



Getting to zero unmet need for family planning in Eastern Europe and Central Asia

Thematic briefs on family
planning and reproductive health
commodity security

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Acronyms



CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CME	continuous medical education
CPR	contraceptive prevalence rate
CSO	civil society organization
DRR	disaster risk reduction
EU	European Union
GBV	gender-based violence
ICPD	International Conference on Population and Development
ICPD+25	Nairobi Summit on the 25th anniversary of the International Conference on Population and Development
IEC/BCC	information education and communication / behaviour change communication
IUD	intrauterine device
JSI	John Snow, Inc.
KOPF	Kosovo Population Foundation
LGBTI	lesbian, gay, bisexual, trans and/or intersex
LMIS	logistics management information system
MICS	Multiple Indicator Cluster Survey

MISP	Minimum Initial Service Package for Reproductive Health in Crisis Situations
MOU	memorandum of understanding
PSI	Population Services International
RH	reproductive health
SCC	Supply Chain Compass
SDG	Sustainable Development Goal
SGBV	sexual and gender-based violence
STI	sexually transmitted infection
TMA	total market approach
TSMU	Tbilisi State Medical University
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNSCR	United Nations Security Council Resolution
ViC	Virtual Contraceptive Consultation
WHO	World Health Organization



Foreword



Family planning is a human right ... Family planning is central to gender equality, women's empowerment, and the prosperity of individuals, families and communities”.

Dr. Natalia Kanem
UNFPA's Executive Director¹

The countries and territories of Eastern Europe and Central Asia have made remarkable progress in family planning over the past few decades, but a number of significant challenges remain. Fewer than 40 percent of women in the region use modern methods of contraception, with variations between countries ranging from as low as 4 percent in Albania to as high as 52 percent in Belarus. Disparities within countries are high as well, with rural, migrant, minority and low-income women; women residing in rural areas; and urban poor having less access to quality family planning services and commodities. A progressive decline in international assistance available to middle-income countries of Eastern Europe and Central Asia and a shortage of domestic resources for family planning are among the key factors slowing progress, affecting the quality of family planning services and manifesting in poor counselling and contraceptive supply, high costs and a lack of choice.

UNFPA supports national partners in developing strategies and innovative approaches to ensuring universal access to sexual and reproductive health and, in particular, family planning. In November 2019, marking 25 years since the landmark International Conference on Population and Development (ICPD) in Cairo, governments and civil society worldwide reconfirmed their commitments at the global Nairobi Summit to accelerate progress in universal access to sexual and reproductive health care, including family planning. Prior to that, in June 2019, UNFPA hosted a global consultation on family planning in Antalya, Türkiye, where the international community agreed on 25 recommended actions to end unmet need for family planning—one of three transformative results UNFPA aspires to reach by 2030.

The ongoing COVID-19 pandemic poses a further challenge to progress in securing access and choice; it is taking place against a backdrop of rising pushback against human rights, where hard-won gains in women's rights, in particular sexual and reproductive rights, are increasingly contested. UNFPA's April 2020 assessment of the impact of COVID-19² on the three transformative results, including ending unmet need

1 ReliefWeb, "In visit to Sudan, UNFPA Executive Director commends progress in transition to democracy, says continued support of international community remains critical", 21 March 2021.

2 UNFPA, "Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage: Pandemic threatens achievement of the Transformative Results committed to by UNFPA", 27 April 2020.

for family planning by 2030, projected that some 47 million women in 114 low- and middle-income countries would be unable to use modern contraceptives due to mobility restrictions, fear and COVID-19-related disruptions of essential services.

The primary goal of the thematic briefs on family planning and reproductive health commodity security presented in this publication is to celebrate regional progress in attaining the targets stipulated in the Eastern Europe and Central Asia Regional Contraceptive Security Strategic Framework (2017–2021) in line with the 25 recommended actions. On the other hand, the briefs were produced at a time when the COVID crisis was unfolding around the world, so all stakeholders in the region must learn and build upon the key challenges, lessons and recommendations they describe in order to make sure no country or territory ever underprioritizes access to family planning as an essential service, as recommended by the World Health Organization (WHO). The briefs will provide the groundwork to fulfil the promise of Nairobi by operationalizing the implementation of the 25 recommended actions in the Decade of Action as the regional vision to end unmet family planning needs by 2030.

Istanbul, December 2021

Alanna Armitage

Director

UNFPA Regional Office for Eastern Europe and Central Asia

Background and Introduction

The 2012–2020 UNFPA “Family Planning Strategy: Choices not Chance” aims to achieve universal access to rights-based voluntary family planning as part of sexual and reproductive health and reproductive rights. Within this framework, UNFPA and its partners are working to expand access to information, services and supplies for women, men and young people; to improve quality of care; and to generate demand and address unmet need. A key part of the strategy supports the efforts of countries to strengthen their health systems to ensure a reliable and secure supply of modern contraceptives in order to reach those who are poor, marginalized and underserved.³

Achieving the transformative result of ending unmet need for family planning requires commitment and collaboration across multiple sectors as well as strong enabling environments. Every day, millions of women and couples decide whether or not to use a contraceptive method to delay, space or avoid pregnancy. The process leading to this choice starts much earlier and is shaped by a wider range of social, cultural, religious, economic, legal and political factors that influence an individual’s universe of choice, the availability of services and even their autonomy and motivation to make fertility-related choices.

The UNFPA Eastern Europe and Central Asia Regional Office, in collaboration with every country and territory in the region, developed a Regional Contraceptive Security Strategic Framework (2017–2021) directed at achieving systematic and scaled-up support for countries and territories in the region as they work to achieve universal access to modern contraception as part of coverage of sexual and reproductive health and reproductive rights.⁴ The Strategic Framework identifies the following five focus areas:

- commitment at national level for rights-based family planning and contraceptive security;
- capital for sustainable contraceptive security programmes;
- coordination and cooperation between partners to ensure efficient and optimal utilization of limited resources and supply chains (sources) of contraceptives;
- capacities at national level for running a sustainable contraceptive security programme; and client demand.

The outputs for the Regional Contraceptive Security Strategic Framework are:

3 UNFPA, *Choices not Chance: UNFPA Family Planning Strategy 2012-2020* (New York, 2013).

4 UNFPA Eastern Europe and Central Asia Regional Office, *Advancing Contraceptive Choices and Supplies for Universal Access to Family Planning in Eastern Europe and Central Asia: UNFPA Regional Contraceptive Security Strategic Framework 2017-2021* (Istanbul, 2017).

Focus area 1:

Commitment (leadership/stewardship)

- Output 1: Political commitment at national level for rights-based contraceptive security demonstrated.

Focus area 2:

Capital (financing)

- Output 2: Funding needed for sustainable contraceptive security is provided based upon actual need.

Focus area 3:

Coordination and cooperation between partners

- Output 3: Collaboration and coordination among the public and private sectors, NGOs and other stakeholders strengthened to ensure efficient and optimal utilization of limited resources and supply chains (sources) of contraceptives.

Focus area 4:

Capacities at national level

- Output 4: Capacities developed for running a sustainable contraceptive security programme.

Focus sub-area 4.1:

Supply-chain capacity

- Output 4.1: Capacities developed for running a sustainable contraceptive supply chain.

Focus sub-area 4.2:

Service-delivery capacity

- Output 4.2: Capacities developed for providing contraceptives to all in need including equity in and access to service delivery to ensure that clients, including under-served populations, are covered.

Focus area 5:

Client demand

- Output 5: Increased demand by individuals, communities, and health providers for modern contraceptive methods through improved access to evidence-based information about modern contraception.

Once the Regional Contraceptive Strategic Framework (2017–2021) was in place and being implemented, UNFPA developed in 2019 the 25 recommended actions aimed at ending unmet need for family planning by 2030. These recommendations are the primary output of a series of consultations on ending unmet need for family planning as a foundation for achieving the 2030 Agenda for Sustainable Development and in support of realizing the ICPD vision of universal access to sexual and reproductive

health and rights. Aimed at spurring change, the actions were deliberated and agreed by participants in the UNFPA's global consultation on ending unmet need for family planning, held from 17 to 20 June 2019 in Antalya, Türkiye.⁵

The 25 actions fall into 6 themes, as follows:

1. Create enabling environments for human rights–based family planning as an integral part of sexual and reproductive health and rights.
2. Expand demand-side interventions aligned to the individual's reproductive health intentions.
3. Ensure availability of good-quality, human rights–based family planning services.
4. Improve availability and reliable supply of good-quality contraceptives.
5. Provide family planning in humanitarian and fragile contexts.
6. Meet young people's need for contraception as part of adolescent sexual and reproductive health and rights.

The thematic briefs on family planning and reproductive health commodity security contained in this publication look at progress and case studies in these six areas since 2016. They explore the challenges faced by UNFPA countries and territories in the region, and help identify scalable, replicable practices where possible.

5 UNFPA Eastern Europe and Central Asia Regional Office, *UNFPA's Consultation on Ending Unmet Need for Family Planning (Istanbul, 2019)*.

Methodology

The UNFPA Regional Contraceptive Security Strategic Framework (2017–2021) was produced in 2016 by the UNFPA Eastern Europe and Central Asia Regional Office with the support of and in consultation with all countries and territories in the region. Informed by UNFPA's 2012–2020 "Family Planning Strategy: Choices not Chance", the Strategic Framework synthesized global, regional and country efforts in a road map for the attainment of the universal access and universal health coverage targets of SDG 3 that is demand-driven and human rights-based, placing the rights and needs of the end user at the centre of any planning or action.

A key aim of the Strategic Framework is to inform harmonized UNFPA programming in terms of repositioning family planning, to advance contraceptive security, to streamline coordinated technical assistance at the regional and global levels and to strengthen South–South and triangular cooperation and resource mobilization opportunities. The short- and long-term national programmatic priorities (2017 and beyond) aimed at the attainment of the "five Cs", representing the Strategic Framework's five focus areas, was refined and endorsed by countries during a regional consultation for the countries and territories of Eastern Europe and Central Asia called "Multi-sectoral Cooperation for Universal Access to Contraception" (Bucharest, 16–17 November 2016).

To embrace and celebrate progress made in the Eastern Europe and Central Asia region in terms of securing equitable access to family planning services and commodities at the midpoint of the Strategic Framework's implementation, the UNFPA Regional Office for Eastern Europe and Central Asia decided to produce thematic briefs on family planning and reproductive health commodity security in the region. The briefs focus on six thematic streams that categorize UNFPA's 25 recommended actions to get to zero unmet family planning need by 2030, which were agreed by the participants of the global Consultation on Ending Unmet Need for Family Planning, held from 17 to 20 June 2019 in Antalya, Türkiye.

The data collection, analysis and drafting work on the thematic briefs was carried out between March and October 2020. A dedicated progress matrix for UNFPA was developed and operationalized as an online survey to collate data about the implementation of key interventions related to family planning and reproductive health commodity security in order to address country-specific priorities outlined in the Regional Contraceptive Security Strategic Framework (2017–2021) for each of the six thematic streams. All countries and territories in the Eastern Europe and Central Asia region responded to the survey in as much detail as they could. Where possible, progress data (from 2016) on key indicators were collected against each focus area (output) of the UNFPA Eastern Europe and Central Asia Regional Contraceptive Security Strategic Framework.

Based on the responses to the progress matrix survey, UNFPA selected the most effective, innovative and scalable interventions for further in-depth exploration. A

dedicated questionnaire guided UNFPA in describing each of the selected interventions by complementing the existing technical and programmatic reports to be reflected in the thematic briefs.

This work did not systematically review progress in countries in relation to the Regional Contraceptive Security Strategic Framework; instead, it was designed to hear countries' perspectives on what, in their view, constitutes success and on where key challenges lie on the way to ending unmet family planning needs in the new Decade of Action, in line with the 25 recommended actions. UNFPA hopes that the reported progress on the Strategic Framework's indicators will inform the formulation of perspectives and future strategies in relation to the 25 recommended actions. Reviewing the results jointly with the UNFPA offices in Eastern Europe and Central Asia is intended to strengthen the region's evidence base on family planning and reproductive health commodity security and to inform assessments of Eastern European and Central Asian countries' strategic family planning priorities in correlation with the 25 recommended actions and the production of a regional family planning road map for ending unmet need for family planning in Eastern Europe and Central Asia by 2030.

Selected Key Challenges and Recommendations



There must be adequate and sufficient evidence about how health policies and procedures impede access to family planning and reproductive health commodities in order to address obstacles and remove barriers. If the evidence does not exist, then data must be collected, studies conducted and analytical reports produced to inform better decision-making. Producing evidence, and assessing the situation before developing new policy documents, strengthens the policy results. Policy documents require a costed action plan and a strong monitoring and evaluation framework from the beginning to ensure proper annual financing of planned interventions and enable the assessment of progress towards set targets.



To ensure sustainable momentum, bringing together all relevant stakeholders from both public and private sectors in platforms or coordinating committees is invaluable. Different stakeholders bring different knowledge and insights for problem-solving. Bringing them together on a regular basis to review evidence and agree on change helps enable decision makers—whether in governments, parliaments or health systems—to generate the changes needed for improved access. Using a participatory validation process for drafting policy documents is complex and takes time, but it increases ownership among key stakeholders and increases the likelihood of lasting change. A cross-sectoral coordination mechanism on sexual and reproductive health and rights helps ensure smooth government approval and implementation of the policy document.



International expertise, South–South cooperation and experience-sharing with peers in and from other countries can help effect needed changes. Convening national panels and events with experts from outside the country and/or taking national decision makers on study tours and fact-finding missions outside the country can help national decision makers better understand what works. International experts' knowledge and expertise can strengthen national capacities aligned with the latest international recommendations and best practices. Exposing country managers and decision makers to best international practices and conferences, from experience-sharing with counterparts from other countries to the participation of government ministries in international conferences, can be very helpful. When international experts and UN agencies jointly advocate in-country for the importance of family planning and follow up on the commitments undertaken in relation to the promises of Cairo, it affects how decision makers see and respond to the issue. International exposure enables decision makers to make better decisions.



Expanding demand for and ensuring the availability of human rights–based family planning requires sustained creativity and innovation in approaches and strategies. In order to reach as much of the population as possible, including young people as well as marginalized and key populations, it is necessary to bring together and work with unforeseen partners. Moreover, adapting to new technologies and modes of distributing information opens up new avenues of contact to enhance knowledge about contraceptives and access to rights-based family planning. Challenges may lie in resistance from organizational or community partners to a new approach as well as in evaluating and identifying indicators for a novel programme. Flexibility in messaging and sustained efforts to communicate the utility of the new approach, particularly focusing on health promotion, can help overcome resistance from partners. Evaluating the impact of an innovative approach requires conceptualizing an eventual assessment, prioritizing key indicators and taking into account how the data will be collected as part of the initial planning of the approach or strategy.



Working with people in communities helps make government policies and funding more responsive and accountable to real needs for rights-based access. When customizing policies and programmes, the end beneficiaries can tell you how to make a service more acceptable. The civil society sector can be a very important ally; involving it from the start can strengthen progress through complementary networks and create a more favourable environment among decision makers. In order to ensure that focused rights-based interventions meet the needs of all groups, in particular marginalized and underserved persons, UNFPA must take measures to ensure the availability and analysis of disaggregated data, at the national as well as subnational level, by age, sex, wealth, ethnicity, migration status, disability, parity and other important variables. Sometimes, responding to needs in one marginalized community can improve a decision maker’s understanding of the need to have more broadly effective policies and programmes across the whole population. For example, where UNFPA has helped grass-roots organizations conduct health education sessions with marginalized Roma, Egyptian and Ashkali communities, this has attested to the effectiveness of this work in increasing the modern contraceptive prevalence rate for communities in other contexts.



Anticipating family planning needs in non-traditional situations or settings creates an opportunity to reach people who might otherwise not receive services to which they have a right. In areas of conflict, times of crisis or emergency situations, the need for rights-based family planning does not diminish. Indeed, UNFPA in the region has learned that many multilateral and international institutions and organizations overlook this basic right in their humanitarian responses. Sustained advocacy is key to ensuring that family planning and reproductive health are on countries’ preparedness agenda and in their response plan. Conducting outreach, providing education or delivering supplies, training or services in these unanticipated locations and situations takes intrepid action, and UNFPA must adapt quickly, relying on existing partners and relationships, to fill this gap. Such action ensures that human rights–based family planning is carried out in the myriad contexts in which many multilateral international organizations overlook this basic right.



