I don't know.
Not applicable.

9. Have your working hours changed due to the Covid-19 emergency in 2020?

Yes, I averagely worked more hours a week.
Yes, I averagely worked less hours a week.
The average number of my weekly working hours remained the same.
Not applicable.

10. Have you experienced sexual harassment in the workplace in 2020 (for example, sexual connotations, unwanted comments, jokes, offers, touches...)?

Yes, once.
Yes, more than once.
No. (move to question number 15)
Not applicable. (move to question number 15)

11. Have you reported sexual harassment?

Yes.
No. (move to question number 14)

12. To whom did you report sexual harassment?**13. What were the outcomes of your report?**



14. For what reason have you not reported sexual harassment?

15. Choose the type of your household:

- I live alone
- Marital or extramarital couple without children
- Marital or extramarital couple with one child
- Marital or extramarital couple with two children
- Marital or extramarital couple with three or more children
- Single parent
- Single parent and other relatives
- Other types of households. Specify which:

16. How would you generally assess the financial situation of your household (on a scale of 1 to 5)?

- 1 – very bad.
- 2 – bad.
- 3 – neither good nor bad.
- 4 – good.
- 5 – very good.

17. Has your household's general financial situation worsened in the period after the outbreak of the Covid-19 state of emergency?

- Yes, financial situation of my household has significantly worsened.
- Yes, financial situation of my household has slightly worsened.
- No, financial situation of my household has slightly improved.
- No, financial situation of my household has significantly improved.
- No, financial situation of my household remained the same. (move to question number 19)

18. What primarily affected the worsening of your family's financial situation?

19. Has your personal income decreased since the declaration of the state of emergency until the end of 2020?

- Yes, significantly.
- Yes, slightly.
- No, my income remained the same.
- No, my income has slightly increased.
- No, my income has significantly increased.
- Not applicable.

20. How would you assess tensions in your household after a state of emergency has been declared?

- Much less tension than before.
- Slightly less tension than before.
- Pretty much the same situation as before.
- Slightly more tension than before.
- Much more tension than before.
- Not applicable.

21. By March 2020, how much time did you averagely spend doing housework per day?

- Less than an hour.
- 1 - 2 hours.
- 2 - 4 hours.
- 5 and more hours.





22. Has the average time you spent doing housework increased from the beginning of March to the end of 2020?

- No.
- It has slightly increased.
- It has increased.
- It has significantly increased.

23. Who did most of the housework in your household until March 2020?

- I did most of the housework.
- My partner did most of the housework.
- Someone else did most of the housework without being paid.
- Someone else did most of the housework and was paid.
- All members of the household participate in doing housework.

24. Is there a division into male and female chores in your household?

- Yes.
- Partially.
- No. (move to question number 26).

25. Give two examples for typical:

- Female chores in your household
- Male chores in your household

26. Do you think that the division into male and female household chores is fair?

- Yes.
- No.
- Partially.

27. Who generally takes care of children?

- I do all or most of the childcare by myself.
- I equally share childcare duties with my partner.
- My partner takes over most of the childcare.
- Most of the childcare is taken over by someone else for free (for example, a family member).
- Most of the childcare is taken over by someone else and is getting paid for it.
- Not applicable.

28. Has the scope of your childcare responsibilities changed since the outbreak of the state of emergency in March 2020?

- Yes.
- No. (move to question number 30)

29. What primarily affected the change in the scope of your childcare responsibilities after the state of emergency outbreak?

30. Have you taken care of an elderly or sick household/family member in 2020?

- Yes.
- No.



**31. Did you have help of another person while doing that?**

- No.
- Yes.
- Partner.
- Another person without being paid for it.
- Another person who was paid for it.

32. How do you most often spend your free time?

- Doing housework.
- Taking care of other family members.
- Hobby.
- Sports and recreation.
- Leisure.
- I have no free time at all.
- Other. Specify:

33. How much time a day do you have for leisure activities (averagely)?

- Less than an hour.
- One hour.
- Two hours.
- Three hours.
- More than three hours.

34. Who most often controlled and made decisions about household consumption before March 2020?

- I made such decisions entirely or mostly on my own.
- My marital/extramarital partner made such decisions entirely or mostly on his/her own.
- My marital/extramarital partner and I had equal control over all or most consumption issues.
- My marital/extramarital partner and I have quite clearly defined issues that each of us decide on.
- Someone else had most of the control.

35. Has your role in making household consumption decisions changed since the outbreak of the state of emergency?

- No.
- Yes, I could have been more involved in making such decisions.
- Yes, I was less involved in making such decisions.