Creatively deploying a range of diverse approaches, concurrently, increases impact. A multipronged strategy may reach not only more people but also groups who were not considered part of the initial plan. A communications plan might include a single message (video, image or other) that is distributed through traditional media, such as television or radio, as well as social media platforms. These messages may be reinforced at live and in-person events. Such a multipronged approach broadens the reach of a single message and increases the potential for it to reach different age groups or people in urban and in rural areas alike. Further, certain interventions, when combined, may be strategic to help reduce unmet need. Depending on the local context, a combination of strategic approaches, from provider training and expansion of contraceptive method mix to post-partum family planning and engagement of men and boys, may work synergistically to, for example, increase demand.

Theme 1.

Create enabling environments for human rights-based family planning as an integral part of sexual and reproductive health and rights



Executive Summary

Ending unmet need for family planning—one of UNFPA’s transformative results—will require commitment and collaboration across multiple sectors, which can be achieved only with the support of strong enabling environments. Every day, millions of women and couples decide whether or not to use a contraceptive method to delay, space or avoid pregnancy. The process leading to this choice starts much earlier and is shaped by a wider range of social, cultural, religious, economic, legal and political factors that influence an individual’s universe of choice, the availability of services and even the autonomy and motivation to make fertility-related choices.

This thematic brief is the first of six focusing on the 25 recommended actions for ending unmet need for family planning by 2030. It focuses on the overarching theme of creating enabling environments for human rights–based family planning as an integral part of sexual and reproductive health and rights.

Within this overarching theme, five actions are recommended:

Action 1

Ensure focused rights-based interventions to meet the needs of all groups, in particular marginalized and underserved persons. To this end, take measures to ensure the availability and analysis of disaggregated data, at national as well as subnational level, by age, sex, wealth, ethnicity, migration status, disability, parity, etc.

Most countries and territories in Eastern Europe and Central Asia report some or significant progress on the key milestones for this indicator, especially when it comes to working with a wide range of stakeholders and partners to generate forward momentum. The collection of disaggregated data is an important enabling factor that remains challenging in most countries.

Action 2

Using evidence-based advocacy, promote the adoption, implementation and monitoring of laws and regulations to guarantee equal access to contraceptives and comprehensive sexual and reproductive health information, education and services for all people, taking specific measures to meet the needs of marginalized groups, for instance by addressing financial barriers and eligibility barriers such as third-party authorization for access to services.

UNFPA in the region reports good progress in its work to produce evidence that builds trust and knowledge among decision makers and advances the legal underpinnings for equitable access to sexual and reproductive health.

Action
3

Build the case for investing in family planning as a key development driver, and advocate for strong political commitment for domestic resource mobilization through the development of evidence-based business cases, cost-benefit analyses, policy briefs and studies.

Over time, UNFPA countries and territories in Eastern Europe and Central Asia have increased their domestic family planning budgets, though staff turnover requires constant collaboration and partnership with decision makers.

Action
4

Create a sustainability strategy as an integral part of every rights-based family planning programme, national and subnational, with an agreed road map tailored to country context, integrated within health budgeting processes and financing schemes, and with clear milestones covering all phases, including after the transition process.

UNFPA in Eastern Europe and Central Asia reports challenges in getting governments to commit to strategies and road maps for sustainability, but they continue to advance the integration of family planning and sexual and reproductive health into national health systems as a way of advancing sustainability.

Action
5

Ensure a health system strengthening approach to maximize the efficiency and effectiveness of family planning programmes and to position family planning as an integral part of universal health coverage. This approach should include ensuring a wide variety of modern contraceptive methods are available.

While most countries and territories in Eastern Europe and Central Asia report progress on integrating family planning into health systems that are moving towards universal health coverage, UNFPA finds it difficult to improve collaboration and coordination among the public and private sectors, NGOs and other stakeholders for the efficient and optimal utilization of limited resources and contraceptive supply chains.

This thematic brief provides quantitative and qualitative evidence of progress on each of these actions and insight into activities in which UNFPA has engaged to achieve that progress in Eastern Europe and Central Asia.



Action 1

Commitment to rights-based interventions

Countries and territories in Eastern Europe and Central Asia are signatories to major human rights declarations and international consensus documents, including on the right of women to have access to adequate health care, including information, counselling and services in family planning; the right of a child to be born wanted and healthy; and the right of couples to decide freely and responsibly the number, spacing and timing of their children. Reducing unintended pregnancies, particularly among adolescents, could improve educational and employment opportunities for women, which would in turn contribute to improving the status of women, increasing family savings, reducing poverty and spurring economic growth.

A recent backlash against gender equality and women's rights has promoted a return to traditional gender roles. These associate women's primary value with reproduction, maternal care and household work and hinder a human rights-based approach⁶ to providing universal access to comprehensive sexual and reproductive health services, including modern contraception. In the face of declining overall population in many countries and territories of Eastern Europe and Central Asia, a number of governments are exploring or pursuing pronatalist policies. These are supposedly designed to increase fertility rates, but experience from elsewhere⁷ shows that they are usually ineffective and can have marked negative effects on people's reproductive choices and health status.

UNFPA's 25 recommended actions for ending unmet need for family planning by 2030 start by focusing on this issue: improving access through rights-based interventions by making sure we have the data to know whose rights are not being fulfilled.

Action 1: *Ensure focused rights-based interventions to meet the needs of all groups, in particular marginalized and underserved persons. To this end, take measures to ensure the availability and analysis of disaggregated data, at national as well as subnational level, by age, sex, wealth, ethnicity, migration status, disability, parity, etc.*

6 UNFPA and WHO, *Ensuring Human Rights within Contraceptive Service Delivery: Implementation Guide* (New York and Geneva, 2015).

7 See the following publications on the experiences of France and Singapore: Elizabeth Brainerd, "Can Government Policies Reverse Undesirable Declines in Fertility?", *IZA World of Labor*, vol. 23 (May 2014); Daniel L. Chen, "Can Countries Reverse Fertility Decline? Evidence from France's Marriage and Baby Bonuses, 1929–1981", *International Tax and Public Finance*, vol. 18 (2011), p. 253; Gavin W. Jones, "Recent Fertility Trends, Policy Responses, and Fertility Prospects in Low-Fertility Countries of East and Southeast Asia", United Nations Expert Group Meeting on Recent and Future Trends in Fertility, Population Division, United Nations Department of Social and Economic Affairs, New York, 2–4 December 2009.

1.1. Purposeful partnerships

Successful sustainable development requires dynamic and inclusive strategic partnerships that involve a variety of stakeholders. UNFPA works to develop partnerships that create shared opportunities and leverage partners' added value to support the mandate of UNFPA in achieving universal access to sexual and reproductive health and rights, reducing maternal death and improving the lives of adolescents and youth. UNFPA is engaged in collaborations with stakeholders including the business sector, foundations, parliamentarians, civil society, academia and scientific institutions, as well as individuals and multi-stakeholder initiatives to make every partnership unique and ensure support for UNFPA's mandate and programmes.

The Eastern Europe and Central Asia Regional Contraceptive Security Strategic Framework specifies some key output indicators that shed light on how UNFPA countries are progressing with partnerships. Under focus area 3 (coordination and cooperation between partners), output 3 seeks to advance collaboration and strengthen coordination among the public and private sectors, NGOs and other stakeholders to ensure the efficient and optimal utilization of limited resources and supply chains (sources) of contraceptives. In order to determine the number (and percentage) of countries and territories that have institutional mechanisms to partner with key stakeholders, including young people, in policy dialogue and programming on contraceptive security, UNFPA offices in Eastern Europe and Central Asia were asked the following question:

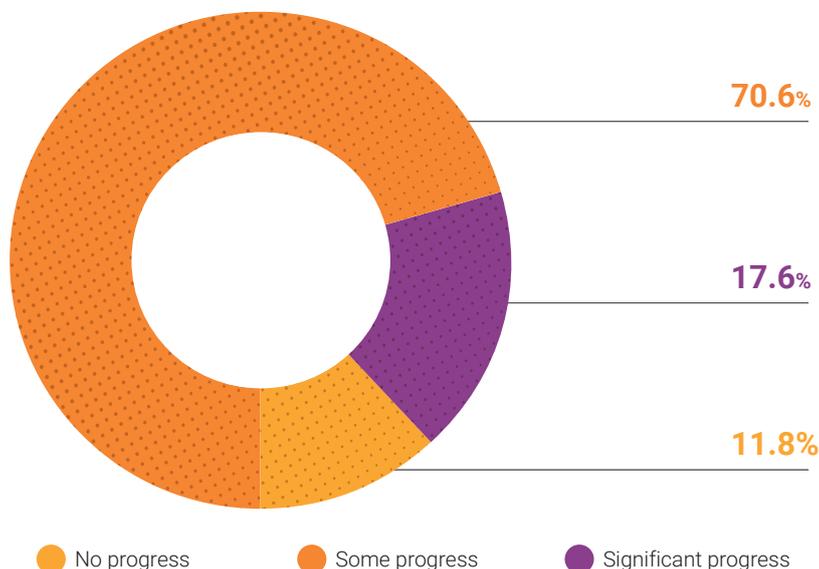
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KEY OUTPUT INDICATOR 3.1

of the UNFPA's Regional Contraceptive Security Strategic Framework



Has there been progress since 2016 in the use of institutional mechanisms to partner with key stakeholders, including young people, in policy dialogue and programming on contraceptive security?



Out of 17 countries and territories responding, 70.6 percent reported some progress in using institutional mechanisms to partner with key stakeholders⁸ in policy dialogue and programming on contraceptive security, while 17.6 percent reported that there had been significant progress on this measure.

UNFPA spearheaded the elaboration of national strategies through a multisectoral approach to reach new audiences. UNFPA ensured that key stakeholders, including the CSO (civil society organization) community, set aside their differences to build a common view of achieving contraceptive security. UNFPA is fostering purposeful, multisectoral partnerships to build the capacity of national institutions in the delivery of family planning, maternal, newborn and adolescent health; Minimum Initial Service Packages for Reproductive Health in Crisis Situations (MISP); prevention of gender-based violence (GBV); strengthening of sexual and reproductive health and rights; reproductive health commodity security and logistics management information systems; as well as providing expertise and ensuring the inclusion of those strategic interventions in national strategic documents, policies, programmes and plans. UNFPA was also successful in:

- helping governments draft national sexual reproductive health and family planning action plans in line with international guidance;
- expanding the contraceptive method mix and ensuring the availability of a wide range of contraceptives;
- improving state coverage of contraceptives for vulnerable groups;
- increasing the number of prescriptions for contraceptives for insured women;
- building the capacity of health care providers in line with a human rights-based approach to family planning;
- conducting economic policy analyses designed to identify and fill family planning resource gaps;
- making presentations and hosting discussions on sexual and reproductive health and family planning, including access to contraceptives;
- conducting continuous advocacy for family planning and contraceptive methods; and
- supporting migrant population access to family planning through in-service training, service provision and the provision of commodities.

A major milestone was reached in Armenia: in 2017, for the first time, the Ministry of Health procured contraceptives for vulnerable groups from the state budget for approximately US\$100,000. The programme benefited from the global purchasing power offered by UNFPA Procurement Services, whereby WHO-certified and quality-assured

8 UNFPA, "Strategic Partnerships". Available at <https://www.unfpa.org/strategic-partnerships>

commodities are made available at the lowest-possible price for the public. In North Macedonia, contraception became an approved part of the 2018–2020 sexual and reproductive health national action plan.

In Georgia, UNFPA ensured that key stakeholders, including the CSO community, set aside their differences to build a common view of achieving contraceptive security through a multisectoral approach to Georgia’s national sexual and reproductive health strategy for 2017–2030. As a result, the strategy envisions the inclusion of family planning counselling and the free provision of contraceptives in the basic benefit package provided under Georgia’s universal health coverage for selected beneficiaries, including youth.

Even though no specific policy dialogue sessions on contraceptive security have been held at the national level in the Republic of Moldova, a long-term national development strategy to 2030 was developed with the support of UNFPA and other UN agencies that reflects national commitments related to sexual and reproductive health and rights, including those on universal access to family planning and reproductive health commodities. UNFPA proposed and encouraged key stakeholders, including representatives of professional associations and NGOs working on sexual and reproductive health and also youth organizations working with and/or for young people, to participate in national dialogue sessions for the development and validation of the policy document.

In Kyrgyzstan, UNFPA helped the government establish a technical working group under the Ministry of Health’s Family Planning Advisory Council in 2019 that included civil society representation with vulnerable people, including people living with disabilities.

In North Macedonia, UNFPA’s advocacy helped produce funding that, since 2019, has been allocated to the national preventive programme for mother and child health for the procurement of contraception for vulnerable groups. Due to a poor logistics system, however, the commodities could not reach all their intended recipients.

1.2. Coordinating with others for those left furthest behind

Under focus area 3 (coordination and cooperation between partners) of the Eastern Europe and Central Asia Regional Contraceptive Security Strategy Framework, output 3 seeks to strengthen collaboration and coordination among the public and private sectors, NGOs and other stakeholders in order to ensure the efficient and optimal utilization of limited resources and supply chains (sources) of contraceptives. In order to assess progress vis-à-vis this collaboration, UNFPA offices in Eastern Europe and Central Asia were asked the following question:

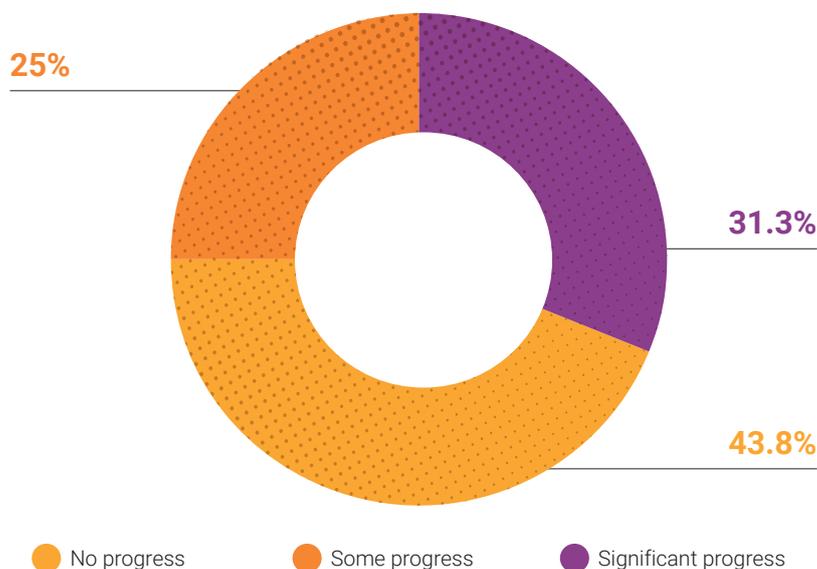
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KEY OUTPUT INDICATOR 3.3

of the UNFPA's Regional Contraceptive Security Strategic Framework



Has there been any progress since 2016 in the national contraceptive security coordination committee's work with rePresentatives of the health ministry, NGOs and the private/commercial sector?



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Out of the 16 countries and territories that responded, most (56.3 percent) reported either some (25 percent) or significant (31.3 percent) progress in the national contraceptive security coordination committee's work with representatives of the health ministry, NGOs and the private/commercial sector.

UNFPA has urged health ministries and other stakeholders to accelerate progress on family planning towards the goals of the International Conference on Population and Development (ICPD), targets established in the Family Planning 2020 global initiative (applicable for Kyrgyzstan, Uzbekistan and Tajikistan), the Sustainable Development

Goals (SDGs) and Agenda 2030 to leave no one behind. UNFPA has helped establish and convene national committees on sexual and reproductive health and dedicated contraception coordination committees. These committees play a variety of roles, from conducting national consultations, including national contraceptive security with a range of stakeholders, to developing contraception procurement plans based on stock information and market share among the main state and private sector suppliers.

UNFPA has urged national governments to finance family planning in order to ensure a reliable supply of contraception for all with a focus on vulnerable segments of the population, to provide quality health services for family planning through the implementation of WHO guidelines and recommendations and to raise awareness and acceptance among the population about family planning. UNFPA has trained secondary school teachers, staff from education ministries and local NGOs and has encouraged collaboration between them and health providers.

On the downside, national coordination bodies responsible for contraceptive security still do not exist in Bosnia and Herzegovina, Georgia or Serbia. This impedes the attention that is required to meet the needs of and secure choice for those left furthest behind.



CASE STUDY

COOPERATION FOR MEETING THE NEEDS OF SURVIVORS OF SEXUAL AND GENDER-BASED VIOLENCE IN NORTH MACEDONIA

UNFPA Türkiye/Yasın Güngör



In a major win for girls and women in North Macedonia, the government supported the opening of sexual assault referral centres for the provision of a multisectoral response to sexual and gender-based violence (SGBV), in partnership with UNFPA, the United Nations Development Programme (UNDP), national line ministries and other partners in-country. The referral centres were opened to the applause of several ministry officials, hospital directors and municipal officials in 2019. The Ministry of Health and hospital management allocated space within existing facilities for the provision of sexual and reproductive health services, UNDP renovated and supplied the necessary equipment and commodities, and UNFPA developed the guidelines and standard operating procedures for the provision of a multisectoral response to sexual and gender-based violence. Throughout the process, all parties engaged in close cooperation with the line ministries that are part of the multisectoral response so that, when a person reports sexual violence in any institution, they can receive a comprehensive referral response.

The standard operating procedures approved by the government ensures—for the first time—that when someone reports a sexual assault, the receiving agency knows how to administer an intake protocol, provide intake counselling and help the survivor understand who to call, what to do and what services they can receive at the referral centre and elsewhere. National protocols on clinical management of rape survivors now guarantee access to emergency contraception.

Illustrating the value of “One-UN” inter-agency collaboration, UNDP provided financial support for medications and equipment, and renovated the facilities, while UNFPA

provided expertise on how to address gender-based violence and act as a liaison with local and international suppliers of sexual and reproductive health commodities and equipment through the development of guidelines for a multisectoral response to gender-based violence. UNFPA and UNDP co-led the overall effort to open the sexual assault referral centres. This was a success for the UN and an important model for collaboration and delivering as one in an inclusive process for a common goal. The government also showed its support: several city mayors and ministry officials were present at events to mark the opening of the centre. Decisions about where to locate the centres and how to coordinate their operations were made collaboratively.

BACKGROUND

An upper-middle-income country in transition, the Republic of North Macedonia has population and development patterns marked by an aging population, decreasing fertility and migration. Dedicated UNFPA support focusing on preventing domestic violence began in 2007, which included advocating for sexual and reproductive health and rights, including for youth.

Personal beliefs have traditionally played a very strong role in whether and how girls and women access services in the country. Auxiliary providers, police and social workers often are not able to draw a line between their personal beliefs and professional responsibilities. This is a problem because it is widely believed throughout North Macedonia that violence against women is acceptable. Newspapers report spousal violence, but if the husband committing the violence holds a position of authority, such as a police officer, the reports are dismissed as “just a fight”.

More than 50 percent of women in the country have experienced some form of violence since the age of 15, and nearly 40 percent do not know what to do if they experience violence.⁹ Women’s economic dependence is a major deterrent to seeking help. The UN provides specialized programmes for the employment of women survivors of violence, but in order to seek help, women have to feel safe and supported. If a survivor fears her potential treatment at the hands of the authorities or expects that help will not be provided, she will not report the violence so as to avoid repercussions. Survivors who approach the police or a health service provider might receive insensitive treatment and/or be told to seek services elsewhere, without guidance. Fear of such revictimization is a common reason why women do not seek help.

Until recently, laws on family violence did not recognize gender-based violence. This situation started to change when the government of North Macedonia provided services related to sexual and reproductive health and gender-based violence to survivors en route to Europe during the 2015–2016 refugee and migrant crisis. UNFPA not only provided support by procuring two mobile gynaecological clinics, equipment and sexual and reproductive health supplies for two hospitals, to ensure that refugees and migrants’ reproductive health needs were satisfied, but also advocated with

9 Organization for Security and Co-operation in Europe, *OSCE-Led Survey on Violence against Women: Well-being and Safety—North Macedonia Results Report* (Vienna, 2019).

national stakeholders for better alignment of national sexual and reproductive health policies and priorities with international standards on the prevention of and response to violence and sexual assault. The factors behind the success of these advocacy efforts were the expertise and trust UNFPA had gained during its prior preparedness work, such as the inclusion of MISP in the national plan for preparedness and response of the health system in emergencies, the development of annual national MISP action plans, the appointment of a national sexual and reproductive health coordinator and the establishment in North Macedonia of a national sexual and reproductive health working group in emergencies.

Since 2017, the government has enacted policy changes to create a more favourable context for UNFPA's work. It ratified the Istanbul Convention, amended abortion laws, worked to reduce health service waiting times and began providing psychosocial support for survivors of sexual and gender-based violence.

CHALLENGES AND ACTIONS

UNFPA started this work by addressing the legal framework affecting SGBV survivors. Government approval of guidelines for a multisectoral response to sexual and gender-based violence and standard operating procedures for multisectoral action supported by UNFPA mandates implementation by all ministries.

UNFPA and UNDP modelled inter-agency collaboration themselves while working to encourage a multisectoral approach among North Macedonian government agencies. It was difficult, however, to get hotlines, police, health service providers, centres for forensic medicine and shelters to collaborate and support a common protocol for SGBV survivors.

Once the standard operating procedures were in place, the UN sought to make the referral centres sustainable. Having space, equipment and protocols is not enough. Staff require regular training on updated standards. UNFPA worked to strengthen capacity and change the mindset of service providers, raise awareness and impart knowledge for better multisectoral coordination. To strengthen sustainability, the UN aimed for staff working in national systems to take ownership of a common response. Ministries and the police requested more training so they do not misuse their power and respond appropriately to survivors of gender-based violence.

The remaining challenge is to ensure that the centres are used by those who need them. The linkage between the centres and the public has to be strengthened. Survivors in North Macedonia need a better understanding of what the shelters look like, what they offer and whether it is safe enough there to receive care without fear. It is still important to better understand the actual needs and views of survivors, to bring them into the process as early as possible and to take their perspectives into account so as to make them more receptive to the services that are available. UNFPA is trying to determine how to share information in a user-friendly manner so that survivors know that the centres exist and that they will protect their agency and confidentiality.

LESSONS LEARNED AND RECOMMENDATIONS

UNFPA in North Macedonia offers the following lessons for others who would like to replicate their success in establishing and maintaining good partnership relations from the beginning of any multi-stakeholder intervention such as a multisectoral response to gender-based violence:

- **Involve all stakeholders in a participatory process with open collaboration under government leadership.** Having a government or national structure that is favourable to needed change takes time and long-term work. The One-UN approach provides an opportunity for joint work with agencies and for breaking down silos, which also increases support from national partners and promotes innovative and collaborative thinking.
- **Joint planning brings together diverse values, capacities and resources. In the long term, it helps to strengthen user acceptability and accountability on the part of duty bearers.** The civil society sector can be a very important ally; involving it from the start can strengthen progress through complementary networks and create a more favourable environment among decision makers. When customizing policies and programmes, the end beneficiaries—survivors—can tell you how to make a service more acceptable.
- **Make sure that the work is integrated within existing services.** Take the time to prepare national providers, at all levels and across sectors, making sure they embrace change and understand that it is important.
- **Be prepared for action and use every opportunity to advocate for transformative change.** Generate evidence, prepare a critical mass of national experts on the subject matter and engage influencers and opinion leaders to act instantly when a window of opportunity, such as a change in government, opens up. Helping refugees and migrants access needed services can lay the groundwork among government ministries to ensure a better understanding of the fact that all women and girls in the country need help to survive sexual and gender-based violence.

1.3. Disaggregating data to tackle unmet needs

There are many inequalities in contraceptive availability and use between and within countries and territories in the Eastern Europe and Central Asia region. These inequalities can be found in wealth and income, education levels, age and parity, and between urban and rural populations. There are also specific groups of vulnerable or particularly disadvantaged populations such as the Roma in South-Eastern Europe, internally displaced people and increasing numbers of refugees.¹⁰ UNFPA has emphasized that, wherever possible, information on the supply and use of contraception should be disaggregated by a range of factors to determine where policies, funding and systems require strengthening and improvement.¹¹

In order to ensure that focused rights-based interventions meet the needs of all groups, in particular marginalized and underserved persons, UNFPA has committed to taking measures to ensure the availability and analysis of disaggregated data, at the national as well as subnational level, by age, sex, wealth, ethnicity, migration status, disability, parity and other important variables.

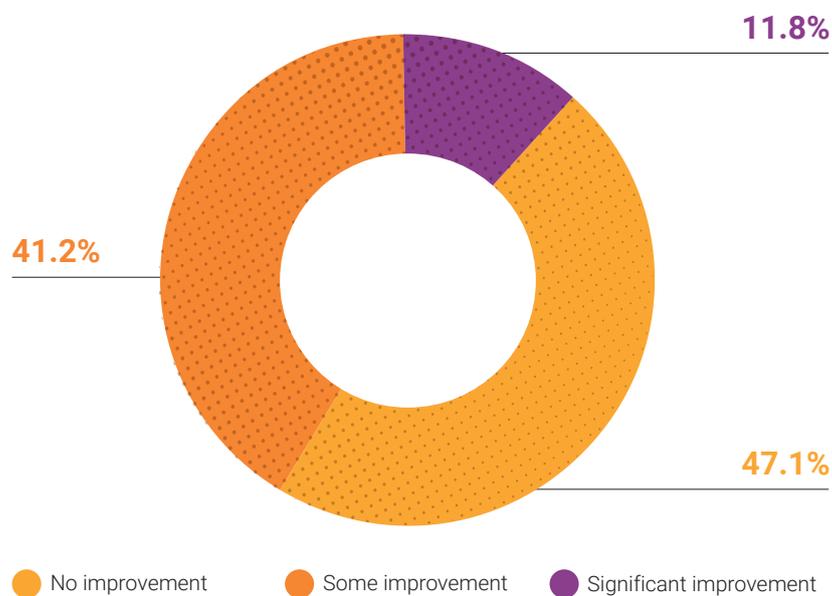
With this in mind, UNFPA offices in the region of Eastern Europe and Central Asia were asked the following questions:

- 1. Has there been improvement in the disaggregation of data at the national or subnational level since 2016?**
- 2. How available are disaggregated data at the subnational level? Has this changed since 2016?**
- 3. For which groups are disaggregated data available?**
- 4. What measures have been taken to ensure the availability and analysis of data?**

¹⁰ M. Colombini, S. H. Mayhew and B. Rechel, *Sexual and Reproductive Health Needs and Access to Services for Vulnerable Groups in Eastern Europe and Central Asia* (London, UNFPA and London School of Hygiene & Tropical Medicine, 2011), cited in UNFPA, *Advancing Contraceptive Choices and Supplies for Universal Access to Family Planning in Eastern Europe and Central Asia: UNFPA Regional Contraceptive Security Strategic Framework 2017-2021* (Istanbul, 2017).

¹¹ UNFPA Eastern Europe and Central Asia Regional Office, *Advancing Contraceptive Choices and Supplies for Universal Access to Family Planning in Eastern Europe and Central Asia: UNFPA Regional Contraceptive Security Strategic Framework 2017-2021* (Istanbul, 2017).

Has there been improvement in the disaggregation of data at the national and subnational level since 2016?



Just over half of the countries and territories in Eastern Europe and Central Asia reported some (41.2 percent) or significant (11.8 percent) improvement in the disaggregation of data at the national or subnational level since 2016.

For which categories were data available at the national or subnational level each year from 2016 through 2019?

	2016	2017	2018	2019
Parity	Turkmenistan	---	---	Turkmenistan
Disability			Georgia	
			Kyrgyzstan	
			Turkmenistan	
Migration	---	---	---	---
Status	Albania			
			Georgia	
	Turkmenistan			Turkmenistan
Ethnicity	Albania			
			Georgia	
	Kazakhstan			
	Serbia			
	Turkmenistan			

For which categories were data available at the national or subnational level each year from 2016 through 2019?

	2016	2017	2018	2019
Wealth			Albania	
				Georgia
				Kyrgyzstan
			Türkiye	
			Turkmenistan	
	Ukraine			
				Uzbekistan
Sex			Albania	
			Armenia	
			Azerbaijan	
			Georgia	
			Kazakhstan	
				Kyrgyzstan
			Republic of Moldova	
	Serbia			
			Tajikistan	
			Türkiye	
	Turkmenistan			Turkmenistan
			Ukraine	
				Uzbekistan
Age			Albania	
			Armenia	
			Azerbaijan	
			Georgia	
			Kazakhstan	
				Kyrgyzstan
			Republic of Moldova	
	Serbia			
			Tajikistan	
			Türkiye	
			Turkmenistan	
			Ukraine	
				Uzbekistan

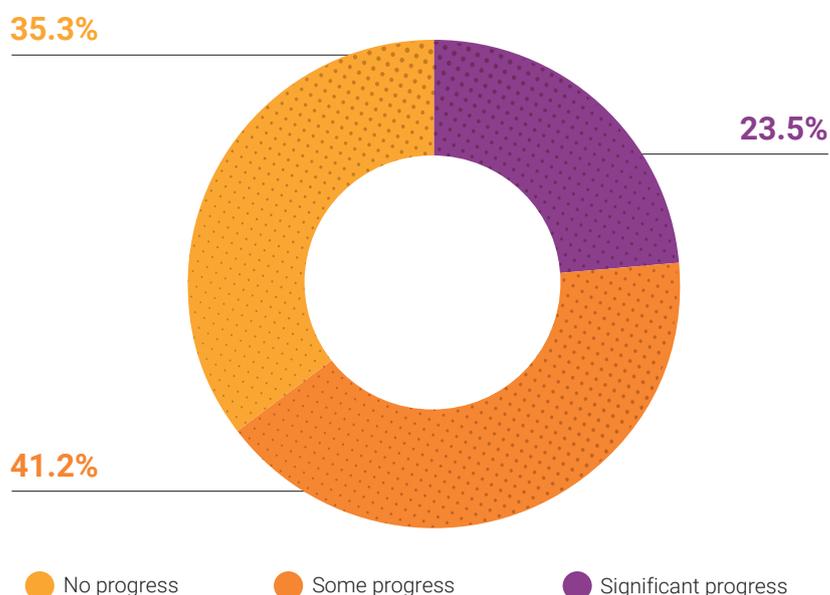
Other noteworthy improvements in data disaggregation since 2016 include the following:

- In Albania, there have been improvements in data disaggregation regarding the urban–rural divide, socioeconomic status and geographic region.
- In Uzbekistan, there have been improvements in data disaggregation regarding employment status and nationality.
- In Serbia, limited data on contraception use and sexual activity among youth was available from a 2018 survey on health-related behaviour in school-aged children.

UNFPA in the region has committed to ensuring that systematic approaches in all programme countries maximize the use of data, build on evidence and effectively monitor and document progress towards achieving universal access to sexual and reproductive health through improved choice and supply of contraceptives.



Has there been progress since 2016 in ensuring the availability and analysis of data?



Nearly two-thirds (64.7 percent) of the countries and territories in Eastern Europe and Central Asia report some or significant progress in ensuring the availability and use of data in building evidence for closing the gap in unmet need for family planning.

Countries report that they have taken steps to integrate SDG indicators related to sexual and reproductive health into national Multiple Indicator Cluster Survey (MICS)¹² questionnaires and that they have provided financial and methodological support for survey fieldwork as well as primary and in-depth data analysis in order to identify disparities among different groups, to facilitate policymaking aimed at increasing the social inclusion of women who are in the most vulnerable situations and to strengthen evidence-based decision-making processes in the country. UNFPA has provided technical assistance on the conduct of the MICS survey as well as road maps for the development of SDG indicators and built the capacity of national statistical committees on how to use the specified methodology. UNFPA has participated in joint UN–World Bank missions focused on mainstreaming, acceleration and policy support dedicated to the analysis of national statistical systems, provided international expertise for the national analysis of population data for country population forecasting, conducted surveys on the sexual and reproductive health of women with disabilities and collaborated with WHO, line ministries and public health agencies on ensuring the availability and analysis of data.



Action 2

Advocacy for equal access

UNFPA plays an important role in neutral-broker advocacy aimed at creating enabling environments for human rights–based family planning as an integral part of sexual and reproductive health and rights. UNFPA is aware of the needs of the population in various countries and has the technical sophistication to help improve the knowledge and skills of decision makers in government and throughout national social systems. Appropriately, action 2 of the 25 recommended actions for ending unmet need for family planning by 2030 focuses specifically on this.

Action 2: *Using evidence-based advocacy, promote the adoption, implementation and monitoring of laws and regulations to guarantee equal access to contraceptives and comprehensive sexual and reproductive health information, education and services for all people, taking specific measures to meet the needs of marginalized groups, for instance by addressing financial barriers and eligibility barriers such as third-party authorization for access to services.*

This action refers to two main output indicators in the Regional Contraceptive Security Strategic Framework (2017–2021) and is presented in the form of six subcomponents below. The first key output indicator for this action assesses whether there has been overall progress in this area since 2016.