36. Have you been exposed to any form of violence in 2020?

- No. (go to the end of the questionnaire)
- Yes, once.
- Yes, occasionally.
- Yes, every day.

37. What form of violence is in question?

- Physical
- Psychical
- Economic
- Sexual
- Combination of the above
- Other



**38. By whom you have been exposed to violence?**

Marital partner.
Extramarital partner.
Partner.
Strangers.
Other. (specify)

39. Has the introduction of interim measures affected the occurrence or intensity of the violence you experienced?

Yes.
No. (move to question number 41)

40. How did the interim measures affect the occurrence or intensity of the violence you experienced?

Have you reported the violence?
Yes (move to question number 43)
No (move to question number 45)

41. What were the reasons for not reporting?**42. To whom did you report the violence?****43. Are you satisfied with the activities undertaken after the violence was reported?****44. Do you have any other comments on the impact of the Covid-19 pandemic on your everyday life?**

Comment:





REFERENCES

- 1 According to the Republika Srpska Labor Law from 2018, parents of the child may agree that the leave, upon the expiration of 60 days from childbirth, shall continue to be used by an employed father, instead of the mother.
- 2 Unskilled worker (primary education)
- 3 Semi-skilled worker (lower education)
- 4 Skilled worker (secondary vocational education and training – three-year high school)
- 5 High school education
- 6 Highly skilled worker
- 7 Higher education (the first cycle of higher education – Bachelor or Baccalaureate)
- 8 University degree (the second cycle of higher education – Master)
- 9 Hasanagić, Snježana; Papović, Maja (2020). The Impact of Gender Division of Family and Housework on the Professional Life of Employed Women in Bosnia and Herzegovina. Sarajevo: Agency for Gender Equality of Bosnia and Herzegovina; Ministry of Human Rights and Refugees of Bosnia and Herzegovina, available at: <https://arsbih.gov.ba/project/istrazivanje-utica-j-rodne-podjele-porodicnih-i-kucanskih-poslova-na-profesionalni-zivot-zaposlenih-zena-u-bosni-i-hercegovini/>
- 10 Hasanagić, Snježana; Papović, Maja (2020). The Impact of Gender Division of Family and Housework on the Professional Life of Employed Women in Bosnia and Herzegovina. Ibid, page 16.
- 11 Ibid. page 34.
- 12 Ibid. page 13.
- 13 More available at: <https://soc.ba/negativni-efekti-izmjena-zakona-o-radu-fbih-najvise-ce-pogoditi-ranjive-kategorije/>
- 14 In May 2020, Agency for Gender Equality of Bosnia and Herzegovina published “Recommendations for Gender Mainstreaming in the Combat against the Covid-19 Pandemic”, where plenty of information was collected from NGOs.
- 15 FB&H Gazette, number 59/18.
- 16 FB&H Gazette, number 59/18.
- 17 The Institution of Human Rights Ombudsman of Bosnia and Herzegovina (2021). Human Rights in the Field of Sexual and Reproductive Health in Bosnia and Herzegovina (Final Report). Sarajevo: The Institution of Human Rights Ombudsman of Bosnia and Herzegovina, United Nations Population Fund of Bosnia and Herzegovina (UNFPA), proMENTE social research, available at: <https://ba.unfpa.org/en/publications/inquiry-sexual-and-reproductive-health-and-reproductive-rights-bosnia-and-herzegovina>, page 28.
- 18 The following healthcare facilities were contacted: University Clinical Center Sarajevo, University Clinical Center Tuzla, University Clinical Center of Republika Srpska, University Clinical Hospital Mostar, University Hospital Foča, Health Center Brčko, Sarajevo General Hospital, Zenica Cantonal Hospital, Sara-Vita Polyclinic - Sarajevo, IVF Center Balić - Tuzla, Blue Polyclinic - Tuzla and Sarajevo, Jelena Hospital - Banja Luka, Nova Medic - Bijeljina, Arbor Vitae - Mostar.
- 19 The following facilities responded to our inquiry: University Clinical Center Tuzla, University Clinical Hospital Mostar, University Hospital Foča, Health Center Brčko, Zenica Cantonal Hospital and Sara-Vita Polyclinic.
- 20 The Una-Sana and Canton 10 Health Insurance Funds did not respond.
- 21 For more information on the number of attempts and the amounts covered from the individual cantonal health insurance funds, see previous Orange Report 2019.
- 22 Zenica Cantonal Hospital, Health Center Brčko.
- 23 University Clinical Hospital Mostar.
- 24 Due to the Covid-19 pandemic, work on BMAF procedures was suspended during March, April and the first half of May 2020.
- 25 Oral contraceptive ATC: G03AA12 is available in the Federation of Bosnia and Herzegovina, generic name drospirenone + ethinyl estradiol, in the form of film-coated pills.
- 26 The Institution of Human Rights Ombudsman of Bosnia and Herzegovina (2021). Human Rights in the Field of Sexual and Reproductive Health in Bosnia and Herzegovina (Final Report). Ibid., pages 10 and 11.
- 27 Ibid., page 11.
- 28 The Institution of Human Rights Ombudsman of Bosnia and Herzegovina (2021). Human Rights in the Field of Sexual and Reproductive Health in Bosnia and Herzegovina (Final Report). Ibid., page 18.
- 29 University Clinical Center Sarajevo, University Clinical Center Tuzla - Gynecology and Obstetrics Clinic, University Clinical Center of Republika Srpska.
- 30 The price list of the private Polyclinic Sara-Vita states that the price of abortion by manual aspiration and under local anesthesia is 250 BAM, and the price of abortion under general anesthesia (up to the 8th week of pregnancy) is 400 BAM. Abortion with a pill costs 200 BAM, while the abortion under sedation anesthesia costs 310 BAM.
- 31 The Institution of Human Rights Ombudsman of Bosnia and Herzegovina (2021). Human Rights in the Field of Sexual and Reproductive Health in Bosnia and Herzegovina (Final Report). Ibid, pages 15 and 16.
- 32 The Institution of Human Rights Ombudsman of Bosnia and Herzegovina (2021). Ibid. page 8.
- 33 Ibid. pages 6 and 7.
- 34 Sarajevo, Mostar, Tuzla, Banja Luka, Bijeljina, Livno and Brčko.