12 For more about the MICS, see here: <https://mics.unicef.org/about>.

2.1. Progress in national policies

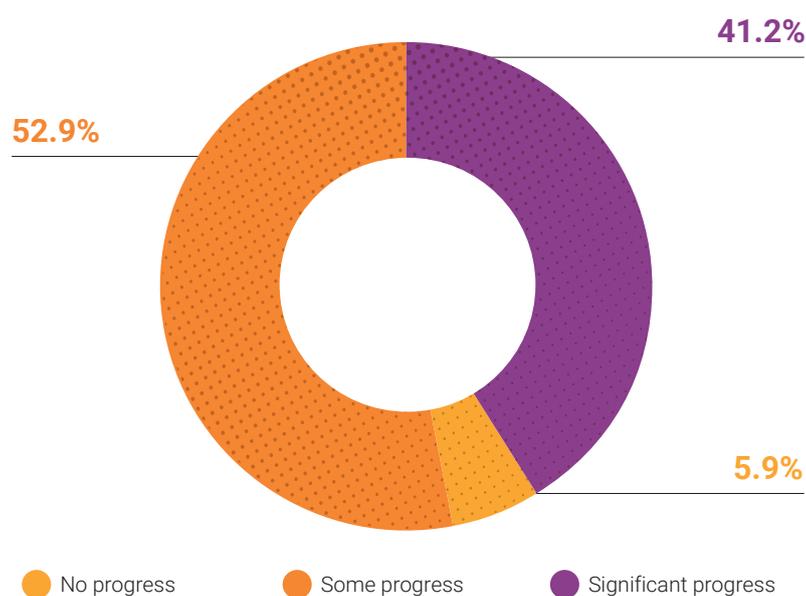
Under focus area 1 (commitment, leadership/stewardship) of the Eastern Europe and Central Asia Regional Contraceptive Security Strategic Framework, output 1 seeks political commitment at the national level for rights-based contraceptive security. In order to determine the number of countries and territories that have national health policies and plans that promote equitable and affordable access to high-quality family planning, UNFPA offices in the region of Eastern Europe and Central Asia were asked the following question:

KEY OUTPUT INDICATOR 1.1

of the UNFPA's Regional Contraceptive Security Strategic Framework



Has there been any progress since 2016 in ensuring the creation and/or use of a national health policy or plan to promote equitable and affordable access to high-quality family planning?



Nearly all countries and territories in Eastern Europe and Central Asia reported some or significant progress. Below are some examples.

- In Albania, UNFPA provides coordination, advocacy and technical and financial support. UNFPA's role was central in all activities and processes in ensuring the creation or use of national health policies and plans, including the 2017–2021 Albanian contraceptive security strategy and the 2017–2021 strategic document and action plan on sexual and reproductive health. These documents

highlight the importance of equitable and affordable access to high-quality family planning services in Albania.

- In Armenia, UNFPA supports the development of the new costed national sexual and reproductive health strategy for 2021–2025, with the inclusion of family planning and the provision of free contraceptives for vulnerable groups.
- In Azerbaijan, UNFPA assisted the Ministry of Health in elaborating a reproductive health law and sexual and reproductive health strategies in collaboration with WHO. The 2019–2025 sexual and reproductive health strategy is pending approval. A national law on reproductive health was developed with the support of UNFPA back in 2008. To date, strong opposition to sensitive chapters of the law has hindered its approval in parliament.
- In Belarus, UNFPA has advocated for including family planning in the relevant national programme and for developing a national family planning policy document that would include family planning counselling among the responsibilities of general medical practitioners.
- In Bosnia and Herzegovina, UNFPA supported the development of a strategy for improving sexual and reproductive health with an associated action plan in the Republika Srpska for 2019–2029. This requires financial plans to accelerate the operationalization and implementation of action plan activities. UNFPA will also support the development of the strategic framework on sexual and reproductive health and rights as a part of an overall national health strategy.
- In Georgia, UNFPA advocacy helped ensure that the national sexual and reproductive health strategy envisioned the inclusion of family planning counselling and the free provision of contraceptives in the basic benefit package of national universal health coverage for selected beneficiaries, including youth, by 2020. Due to the COVID-19-related economic downturn, this date will be postponed.
- In Kazakhstan, the national strategic framework on family planning and action plan for 2017–2021 were developed and integrated into the national road map for realization of the state healthcare system programme. In implementing the road map, a package of strategic materials and tools for the promotion of and advocacy for contraceptives, including a national communication strategy, was developed.
- In Kosovo,¹³ UNFPA technical support helped the Ministry of Health develop a costed national action plan on sexual and reproductive health, including relevant SDG indicators for monitoring.

13 All references to Kosovo in this document shall be understood to be in the context of UNSCR 1244 (1999).

- In Kyrgyzstan, UNFPA worked with partners and the Parliament to get the country's president to agree to amend and support implementation of the 2015 law on reproductive rights. The amended law is a big win for young people, as the age for receiving sexual and reproductive health services without parental consent has been decreased to 16, and the law establishes the legal basis for the development of national sexuality education standards and the introduction of sexuality education in schools. A tool to monitor implementation of the law on reproductive rights was approved by parliamentary decree in May 2019.
- In North Macedonia, UNFPA supported the development of a government-approved national action plan for sexual and reproductive health for 2018–2020. The plan is in line with WHO's European "Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind".¹⁴
- In the Republic of Moldova, UNFPA and WHO provided support for the development and approval of a national programme on sexual and reproductive health and rights for 2018–2022. This made the Republic of Moldova one of the first countries in the European region to adopt such a national policy document aligned with the 2030 Agenda for Sustainable Development and the WHO European action plan for sexual and reproductive health. The programme aims to ensure universal access—including in humanitarian situations—to sexual and reproductive health services, particularly focused on vulnerable groups, including young people and women with disabilities, as well as to improve the quality of care by applying human rights–based and patient-centred approaches in providing sexual and reproductive health services. The programme also prioritizes popular education on sexual and reproductive health and rights and cross-sectoral coordination in addressing the population's sexual and reproductive health needs. The policy document has a costed action plan with a dedicated budget line for centralized procurement from the state budget for contraceptives for vulnerable groups, including young people.
- In Serbia, a national programme on sexual and reproductive health, supported by UNFPA and implemented since 2018, aims to preserve and promote the sexual and reproductive health of the population of Serbia while ensuring that everyone can exercise their rights without discrimination. Sexual and reproductive health can be improved by accelerating the implementation of the existing regulatory framework and strategic commitments, while increasing community participation and adapting health services, including family planning, to the needs of vulnerable populations.
- In Tajikistan, UNFPA fully supported the development of the first-ever costed national sexual and reproductive health strategy, approved for 2019–2022.

14 WHO Regional Office for Europe, "Actionx plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind", 14 September 2016.

In parallel, UNFPA supported the development of a national communication strategy focusing on young people, which was a key recommendation to support implementation of the above-mentioned strategy.

- In Turkmenistan—following successful UNFPA advocacy and the signing of a memorandum of understanding—the government has ensured that the family planning needs of adolescents, the most socially disadvantaged women and women with disabilities and certain chronic conditions have been fully covered by the state budget since 2017.
- In Ukraine, UNFPA led the Ministry of Health working group on analysis, monitoring and evaluation of implementation of the national reproductive health programme for 2007–2016. Based on the results of the implementation and guided by the WHO European action plan for sexual and reproductive health, a national reproductive health programme for 2019–2022 was developed.
- In Uzbekistan, UNFPA supported the development of national family planning standards as well as capacity-building for national and regional reproductive health centre staff on the introduction of national family planning standards nationwide. UNFPA also supported the development of a tool for monitoring implementation of the standards.

UNFPA's work takes place in some contexts where strong opposition to sensitive chapters of laws to improve family planning and reproductive health has hindered their approval, including resistance from influential groups in parliaments. In these contexts, UNFPA provides evidence to help parliamentarians and other decision makers understand the issues at stake and how they can be resolved to ensure access for all. It also helps family planning champions in government, parliaments and civil society to develop communication strategies to generate further support for evidence-based decision-making.

2.2. Progress on systems and monitoring

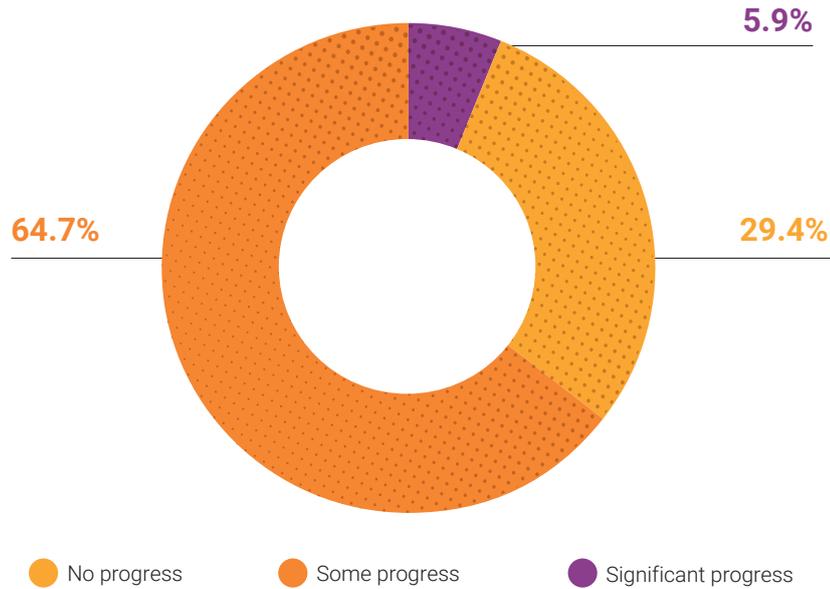
Under focus area 1 (commitment, leadership/stewardship) of the Eastern Europe and Central Asia Regional Contraceptive Security Strategy Framework, output 1 seeks a demonstration of political commitment at the national level for rights-based contraceptive security. In order to determine whether there has been any progress on this output, UNFPA offices in Eastern Europe and Central Asia were asked the following question:

KEY OUTPUT INDICATOR 1.3

of the UNFPA's Regional Contraceptive Security Strategic Framework:



Has there been any progress since 2016 in ensuring that a system is in place and used for monitoring progress made in implementing contraceptive security policies?



Nearly 70 percent of countries and territories in the Eastern Europe and Central Asia region report some or significant progress in terms of putting monitoring systems in place to measure progress on contraceptive security policies. In comparison with related actions, putting systems in place has been difficult, as a much smaller percentage of countries reported significant progress, while 64 percent reported only some progress.

UNFPA in the region has provided technical support to health ministries to develop tools and calculators for planning and projecting contraceptive needs at the national and subnational levels. In some cases, these tools take into consideration a method mix for planning different types of contraceptives, calculating median market prices, identifying target groups and linking users with other health databases at the national and subnational levels. UNFPA has worked with parliaments and built capacity to use monitoring tools on implementation of family planning and reproductive health laws for government accountability.

Countries and territories have supported assessments of the established contraceptive logistics management information systems and helped health ministries plan to bolster their information technologies. UNFPA has taken steps to ensure that monitoring mechanisms are included in national sexual and reproductive health strategies.

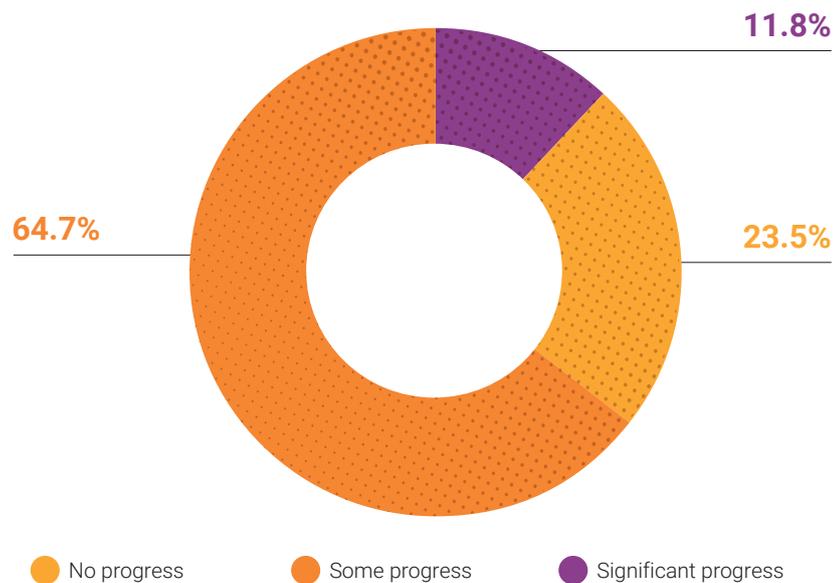
UNFPA in the region has supported public defenders' offices in integrating monitoring of sexual and reproductive health and rights within the human rights monitoring mechanisms under their mandate. This includes country assessments and annual thematic country inquiries, which have been translated into recommendations for parliaments and governments. UNFPA has provided technical expertise in developing reproductive health laws to ensure contraceptive security. In some instances, such as in Kyrgyzstan, UNFPA has helped health ministries develop multiple-year plans to gradually increase state funding to meet the needs of 50 percent of women from groups at high medical and social risk in an effort to reduce maternal mortality by 2023.

Unfortunately, UNFPA has found that there are often gaps between strong principles embedded in government policies—for example, that all residents should have access to health insurance—and the reality that some people, especially those most in need, still go without access to needed sexual and reproductive health information, services and supplies.

2.3. How effective is implementation of existing laws and regulations supporting contraceptives and sexual and reproductive health?



Since 2016, has there been any progress in the implementation of existing laws and regulations supporting contraceptives and sexual and reproductive health for all people, taking specific measures to meet the needs of young people, marginalized groups, people with disabilities, etc.?



A large majority (76.5 percent) of UNFPA countries and territories of Eastern Europe and Central Asia report that there has been some or significant progress in implementing existing laws and regulations supporting access to contraceptives and sexual and reproductive health for all people, with specific measures taken to meet the needs of young people, people with disabilities and other vulnerable or marginalized groups. UNFPA has advocated for improving the accessibility and affordability of sexual and reproductive health services for people with disabilities and youth through policies, regulations and support for youth-friendly service centres.

UNFPA has helped grass-roots organizations conduct health education sessions with marginalized Roma, Egyptian and Ashkali communities, and has been able to attest to the effectiveness of this work in increasing the modern contraceptive prevalence rate for these communities in some contexts. UNFPA offices in Eastern Europe and Central Asia worked jointly with other UN agencies to encourage government ratification of the UN Convention on the Rights of Persons with Disabilities in 2019. In some cases, this support enabled health ministries to approve technical improvements and to expand the categories of people who are considered at medical risk and thereby increase government obligations to cover their care.

When asked to describe needed improvements to laws and regulations to guarantee equal access to contraceptives and comprehensive sexual and reproductive health information, education and services for all people, UNFPA in the region provided the following inputs:

- In Albania, the reproductive health law needs significant revision and improvement in order to include and address the needs of adolescents, young people and other vulnerable groups in line with international legislation and standards.
- In Azerbaijan, the reproductive health law reflects guaranteed equal access to contraceptives and comprehensive sexual and reproductive health information, education and services for all people; efforts are needed to ensure that the law is adopted by the Parliament.
- Contraceptive cost reimbursement for the most vulnerable groups is lacking in Belarus.
- In Bosnia and Herzegovina, all laws, regulations and strategies on sexual and reproductive health and rights at all administrative levels require sustainable action plans and financial plans to accelerate the operationalization and implementation of the activities covered by the action plan.
- Georgia would benefit from including contraceptives in its universal health coverage basic benefits package, ensuring continuous medical education for sexual and reproductive health specialists, implementing relevant campaigns and educational programmes, creating sexual and reproductive health services favourable to young people and women with disabilities, and rolling out nationwide comprehensive education on human sexuality in the formal education system that is appropriate for each age group.

- Kazakhstan's Health Code recognizes the right of the population to services and a choice of contraceptive methods, but it does not indicate the state's obligations to meet the contraceptive needs of the population. UNFPA will continue advocacy work to promote the inclusion of a minimum package of contraception in the health insurance system's basic service package for primary healthcare.
- Kosovo's reproductive health law is under revision, and it will include mandatory contraceptive security and comprehensive sexuality education.
- In Kyrgyzstan, the Parliament and government need to bear in mind that the aim of monitoring implementation of the reproductive rights law is to identify policy and systemic failures in order to recommend corrective actions and influence the formulation of the next policy cycle from a reproductive rights perspective. A new programme budgeting law would address the existing lack of government capacity to allow for procurement of modern contraceptives from the state budget through UNFPA Procurement Services.
- North Macedonia requires more investment in comprehensive sexuality education, information and education campaigns, a logistics management information system for contraceptive commodities and better outreach to the most vulnerable populations including Roma and people with disabilities.
- The Republic of Moldova national programme on sexual and reproductive health and rights for 2018–2022, the law on reproductive health (2012) and a newly developed regulation ensuring that vulnerable groups have modern contraceptives are all in line with international recommendations. Nevertheless, further advocacy support is needed for effective daily implementation of their provisions, as well as for inclusion of contraceptives in the list of compensated medicines, to make modern contraceptives more affordable for people of reproductive age from the low- and middle-income segment of the population, and to amend the legislation to allow for procurement of modern contraceptives through international procurement platforms in order to make the use of national budgetary resources more efficient. Further advocacy support is needed for the integration of a separate mandatory course on comprehensive sexuality education in the school curricula and to ensure universal access to this education for all adolescents and youth, as is stipulated by the law on reproductive health adopted in 2012.
- In Serbia, equal access to services has already been guaranteed for all people in laws and regulations. However, contraceptives are not part of the positive drug lists, nor are they eligible for reimbursement under the health insurance funding schemes, and family planning services are not equally developed throughout the country. Primary health care centres have the possibility, but not the obligation, to establish a counselling service for women and youth. In addition, a six-year employment ban in the public sector has significantly decreased the number of health care professionals in the country.

- In Tajikistan, although the law and regulations guarantee free access to family planning and contraceptive services, there is a need to develop an appropriate implementation mechanism that will minimize out-of-pocket payments for family planning services that are practised unofficially. The mechanism should take into account motivation or remuneration measures to make sure service professionals provide good-quality family planning services.
- Turkmenistan would benefit from defining the criteria for vulnerability more clearly and ensuring that outreach to vulnerable populations is a priority.
- In Ukraine's ongoing health reforms, family planning is not integrated into primary care. According to regulations, state and local authorities are allowed to procure contraceptives for only four vulnerable groups: women with a severe extragenital pathology, people living with HIV, youth aged 18–20 and people with low income. The state budget procures family planning only for women with a severe extragenital pathology, and local budgets do not procure for other groups. Contraceptives are on the essential drugs list, but the national health service does not include them in its reimbursement scheme.

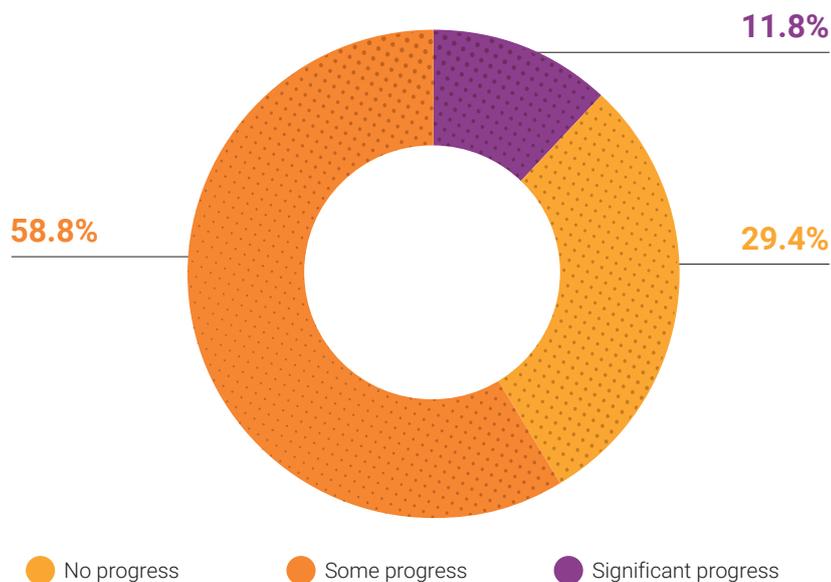
The Minimum Initial Service Package (MISP) is a series of crucial actions required to respond to reproductive health needs at the onset of every humanitarian crisis. MISP is not just kits of equipment and supplies; it is a set of activities that must be implemented in a coordinated manner by appropriately trained staff.¹⁵ UNFPA has contributed to the introduction of MISP by health ministries and supported the development of national guidelines and the introduction of MISP in selected districts, which enabled access to life-saving services and commodities by people affected by natural or man-made disasters, such as internally displaced persons or international migrants fleeing conflicts. UNFPA in the region has conducted MISP training incorporating simulation exercises, which helped reveal the challenges that health facilities can anticipate in emergencies and helped reinforce the capacities of health providers to deliver sexual and reproductive health services to affected populations, especially the most vulnerable women and girls, youth and adolescents.

15 UNFPA, "Minimum Initial Service Package (MISP) for SRH in Crisis Situations", November 2020. Available at <https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations>. Accessed on 1 December 2021.

2.4. How effective is the monitoring of existing laws and regulations supporting contraceptives and sexual and reproductive health?



Since 2016, has there been any progress in the monitoring of existing laws and regulations supporting contraceptives and sexual and reproductive health?



Over 70 percent of countries and territories in Eastern Europe and Central Asia report some or significant progress on the monitoring of existing laws supporting contraceptives and sexual and reproductive health. UNFPA has been able to persuade some decision makers to expand access to youth health services without parental consent and to establish government monitoring tools. UNFPA has also supported independent national assessments of whether sexual and reproductive health rights and laws are realized in practice in countries where such assessments had never previously taken place; independent analysis of available data, legislation and regulations on sexual and reproductive health and rights and on gender-based violence; and the development of tools for staff of health facilities to adopt new approaches and to strengthen quality assurance and accountability by building the capacity of national experts on the issue. UNFPA has also conducted key training with health providers and convened annual review meetings with coordination committees to advance the agenda. In some countries, UNFPA has played a key role in ensuring the right to privacy.



CASE STUDY

UNFPA HELPS GOVERNMENT INCREASE ELIGIBILITY FOR FREE CONTRACEPTION FOR VULNERABLE GROUPS IN THE REPUBLIC OF MOLDOVA

UNFPA Moldova



In 2019, UNFPA helped the Republic of Moldova expand eligibility, under a new regulation, for free contraception to five new vulnerable groups of beneficiaries and for new methods of contraception. The national programme on sexual and reproductive health and rights for 2018–2022 includes among its provisions those focused on improving contraceptive needs estimates, management, reporting and distribution for vulnerable groups, especially in emergencies. With this, Moldova became one of the first countries in Europe to adopt a national programme for sexual and reproductive health and rights aligned with the 2030 Agenda for Sustainable Development and the WHO European action plan for sexual and reproductive health. Through dialogue and advocacy, UNFPA drew national partners' attention and commitment to sexual and reproductive health and rights, resulting in the approval of a separate budget line for the procurement of commodities for vulnerable groups. UNFPA Moldova promoted the Let's Talk campaign, branding it locally for tackling taboos and stereotypes around the sexual and reproductive health of women and girls, including family planning and contraception. This led to 17 commitments to further advance the work in this area by partners active in media (including social media), the private sector, parenting seminars and other platforms.

BACKGROUND

The Republic of Moldova is an upper-middle-income country in Eastern Europe with a population of over 2.6 million. The economy is based heavily on remittances from Moldovan citizens working abroad. Historically, Moldovan decision makers have not prioritized sexual and reproductive health and rights or family planning, despite a high adolescent birth rate, a low modern contraceptive prevalence rate, a relatively high unmet need for family planning and a high abortion rate. Over the years, it has been difficult to increase the commitment of national partners on sexual and reproductive health and family planning. The previous national reproductive health strategy was an overly complex, fragmented, uncosted and multi-objective policy document. Until 2012, the Republic of Moldova received reproductive health and family planning commodities as a donation from UNFPA. Before that stock ran out in 2014, the Ministry of Health expressed the need to quantify its needs and to procure, distribute, store and dispense contraceptives to clients. UNFPA provided technical assistance to help the national government develop a workable regulatory framework and to initiate its own system for procuring and distributing modern contraceptives free of charge to targeted vulnerable groups of the population.

CHALLENGES AND ACTIONS

There are many stereotypes and myths about family planning in Moldova that require additional focus on information, education and communications to increase demand for contraceptives. It is important not only to improve the supply of, access to and quality of family planning services so that they are human rights-based and people-centred but also to increase demand for contraceptives and to inform beneficiaries of the importance of family planning as a human right, of the contraceptive method mix and of where and how they can access family planning services, including the eligibility of vulnerable groups for free contraceptives distributed at primary health care facilities.

Moldova's 2005–2015 national reproductive health strategy assessment identified quite a few challenges that have been overcome:

- a lack of coordination mechanisms on sexual and reproductive health and rights;
- insufficient financing of sexual and reproductive health services, including family planning services and procurement of contraceptives, especially for vulnerable groups;
- inequitable access and inadequate quality of contraceptives services; and
- a lack of disaggregated data to support decision-making.

UNFPA helped produce evidence and analyses, including an assessment of the prior national reproductive health strategy, barriers and factors affecting access to family planning services at the primary health care level, reproductive health commodity security and market segmentation analysis for contraceptives. Led by

the government, strategy assessment, validation and development enjoyed wide-ranging participation, including by all national partners: representatives of academia, professional associations, health care facilities, civil society organizations, other institutions from the health sector as well as other sectors, including youth and education, finance, civil protection and emergency services. International partners—including the World Bank, UNFPA, WHO, the United Nations Economic Commission for Europe and experts from the Czech Republic, Hungary and the United Kingdom as well as the Academic Network for Sexual and Reproductive Health and Rights Policy (ANSER)—emphasized the importance of ensuring universal access to sexual and reproductive health care, especially for vulnerable groups; improving the quality of services, as human rights-based and client-centred; and ensuring access not only to services but also to sexual and reproductive health care information and education. Experts produced detailed recommendations on monitoring and evaluation indicators, including data disaggregation. UNFPA encouraged interministerial meetings to strengthen coordination among different line ministries, academia, the private sector, NGOs and other relevant stakeholders.

LESSONS LEARNED AND RECOMMENDATIONS

Key factors for success:

- **Producing strong and context-specific evidence**, starting from assessing the situation before developing new policy documents, strengthens policy results. International experts' knowledge and expertise can strengthen national capacities aligned with the latest international recommendations and best practices.
- **The participatory validation process** for drafting policy documents is complex and takes time but increases ownership among key stakeholders.
- **Each policy document on sexual and reproductive health and rights needs a costed action plan and a strong monitoring and evaluation framework** from the beginning to ensure proper annual financing of planned interventions and to enable an assessment of progress towards set targets. This constitutes one of the key prerequisites for achieving commitment on the part of the finance ministry to allocate funds to cover the needs of vulnerable groups for modern methods of contraception.
- **A cross-sectoral coordination mechanism for sexual and reproductive health and rights** helps ensure smooth government approval and implementation of the policy document.

2.5. Work yet to be done

A great deal remains to be done to ensure universal access to family planning and reproductive health in Eastern Europe and Central Asia. Some countries and territories have supportive laws on the books that are not implemented or not funded; others do not yet have the necessary legal framework. In several countries, despite the fact that a universal right to health is recognized, contraception, family planning and reproductive health are not explicitly and comprehensively covered in national health policies. People—especially young people as well as vulnerable and marginalized populations—often face barriers that prevent them from accessing quality-assured services and commodities. As a result, some experience unfortunate, preventable morbidity and mortality. Health professionals require continuous training to ensure that their knowledge is up to date. Schools and health settings need to integrate comprehensive sexuality education into their work. Funding levels generally need to be improved, especially for ensuring access in challenging contexts, and contraceptive supply gaps need to be closed. Implementation of policies and laws needs to be monitored so that gaps, barriers and corrective actions can be identified and addressed. Opportunities to increase access and management through digitalization need to be developed and implemented, notably in rural areas. Government action plans should reflect the SDGs and include road maps for their advancement.

UNFPA remains committed to using the best evidence available and improving the availability of needed evidence to ensure that governments fulfil their obligations and responsibilities for universal access to family planning and reproductive health.



Action 3

Building the case for family planning

Family planning improves health, reduces poverty and empowers women. It is a recognized cost-effective intervention at an individual, community and national level, which is prioritized by the development community across the development, humanitarian and peace nexus. Unmet need for family planning is associated with a considerable amount of disability-adjusted life years and also one third of the maternity-related disease burden. Reducing the unmet need for family planning is included in the continuum of care in reproductive, maternal, newborn and child health, and it is estimated that, by improving family planning interventions alone, the risk of maternal death can be decreased by as much as 40 percent.¹⁶

Despite clear evidence, access to modern contraception in the region of Eastern Europe and Central Asia is far from universal. In some Eastern European countries, governments employ pronatalist family policies in response to low fertility, which may violate individual reproductive rights—for instance, by limiting the information on and the availability of modern contraception. A strong value proposition for investment in rights-based and voluntary family planning is needed to provide evidence that reducing unmet need for family planning would be highly cost-effective, as strategies for spacing and limiting births would have significant benefits for both mothers and infants and also reduce the demand for elective abortion.

Action 3: *Build the case for investing in family planning as a key development driver, and advocate for strong political commitment for domestic resource mobilization through the development of evidence-based business cases, cost-benefit analyses, policy briefs and studies.*

3.1. Funding

Under focus area 2 (capital, financing) of the Eastern Europe and Central Asia Regional Contraceptive Security Strategy Framework, output 2 seeks to secure funding for sustainable contraceptive security based upon actual need. UNFPA offices in the region were asked to provide data on the output indicators related to this funding.

¹⁶ Neily Zakayah and others, "Economic Evaluation of Family Planning Interventions in Low and Middle Income Countries; A Systematic Review", *PLoS One*, vol. 11, No. 12 (December 2016).

KEY OUTPUT INDICATOR 2.1

of the UNFPA's Regional Contraceptive Security Strategic Framework



National budget allocations for contraceptives

National budget allocations for contraceptives in the region have varied widely over time. Seven countries reported not having sufficient data available to be able to report such budgets. Among the rest, the trend was moving in a very positive direction. Three countries reported budgets in 2019 where none existed before, or where the data had not previously been available. The remainder reported annual budgets ranging from 15 percent higher in Albania to 650 percent higher in Uzbekistan and 720 percent in Tajikistan in 2019 than in 2016.

KEY OUTPUT INDICATOR 2.2

of the UNFPA's Regional Contraceptive Security Strategic Framework



Annual expenditure on modern contraceptives from government domestic budget

When it comes to monitoring annual expenditures for modern contraceptives from government domestic budgets, the countries and territories of Eastern Europe and Central Asia face particular challenges. UNFPA was unable to obtain data to assess the expenditures of 11 countries from 2016 to 2019. Data could not be obtained for all years for three countries. Where data were available, however, it documented dramatic increases in expenditures, with up to 6.5 times as much spent between 2016 and 2019 in one country and twice as much spent in the other. These findings underscore the importance of ensuring that governments produce sufficient information to monitor expenditure. The very act of producing and monitoring expenditure data may itself provide an impetus for establishing, sustaining and even increasing funding for contraceptives based on a real assessment of needs and utilization.



CASE STUDY

POLICY BRIEFS AND BUDGET ADVOCACY PROMOTE NATIONAL SEXUAL AND REPRODUCTIVE HEALTH STRATEGIES AND INCREASED FAMILY PLANNING ALLOCATIONS IN GEORGIA, KAZAKHSTAN, KYRGYZSTAN, NORTH MACEDONIA AND TAJIKISTAN

UNFPA
Turkmenistan



BACKGROUND

Family planning is a proven cost-effective intervention at the individual, household and national level, where the prevention of unintended pregnancies and births by contraception only at a health systems level implies savings on obstetric, child health and other related services costs. A series of economic analyses for evidence-based family planning budget advocacy were conducted in the countries and territories of Eastern Europe and Central Asia to support the provision of free or subsidized contraception to women and young people from vulnerable groups (defined nationally). The different scenarios were designed by teams of national experts in five countries of Eastern Europe and Central Asia. This multi-country intervention is an integral part of the Eastern Europe and Central Asia Regional Contraceptive Security Strategic Framework (2017–2021).