- 35 The Institution of Human Rights Ombudsman of Bosnia and Herzegovina (2021). Human Rights in the Field of Sexual and Reproductive Health in Bosnia and Herzegovina (Final Report). Ibid, page 17.
- 36 As per Zenica Cantonal Hospital responses to the Sarajevo Open Centre's inquiries, it is planned to perform screening for cervical cancer in Zenica-Doboj Canton, within which organized PCR testing for HPV will be performed.
- 37 Kalinić, Jelena (January 16, 2020), Cancer vaccines: HPV vaccines, available at: <https://vakcine.ba/vrstе-vakcina/vakcine-protiv-raka-hpv-vakcine/>
- 38 The Institution of Human Rights Ombudsman of Bosnia and Herzegovina (2021). Human Rights in the Field of Sexual and Reproductive Health in Bosnia and Herzegovina (Final Report). Ibid, page 18.
- 39 The B&H Law on Gender Equality, Article 20, paragraph (1).
- 40 The B&H Law on Gender Equality, Article 32, paragraph (2).
- 41 Concluding observations on the Sixth Periodic Report of Bosnia and Herzegovina, Committee on the Elimination of Discrimination against Women, November 2019.
- 42 These data were obtained from the B&H Central Election Commission.
- 43 https://www.izbori.ba/Documents/Lokalni_izbori_2020/Ostalo/Kandidatske_liste_2020_15_9.pdf.
- 44 https://soc.ba/ako-nastavimo-ovim-tempom-i-intenzitetom-do-2060-godine-bismo-mogli-imati-minimalno-40-zena-u-vlasti-u-bosni-i-hercegovini/#_ftn3.
- 45 https://www.izbori.ba/Rezultati_izbora/?resId=27&langId=3#/8/195/0.
- 46 Sarajevo Open Centre's educational program. More info at: <https://soc.ba/programi/gender/obrazovanje/akademija-ravnopravnosti/>
- 47 The B&H Election Law, article 7.2, paragraph (2).
- 48 <https://source.ba/mobile/clanak/Admir/543814>.
- 49 Republika Srpska Criminal Code, article 190, paragraph (6).
- 50 <https://www.slobodnaevropa.org/a/fmicid-bih-nasilje-nad-zenama-kazne/30767934.html>.
- 51 'Parties shall take the necessary legislative or other measures to ensure that the following circumstances, insofar as they do not already form part of the constituent elements of the offense, may, in conformity with the relevant provisions of internal law, be taken into consideration as aggravating circumstances in the determination of the sentence in relation to the offenses established in accordance with this Convention:
- a. the offense was committed against a former or current spouse or partner as recognized by internal law, by a member of the family, a person cohabiting with the victim or a person having abused her or his authority'.
- 52 <http://hcabl.org/wp-content/uploads/2020/10/FEMICID-i-mehanizmi-za-prevenciju-u-slucaju-Bosne-i-Hercegovine-converted.pdf>.
- 53 Ibid.