The outcomes included the determination of investment costs for procuring contraceptives from UNFPA Procurement Services or from local markets, complemented in many instances by cost savings and net budget impacts from family planning policy decisions. The immediate results were the production of policy briefs and dedicated national plans for family planning budget advocacy in each participating country. The longer-term outputs were the incorporation of the results into national sexual and reproductive health strategies and action plans in all participating countries and an increase in family planning allocations from state budgets in Kyrgyzstan and Tajikistan.

CHALLENGES AND ACTIONS

The core of the intervention is to test the assumptions made by the decision makers in each participating country and to evaluate alternative policy scenarios designed to reduce the unmet need for contraception on the part of women of reproductive age from current levels to a desired level and to increase contraceptive prevalence. The economic evaluation was used as an advocacy tool. The evidence assisted in developing new family planning interventions and the possibility of providing free-of-charge or subsidized modern contraception services and supplies to the population.

An economic analysis builds evidence including on the cost benefits at the national level for different scenarios (for example, free intrauterine devices (IUDs) and oral contraceptives provided to all women in the 15–49-year-old age group, or free condoms provided to a particular group) in order to provide action-oriented information for decision-making. Measuring the economic impact of each scenario provided cost–benefit evidence for government decisions related to the provision of contraception in the countries of Eastern Europe and Central Asia that procure or are committed to procuring family planning commodities through UNFPA.

LESSONS LEARNED AND RECOMMENDATIONS

The intervention employed a combination of classical methods of economic evaluation with the highly participatory approach of engagement of multiple stakeholders and decision makers. Each participating country used its own dissemination strategy by employing new tools and nationally sensitive methods for advocacy as specified in the advocacy plans.

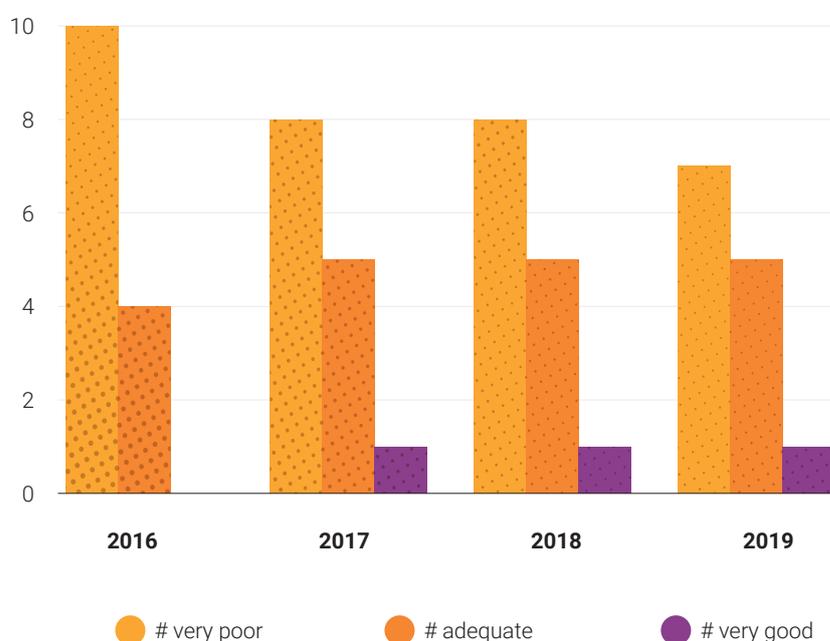
The policy briefs had an impact in all participating countries. In Georgia, the evidence assisted in the development of a policy that calls for the provision of free contraceptives to the beneficiaries of targeted social assistance and youth in the first national maternal and newborn health strategy (2017–2030) and a three-year action plan (2017–2019) prepared by the Ministry of Labour, Health and Social Affairs with support from UNFPA and in collaboration with UNICEF. In North Macedonia, the national sexual and reproductive health action plan (2018–2020) included the adoption of a plan for procurement and free distribution of contraceptives for vulnerable groups: adolescents aged 15–24, women with low social economic status, women from rural areas, women receiving social assistance and women who have had multiple abortions or induced abortions. In Tajikistan, the evidence produced in 2018 informed the implementation of a multisectoral costed implementation plan for family planning for 2017–2020 with a specific focus on young people (almost 70 percent of the population). Tajikistan's contribution to the procurement of contraceptives from the state budget has more than quadrupled since 2017 and reached almost US\$100,000 in 2020 terms, which represents a guaranteed annual increase of at least 10 percent, which is required to fulfil the country's commitment to gradually increase state financing for this purpose. In Kyrgyzstan, the Ministry of Finance for the first time committed budgetary resources to purchase contraceptive commodities in the amount of KGS 3.2 million (equivalent to US\$40,000) in 2018, which has increased ever since and constituted KGS 4.2 million (US\$52,000) in 2019 and KGS 5.2 million (US\$61,500) in 2020.

3.2. Adequacy of domestic family planning budgets

Over time, the countries and territories of Eastern Europe and Central Asia have seen improvements in their domestic family planning budgets. In 2016, most reported very poor levels of domestic family planning budgets. Between 2016 and 2019, however, the number of countries and territories reporting very poor domestic family planning budgets fell, while the number reporting adequate or very good domestic family planning budgets increased.



How adequate was the domestic family planning budget in 2016, 2017, 2018 and 2019?



When asked to explain the reason for the change (or lack of change) in the domestic family planning budget since 2016, UNFPA had a lot to report. In some countries, high-level policy- and decision makers support pronatalist policies and do not consider contraception important. Contraceptives are often seen as a means of reducing fertility. In many countries, the availability of and accessibility to quality services remain critical problems, with very poor family planning budgets for counselling or service delivery, exclusion from insurance coverage and the absence of contraceptives on lists of essential drugs. Contraceptives may not have a dedicated budget line, as the pharmaceutical budget overall is low and prioritizes other drugs, such as for cancer treatments and vaccines. Access to insurance itself is low in many countries, and health services are unaffordable. In some cases, budget allocations have increased, but systemic gaps and challenges, such as logistics and personnel, were not in place to ensure that the funds reached their intended destination.

On the positive side, some governments have used innovative financing—for example, international development loans—which has made it possible to increase funds for family planning. And some governments have, with UNFPA technical support, prepared a costed action plan with a dedicated budget line for centralized contraception procurement from the state budget for vulnerable groups.

To build the case for investing in family planning as a key development driver, UNFPA has taken the following actions:

- creating policy briefs—for example, on investments in family planning
- providing evidence of the benefits of modern contraception and refuting misconceptions and fallacies regarding modern contraception and fertility
- conducting contraceptive cost–benefit and budget impact analyses
- conducting assessments of contraceptive procurement gaps and developing road maps
- educating decision makers in government and parliaments
- studying factors influencing contraceptive use in local communities
- preparing lists of women at risk and in need of free contraceptives
- conducting analyses of contraception market segmentation
- assessing national logistics management information systems
- organizing thematic meetings, round tables and discussions on family planning with decision makers across sectors
- organizing national delegations to international meetings on family planning
- informing decision makers of options for procuring contraceptives and negotiating prices
- developing and implementing public awareness campaigns
- developing short- and medium-term recommendations for addressing bottlenecks related to contraception supply and supply chain management

These actions require ongoing efforts to continue advancing family planning funding for equitable access.



Action 4

Integrating and monitoring financial sustainability

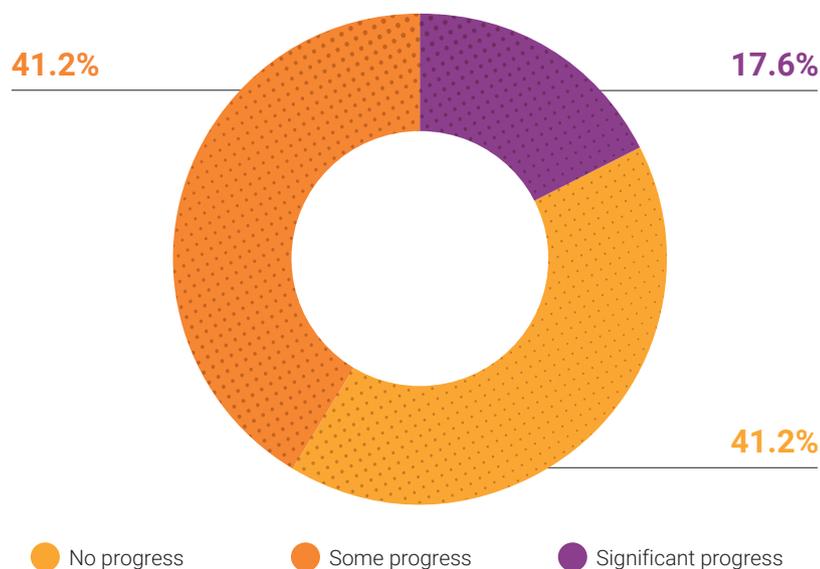
The struggle to ensure that everyone can fulfil their rights to family planning and sexual and reproductive health at the national and subnational level takes concerted effort. In some years, the countries and territories of Eastern Europe and Central Asia see great advances in the enabling policies and environment supporting the fulfilment of family planning rights. In other years, political forces rise that hold back progress. For this reason, finding a way to integrate sustainable strategies within policies, laws, budgets and financing is crucial. Action 4 of the 25 actions focuses on creating agreement on a road map for sustainability at the country level, with clear implementation milestones that help measure and demonstrate progress—or backsliding.

Action 4: *Create a sustainability strategy as an integral part of every rights-based family planning programme, national and subnational, with an agreed road map tailored to country context, integrated within health budgeting processes and financing schemes, and with clear milestones covering all phases, including after the transition process.*

4.1. Sustainability strategies

Ensuring sustainable, integrated solutions has proven difficult for a large number of countries in Eastern Europe and Central Asia. Just over half (58.8 percent) of countries report progress towards implementing a sustainability strategy as an integral part of every rights-based family planning programme, national and subnational.

Has there been any progress since 2016 in implementing a sustainability strategy as an integral part of every rights-based family planning programme, national and subnational?



Where UNFPA has developed collaborative relationships with the relevant insurance agencies and other ministries, it has found year-on-year gains, with more women each year accessing contraceptives, as demonstrated through evidence showing increasing numbers of prescriptions for contraceptives. UNFPA in the region has worked closely with some health ministers to ensure that rights-based family planning is included in annual ministry work plans. Other strategies have included the following:

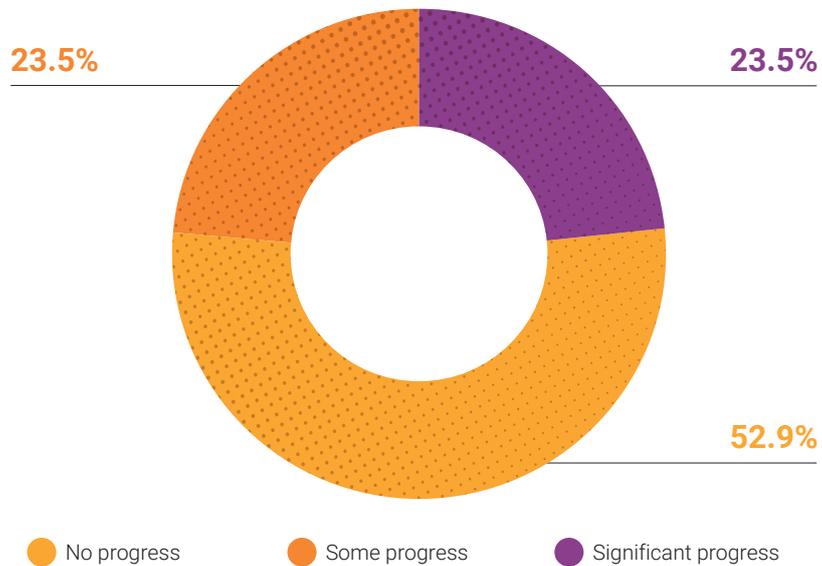
- increasing the range of contraceptives available on the national list of essential medicines;
- ensuring that primary health care providers can provide or prescribe contraception, including emergency contraception;
- ensuring that family planning is included among preventive health services in the overarching health system design;
- developing contraceptive security road maps and multi-year costed action plans;
- securing mandatory state budget lines for contraceptives for vulnerable populations; and
- integrating family planning into continuing medical education for family physicians.

4.2. Road maps

When asked if there had been any progress since 2016 in developing and implementing a country-specific road map, just over half of the countries of Eastern Europe and Central Asia (52.9 percent) reported none.



Has there been any progress since 2016 in developing and implementing a road map tailored to country context?



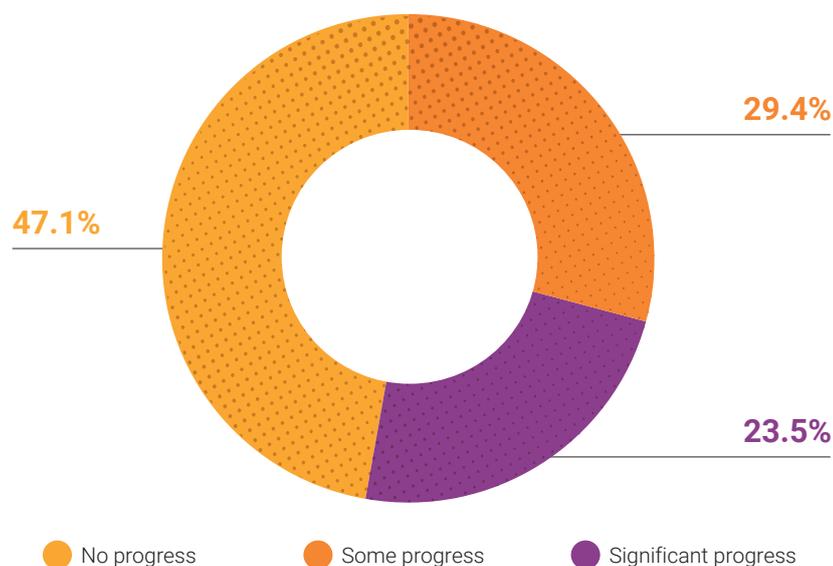
The countries and territories in the region that were able to make progress on implementing a road map saw that country coordination committees developed a road map in line with a national action plan on contraceptive security, and they ensured that family planning was included as a priority in existing health programmes and SDG action plans. In one case, UNFPA provided support to ensure that there was a national programme on sexual and reproductive health and rights that included a costed action plan and dedicated budget line for centralized contraceptive procurement from the state budget for vulnerable groups.

4.3. Financial sustainability

Just over half (52.9 percent) of the countries of Eastern Europe and Central Asia reported some or significant progress in integrating a sustainability strategy into their health budgeting and financing schemes.



Has there been any progress on integrating a sustainability strategy into health budgeting and financing schemes since 2016?



Activities in the region included the following:

- work with the health ministry to establish a budget line for contraceptives;
- preparing an economic analysis in support of policy decisions for contraceptive security;
- preparing a cost–benefit analysis; and
- ensuring implementation of a national family planning strategy under the state health care system programme budget.

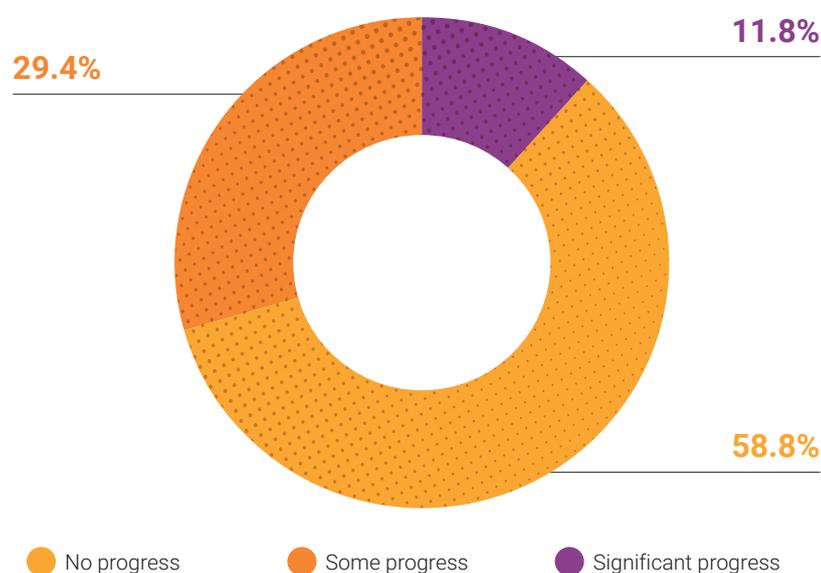
UNFPA in the Republic of Moldova has begun planning a longer-term approach to ensuring the financial sustainability of free contraceptive distribution to vulnerable groups, beyond 2022, by supporting an end-line assessment in 2022 of the national sexual and reproductive health and rights programme and the development of a new sexual and reproductive health and rights policy document with a costed action plan and monitoring and evaluation framework.

4.4. Milestones

Fewer than half (41.2 percent) of the countries and territories of Eastern Europe and Central Asia were able to report some or significant progress on developing or implementing clear milestones as part of a sustainability strategy.



Has there been any progress since 2016 in developing and/or implementing clear milestones for all phases, including after the transition process, as part of the sustainability strategy?



Some examples of UNFPA's work in the region include the following:

- advocating to prioritize family planning within the 2012–2018 sector-wide approach to health in a new health programme to 2030;
- developing a programme to protect the health of women, newborns and adolescents for 2030;
- including injectables and decentralized procurement of emergency contraception at primary health care centres in the state guarantees programme; and
- providing technical advice on policy development and advocating for a designated budget line in the health ministry's budget for the procurement of contraceptives.

From the above experiences, it appears that increasing financial sustainability through road maps with milestones has been very difficult.



Action 5

Strengthening health systems

Universal health coverage means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.¹⁷ Strengthening health systems advances universal health coverage, which cuts across all of the health-related SDGs that nearly all governments around the world have endorsed and agreed to work towards. For this reason, ensuring that family planning is integrated within an approach that aims to strengthen the health system and that works towards universal health coverage offers great synergies and value.

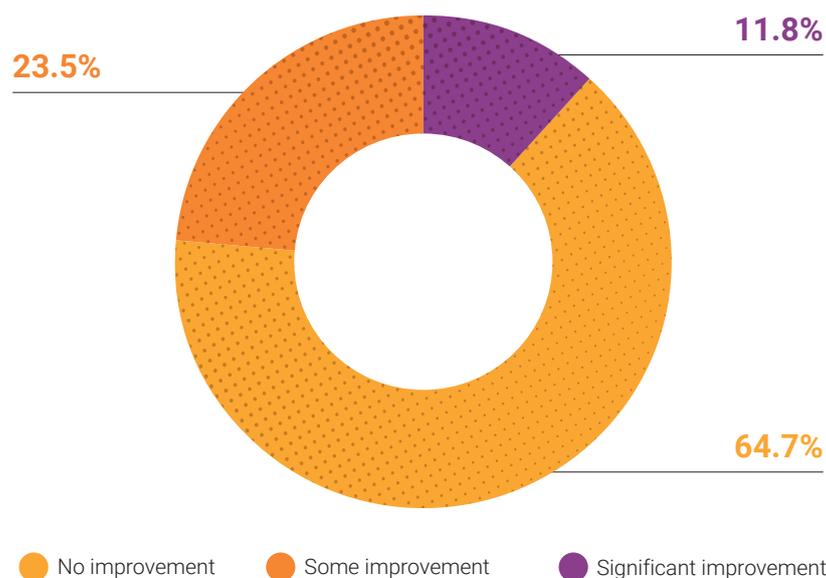
Action 5: *Ensure a health system strengthening approach to maximize the efficiency and effectiveness of family planning programmes and to position family planning as an integral part of universal health coverage. This approach should include ensuring a wide variety of modern contraceptive methods are available.*

5.1. Public–private collaboration

Most (64.7 percent) of the countries and territories of Eastern Europe and Central Asia have found it difficult to improve collaboration and coordination among the public and private sectors, NGOs and other stakeholders for the efficient and optimal utilization of limited resources and supply chains (sources) of contraceptives, as shown in the figure below.

¹⁷ WHO, *The world health report: health systems financing: the path to universal coverage* (Geneva, 2010).

Has there been any improvement in collaboration and coordination among the public and private sectors, NGOs and other stakeholders for efficient and optimal utilization of limited resources and supply chains (sources) of contraceptives since 2016?

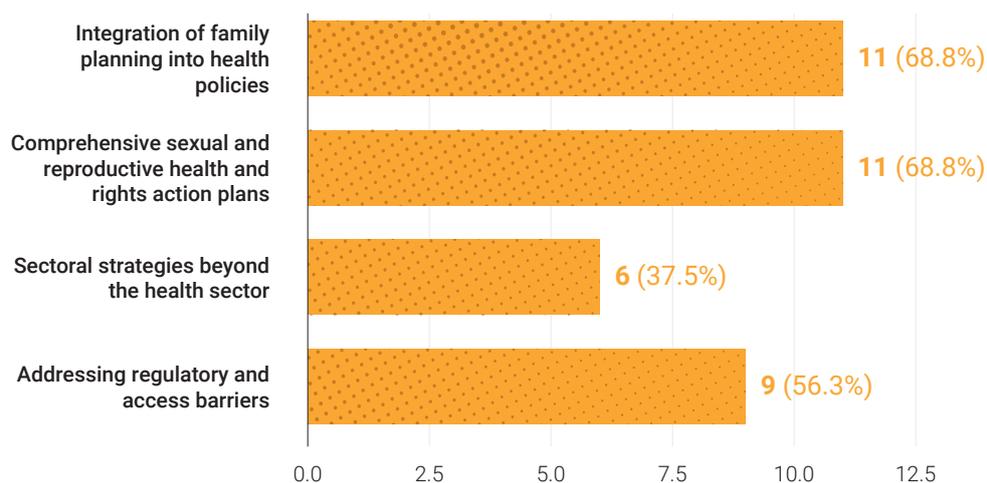


Where countries and territories have been able to make progress, they report work on advisory councils and coordinating committees, as well as filling gaps between private markets and the public supply of contraceptives, collaborating with primary health care providers and social marketing NGOs. It appears that the main challenge to collaboration has been coordinating with the private sector around the issues of affordability, such as expanding the method mix and bringing low-priced quality commodity brands to national markets.

5.2. Strengthening health systems

Meanwhile, most (68.8 percent) of the countries and territories in the region have reported actions to promote an approach that aims to strengthen the health system to maximize the efficiency and effectiveness of family planning programmes and to position family planning as an integral part of universal health coverage, mainly by focusing on integrating family planning into health policies, developing comprehensive action plans on sexual and reproductive health and rights, addressing regulatory and access barriers and, to a lesser extent, working on sectoral strategies beyond the health system, as shown below.

Since 2016, has UNFPA undertaken any of the following activities to promote a health systems strengthening approach to maximize the efficiency and effectiveness of family planning programmes and to position family planning as an integral part of universal health coverage?



The following are UNFPA's key interventions in the subject area:

- Developing a package of strategic materials and tools for promoting and advocating contraceptives, including a national communication strategy, tools for planning and projecting contraceptive needs, policy papers on contraceptive promotion, a family planning training package and national guidelines, and a distance learning platform;
- Developing a methodological framework for the sustainable development and financing of youth-friendly service centres through the health insurance system;
- Conducting advocacy that resulted in a government commitment to include family planning counselling and the free provision of contraceptive supplies (selected methods) in the basic benefits package of the national universal health care programme for youth and beneficiaries of targeted social assistance programmes;
- Successfully advocating for thematic meetings and round tables on reproductive health commodity security with parliamentarians, central and local stakeholders, women's NGOs, youth representatives and representatives of vulnerable communities, resulting in a healthy ministry procuring contraceptive pills for the first time in 2019 (Kosovo);
- Helping strengthen health systems by increasing the capacities of health providers to provide human rights-based family planning services;

- Supporting the development of a national sexual and reproductive health programme and action plan for the implementation of national programmes prominently featuring family planning;
- Updating the reproductive health and family planning law for submission to the president (Azerbaijan);
- Supporting the development of a sexual and reproductive health national action plan for 2018–2020, which was approved by the government (North Macedonia). The plan addresses the needs of vulnerable groups, youth and persons with disabilities; and
- Advocating against retrogression in access to services and for the integration of family planning and contraception counselling skills in educational curricula for general practitioners.

Conclusion

UNFPA in Eastern Europe and Central Asia works very hard to advance progress towards rights-based family planning. It provides international knowledge and skills to countries and territories whose national capacities are in development as well as evidence-based information for advocacy, while also helping governments and parliamentarians find ways to fulfil their human rights obligations to ensure that everyone has access to family planning and reproductive health care. UNFPA coordinates with other actors to promote systemic solutions. Systems are slow to change, however. Building infrastructures is a challenge, and political forces can slow, stop or reverse progress.

Theme 2.

Expand demand-side interventions aligned the individual's reproductive health intentions



Executive Summary

Theme 2 of the 25 recommended actions to end unmet family planning need by 2030 focuses on generating demand. Family planning demand is not well satisfied by modern contraceptive methods in some countries and territories in the Eastern Europe and Central Asia region.¹⁸ Demand-side interventions eliminate any barriers that may impede women and couples from making informed and autonomous family planning decisions. Such interventions also increase knowledge and awareness regarding the use of modern methods of contraception.

Within the UNFPA “Family Planning Strategy 2012–2020: Choices not Chances”, UNFPA and its partners work to generate demand to meet unmet need. The actions comprising theme 2 of the 25 recommended actions to end unmet family planning need by 2030 are aimed at expanding demand-side interventions aligned with the individual’s reproductive health intentions:

Action 6

Analyse and assess ongoing demand-side activities, including in multisectoral programmes, in order to evaluate their coverage and impacts, where improvements can be made and potential gaps, and to inform resource mobilization activities including adequate domestic funding.

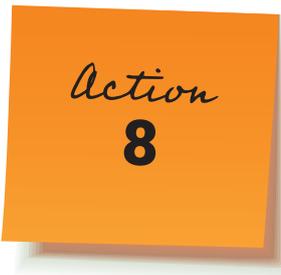
UNFPA in the region of Eastern Europe and Central Asia has engaged in myriad demand-side interventions to increase the knowledge of the target population about modern contraceptives. UNFPA has indicated that analyses of these interventions have been undertaken and that they have indeed increased the knowledge of the target population. Very few countries, however, have engaged in market segmentation analyses to ascertain whether the funding needed for sustainable contraceptive security is provided based upon actual need.

Action 7

Ensure a strategic approach, including a theory of change as one tool, to inspire regional, national and subnational level scale-up and systematization of demand-side interventions that, in combination, can help reduce unmet need, including related activities such as expansion of contraceptive method mix; postpartum family planning; post-abortion family planning; engagement of men and boys; and quality of care, including provider training.

¹⁸ UNFPA Eastern Europe and Central Asia Regional Office, *Advancing Contraceptive Choices and Supplies for Universal Access to Family Planning in Eastern Europe and Central Asia: UNFPA Regional Contraceptive Security Strategic Framework 2017-2021* (Istanbul, 2017).

All countries and territories responding engage in demand-side activities, and many combine several activities that work together to generate demand. However, few of them reported progress in ensuring a strategic approach to inspire regional-, national- and subnational-level scale-up and systematization of demand-side interventions and little progress in developing and implementing official policy incentives to stimulate and/or increase private sector financing and/or delivery of contraceptive security.

An orange square graphic with the text 'Action 8' written in a white, cursive font. The number '8' is larger and bolder than the word 'Action'.

Action
8

Adopt a broader view on generating demand for family planning to ensure gender equality and human rights that includes addressing opposition to family planning; using diverse demand generation platforms and tools, including digital health and emerging technologies; positioning family planning beyond the health sector; and identifying effective demand interventions to end unmet need.

Generating demand for family planning requires an exploration of new ways to reach people. Countries and territories in the region of Eastern Europe and Central Asia have made efforts to adopt a broader view of generating demand for family planning to ensure gender equality and human rights, including using diverse demand generation platforms and tools. While few have not progressed in developing social marketing programmes, most countries and territories have done well in designing and implementing interventions to generate demand for family planning that ensures gender equality and human rights.

This thematic brief provides quantitative and qualitative evidence of progress on each of these actions and insight into activities in which UNFPA has engaged to achieve that progress in Eastern Europe and Central Asia.



Action 6

Analyse and assess demand-side activities to evaluate coverage and impacts

Demand-side interventions are necessary to remove barriers that impede women and couples from making informed, autonomous family planning decisions. In order to understand whether these interventions have had the intended effect, it is important to analyse and assess their coverage and impacts. Through analysis and assessment of demand-side activities, improvements can be made to address gaps and suggest where resources should be directed. Action 6 of the 25 recommended actions for ending unmet need for family planning by 2030 focuses on using these analyses and assessments to ensure that demand-side interventions are aligned with individuals' reproductive health intentions.

Action 6: *Analyse and assess ongoing demand-side activities, including in multisectoral programmes, in order to evaluate their coverage and impacts, where improvements can be made and potential gaps, and to inform resource mobilization activities including adequate domestic funding.*

6.1. Improving demand through access to evidence-based information

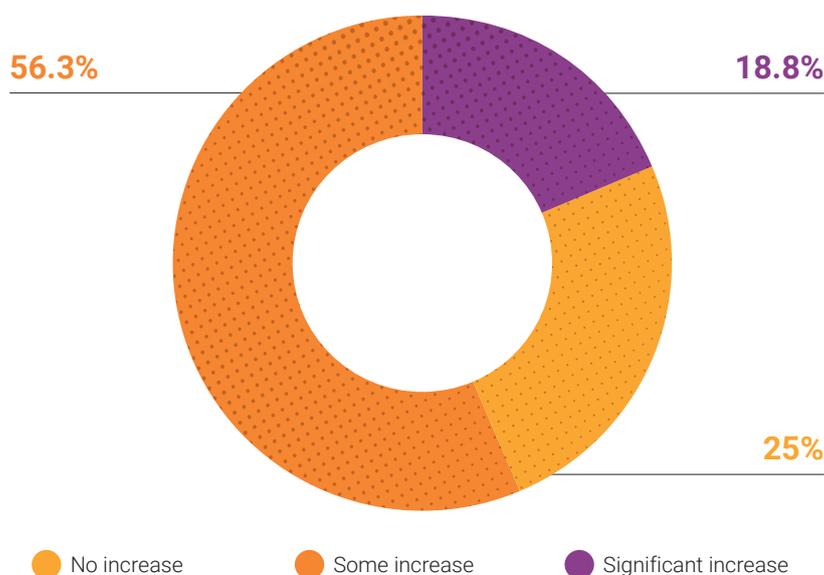
Focus area 5 of the Eastern Europe and Central Asia Regional Contraceptive Security Strategic Framework considers client demand at the local level and the need for providers to understand and respect clients' needs in order to provide high-quality care. One output for focus area 5 is increased demands by individuals, communities and health providers for modern contraceptive methods through improved access to evidence-based information about modern contraception. To this end, countries reported whether target populations had demonstrated increased knowledge about modern contraceptives.

KEY OUTPUT INDICATOR 5.4

of the UNFPA's Regional Contraceptive Security Strategic Framework



Has target population's knowledge about modern contraceptives demonstrably increased since 2016?



UNFPA reported an array of demand-side activities to eliminate barriers to making informed, autonomous family planning decisions. In this work, UNFPA has demonstrated a clear commitment to employing accessible, innovative and far-reaching tools and activities to reach as many people as possible.

Most widely used are IEC/BCC activities delivered through a range of innovative methods such as social media and mobile apps (10 out of 13 countries and territories responding). UNFPA also uses several other e-health interventions (3 out of 13 countries and territories responding) and social marketing (1 out of 13 countries and territories responding) to increase demand for modern contraception aligned with individual reproductive health intentions.

A large majority of countries and territories (12 out of 16 countries and territories responding) reported that knowledge about modern contraceptives had demonstrably increased since 2016. To achieve this increase, UNFPA was heavily involved in developing sexual and reproductive health communications strategies with local governments and health ministries and in supporting implementation of these strategies through a range of activities, particularly developing content for distribution online and through social media. UNFPA also facilitated training and capacity-building activities with family planning providers, religious leaders and community members. It also worked to reach youth, including by training teachers, and it succeeded in having family planning information included as part of school curricula. UNFPA's activities additionally

encompassed efforts to ensure that people with disabilities were better informed about modern contraception.

A small number of countries and territories reported that there was no increase in knowledge about modern contraceptives among target populations or that they had not supported efforts targeting contraception. Where demand-side activities proved challenging due to, for example, censorship and sensitivity around the topic, primary care providers became the only source of accurate information about family planning methods.

6.2. Demand-side interventions undertaken to provide evidence-based information

Countries and territories in the region of Eastern Europe and Central Asia provided information as to whether they had implemented demand-side activities with the potential or demonstrated impact of increasing demand for modern contraception aligned with individual reproductive intentions. Countries and territories indicated whether they had implemented any of the following demand-side activities: contraceptive social marketing or innovative IEC/BCC activities, including through social media, mobile apps such as Flo or any other e-health interventions. UNFPA also indicated whether activities other than those listed had been carried out.

Since 2016, has UNFPA implemented any of the following demand-side activities with the potential or demonstrated impact of increasing demand for modern contraception aligned with individual reproductive health intentions?

	Contraceptive social marketing	Innovative IEC/BCC activities	E-health interventions	Other
Albania	✓	✓	✓	
Armenia		✓		
Bosnia and Herzegovina		✓		
Georgia				✓
Kazakhstan				✓
Kosovo	✓	✓	✓	
Kyrgyzstan		✓	✓	
North Macedonia	✓			
Republic of Moldova	✓			

	Contraceptive social marketing	Innovative IEC/BCC activities	E-health interventions	Other
Serbia		✓		✓
Tajikistan		✓		
Turkmenistan	✓		✓	
Ukraine		✓		
Uzbekistan				✓

UNFPA in the region detailed several demand-side activities undertaken during the 2016–2019 period:

Awareness-raising and social marketing campaigns

UNFPA partners with and supports national and local governments as well as NGO and community partners in campaign activities on reproductive health that encompass the goal of increasing demand for modern contraception. UNFPA has used creative strategies to reach target audiences.

One strategy has been to support national and regional campaigns and bring into focus issues related to family planning and contraception. In Moldova, the UNFPA programme teamed up with the regional Let's Talk campaign in which leading figures in Moldova as well as other opinion leaders, influencers, journalists, vloggers, civil society, youth and many others joined in an open discussion of family planning. UNFPA's Moldova country office continued to support this work at the national level. Similarly, Kyrgyzstan uses the occasion of World Contraception Day and Mother's Day for education and awareness-raising activities on family planning, and the Uzbekistan programme supported an information campaign related to family planning issues on the International Day of Families.

Another strategy has been to use social marketing. The Kosovo office supports a yearly campaign to distribute free condoms to young people. Condom vending machines are also a component of this social marketing approach.

Mass media and social media

UNFPA in Eastern Europe and Central Asia uses media in a variety of creative ways, from video to print to social media. In Georgia, Tajikistan and Uzbekistan, UNFPA used video to share information with target audiences about family planning and contraception.

In Georgia and Uzbekistan, UNFPA made videos highlighting family planning issues. In Georgia, UNFPA produced a video that included celebrity women of reproductive age discussing the importance of family planning, while UNFPA in Uzbekistan supported the production of a video highlighting personal stories from women—across generations—in the community, sharing their perspectives on the benefits of family planning. These

videos were shown during key advocacy events and were also disseminated across social media platforms for maximum reach.

With a focus on youth, UNFPA in Tajikistan supported the Ministry of Health in broadcasting a live, interactive debate between youth and family planning providers on popular national and regional television channels. The programming caught the attention of policymakers and raised concerns about the challenges youth face in accessing family planning services, thus paving the way for UNFPA to work closely with the Ministry of Health to develop a national communications strategy directed at youth education, awareness and better access to sexual and reproductive health and family planning services.

Whether through campaign events such as rallies and conferences to bring people together, television appearances to raise issues or visual media to share stories, UNFPA has effectively utilized social media as a communications tool to garner interest and participation. UNFPA offices in the Eastern Europe and Central Asia region have used their own Facebook, Twitter and Instagram accounts to promote events and media products aimed at raising awareness, providing education and, thus, increasing demand. Also, partners, such as celebrities, have promoted UNFPA's media products and activities through their own social media accounts.

These activities demonstrate the wide range of media engagement UNFPA has used in its efforts to increase demand for family planning and contraceptives.

Mobile apps

Many people today have access to the internet through mobile phones, and UNFPA programmes have adapted and responded to this reality by supporting the development of mobile apps to provide family planning information—sometimes targeting specific groups who are often overlooked—in order to increase demand. UNFPA in North Macedonia supported a project to develop a comprehensive sexuality education app for people with disabilities. The Serbia programme worked closely with a local partner to create a mobile app based on an existing web platform, targeting adolescents and youth, to ensure that the app was accessible. Also, Kyrgyzstan supported the development of a mobile app for generating prescriptions that provides immediate access to eligible contraceptives available at health care facilities and pharmacies.

E-health tools

An essential aspect of increasing demand is that providers are able to deliver quality, evidence-based family planning services. Furthermore, those seeking services should feel confident that their provider will be responsive to their reproductive health intentions. In order to meet these dual requirements, UNFPA has played significant roles in countries developing digital tools to increase access to information about sexual and reproductive health and rights, family planning and contraceptives.

In Bosnia and Herzegovina, UNFPA programmes supported the development of unique web platforms to improve access to reliable information for all population groups but with a focus on youth. UNFPA also facilitated the customization and adoption of the regional Virtual Contraceptive Consultation (ViC) e-learning tool to build capacity among

providers to deliver evidence-based family planning. UNFPA's Albania office has worked to ensure that the training providers receive through the ViC is accredited to increase the motivation for providers to undertake training through the platform.

The impact of these interventions

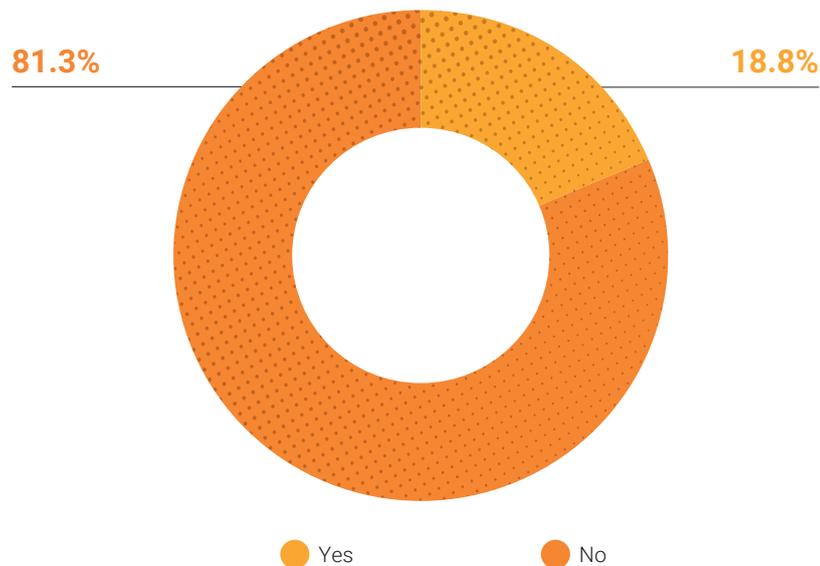
On the whole, the activities described above provide information that is responsive to individuals' reproductive health intentions whether specifically for women, families or youth. The sustained use of digital platforms, high attendance at events and high rates of viewership of media produced demonstrate that these efforts were successful in reaching the intended groups. The reported increase in the target population's knowledge about contraceptives is one indication that these interventions have had the desired impact of providing evidence-based information that is specific to reproductive health intentions.

6.3. Analysing the effectiveness of demand-side activities

Focus area 2 of the Eastern Europe and Central Asia Regional Contraceptive Security Strategic Framework, capital (financing), is aimed at understanding the different types of funding available to support family planning and contraceptive security efforts. Output 2 of this focus area takes into account whether funding needed for sustainable contraceptive security is provided based upon actual need. Countries reported whether they had carried out regular market segmentation analyses.

KEY OUTPUT INDICATOR 2.3
of the UNFPA's Regional Contraceptive Security Strategic Framework


Since 2016, have (new) regular market segmentation analyses been carried out?



Only 3 of 16 countries and territories responding indicated that regular market segmentation analyses had been carried out since 2016. Five countries reported having conducted a market segmentation analysis prior to 2016.

For those that did carry out a market segmentation analysis since 2016, the results supported UNFPA strategic aims. In Kazakhstan, the results informed the development of a national strategic framework on family planning. In the Republic of Moldova, a market segmentation analysis provided evidence regarding the most vulnerable groups of the population, and the results of the analysis supported UNFPA's advocacy efforts in developing a national programme on sexual and reproductive health and rights in the country, which included a costed action plan for purchasing contraceptives for target vulnerable groups.

While UNFPA implements myriad demand-side activities in the region, it must also analyse and assess them to ensure that they are effective and that resources go where they are most needed. This includes evaluating coverage and impacts, determining where improvements can be made, identifying potential gaps and informing resource mobilization activities. Most countries and territories do some form of demand analysis or assessment. UNFPA country offices (12 responding) reported analysing and assessing many aspects of demand-side activities:

Regarding demand-side activities (including in multisectoral programmes), which of the following have been analysed/assessed since 2016?

	Evaluate coverage and impacts	Identify areas of improvement	Identify potential gaps	Inform resource mobilization	Other
Albania	✓	✓	✓	✓	
Armenia				✓	
Georgia			✓		
Kazakhstan			✓		
Kyrgyzstan					✓
North Macedonia					✓
Republic of Moldova		✓			
Serbia		✓			
Tajikistan	✓	✓	✓	✓	
Turkmenistan	✓		✓		
Ukraine					✓
Uzbekistan	✓	✓			✓

Analyses and assessments that identify potential gaps and areas for improvement are relied upon the most, and UNFPA uses them to adjust its demand-side interventions to make them more effective. In Georgia, these analyses identified a gap—an area for improvement—between raising awareness of methods of contraception and knowledge of the methods' effectiveness. This analysis also identified groups that were not being reached, such as people with disabilities, men, youth and underserved or marginalized populations, which led to the development of specific outreach efforts to close gaps and improve demand-side effectiveness.

Countries also reported including sexual and reproductive health and family planning as part of broader initiatives. In Uzbekistan, for example, UNFPA worked as part of a UN Joint Programme on Building the Resilience of Communities Affected by the Aral Sea Disaster. Through this programme, UNFPA identified family planning needs and was

able to help build the capacity of mahalla specialists to provide services among these communities.

UNFPA partnered with other national and multilateral agencies to conduct research on family planning needs that were not directly demand-side activities or assessments but that provided an opportunity to identify needed improvements and gaps and also informed resource mobilization. In Kazakhstan, the Republic of Moldova and Tajikistan, UNFPA took part in studies conducted to glean insight into, for example, behaviour, barriers to access and the use of family planning services. Through these research activities, UNFPA was able to identify where demand-side interventions needed to be developed or reinforced in order for individuals to receive the information they needed to fulfil their reproductive health intentions.



CASE STUDY

REACHING YOUTH THROUGH SOCIAL MARKETING IN KOSOVO¹⁹



UNFPA Bosnia and Herzegovina

In Kosovo, UNFPA has achieved remarkable results in increasing demand for condoms through its social marketing programme targeting youth. Since 2000, when the programme began, more than 12 million of the programme's LovePlus brand of condoms have been sold through traditional and non-traditional retail outlets or have been distributed free of charge during youth outreach activities. The revenue the programme generates yearly is enough to purchase a full stock of 1.5 million condoms to be distributed throughout the year.

The social marketing programme has helped Kosovo maintain its position as a territory with a low prevalence of HIV by successfully raising awareness among youth about contraception through programming associated with its LovePlus brand of condoms. To achieve this success, UNFPA has conducted a careful assessment and analysis of its social marketing programme to identify opportunities to expand its reach. Along with its partner, the Kosovo Population Foundation (KOPF), it has been able to deepen and expand relationships across sectors and among marginalized communities to increase contraceptive prevalence rates. Due to the success of the social marketing programme, KOPF is now recognized as an expert in HIV prevention, reproductive health and sexual education and is part of every sexual and reproductive health-related working group of the government of Kosovo.

¹⁹ All references to Kosovo shall be understood to be in the context of UNSCR 1244 (1999).

BACKGROUND

Despite the low prevalence of HIV among the general population in Kosovo at the beginning of the 2000s, the large youth population, high unemployment and severe stigmatization of men who have sex with men, among many other factors, meant that the AIDS epidemic was threatening to spread rapidly if not swiftly addressed. UNFPA partnered with Population Services International (PSI) to conduct an analysis of interventions that might maintain HIV prevalence among the general population below 0.1% and below 1% among key populations. The analysis concluded that social marketing of contraceptives would provide people with the knowledge and tools necessary to protect their sexual and reproductive health.

Through the social marketing programme, KOPF, with the support of UNFPA, organizes entertainment and creative activities such as hikes, exhibitions and even a basketball tournament to reach youth wherever they happen to be. LovePlus-brand condoms are handed out to young people during all of these activities. The presence and availability of messaging and materials about sexual and reproductive health are a key part of these events.

The development, promotion and wide distribution of LovePlus-brand condoms has been a major achievement of this social marketing programme. KOPF strives to make sure condoms are easily available through traditional retail outlets, such as pharmacies and drugstores, and non-traditional points, such as bars, coffee shops, brothels, beauty parlours, gas stations, and bus and truck terminals. LovePlus condoms are widely respected and recognized as a quality, affordable brand that young people trust.

CHALLENGES AND ACTIVITIES

UNFPA Kosovo faced pushback from many directions in initiating this programme. Parents questioned the nature of the programme, and, in response, UNFPA reframed its work from the perspective of health promotion, aimed in particular at combating HIV transmission and teenage pregnancies. Pushback from institutions—which questioned the absence of a commercial entity to sell condoms—was based on a lack of understanding of the concept of social marketing and its benefits for young people. UNFPA advocacy—as well as trust built through a history of good working relationships—made a strong case for the idea of social marketing and how it would benefit the young people of Kosovo.

The programme faced traditional commercial challenges as well. The popularity of LovePlus condoms led to the market entry of lower-quality counterfeit products, which hurt the brand's goodwill. UNFPA ultimately resolved this challenge by taking legal action to remove the counterfeit products from the market. It was critical, however, that UNFPA worked continuously with KOPF and other partners, through brainstorming, advising and strategizing, to counter the damage to the brand. Actions taken included warning the public through the media, educating retail outlets on differences in packaging and stressing that LovePlus condoms only be accepted from known vendors.

LESSONS LEARNED AND RECOMMENDATIONS

- **Start with credible and motivated local partners.** The post-conflict situation in Kosovo and the need for upfront investment required an international partner to initiate the programme and realize its full potential in the most efficient way. The local partner, knowledgeable of the cultural and social landscape, was motivated to take the requisite steps to bring about lasting change. It continuously improved not only in branding and marketing of LovePlus condoms but also in health education, promotion and many other areas. With the support of UNFPA, local social marketers can learn how to work with traditional and non-traditional retail outlets to distribute products.
- **Understand the legal landscape.** With the success of the LovePlus brand of condoms, UNFPA endeavoured to expand its social marketing from condoms to other methods such as contraceptive pills. After UNFPA procured a stock of emergency contraceptives, however, the law changed, placing restrictions on who is permitted to distribute this form of contraception. Thus, this product could not become part of the social marketing programme.
- **Plan early for transition to local control.** UNFPA and PSI initiated the social marketing programme in 2000, and in 2004 the project was localized and transferred to KOPF (Kosma at the time). However, UNFPA has remained heavily involved in daily operations, including budgeting and financing, which has made a full transition difficult. In this regard, it is vital for UNFPA to work hand in hand with its local partner, as it learns how to effectively run the programme, jointly planning and monitoring, and ultimately limiting how much control UNFPA has over the work. This relationship between UNFPA and the local partner will facilitate the eventual sustainable operation of the programme in a business-like environment.
- **Rely on the voices and input of the target market.** UNFPA and KOPF have been able to create promotional and marketing material to achieve a high level of engagement on the part of youth. Part of this success has come about by engaging the target market to identify, for example, well-known figures or role models, such as musicians, actors or athletes, to involve or activities that draw larger crowds. The programme has also found it important to work with the LGBTI community and sex workers.



Action 7

Ensuring a strategic approach to scale up and systematize demand-side interventions to reduce unmet need

A strategic approach can support the scale-up and systematization of demand-side interventions to meet unmet need. Strategic approaches can be closely monitored and evaluated to understand where strengths and weaknesses lie in certain interventions. They can also be fine-tuned and replicated in order to scale up and systematize demand-side interventions. Action 7 focuses on implementing such strategic approaches in order to expand demand-side interventions aligned with the individual's reproductive health intentions.

Action 7: *Ensure a strategic approach, including a theory of change as one tool, to inspire regional, national and subnational level scale-up and systematization of demand-side interventions that, in combination, can help reduce unmet need, including related activities such as expansion of contraceptive method mix; postpartum family planning; post-abortion family planning; engagement of men and boys; and quality of care, including provider training.*

7.1. Implementation of policy incentives to stimulate private sector financing and delivery of contraceptive security

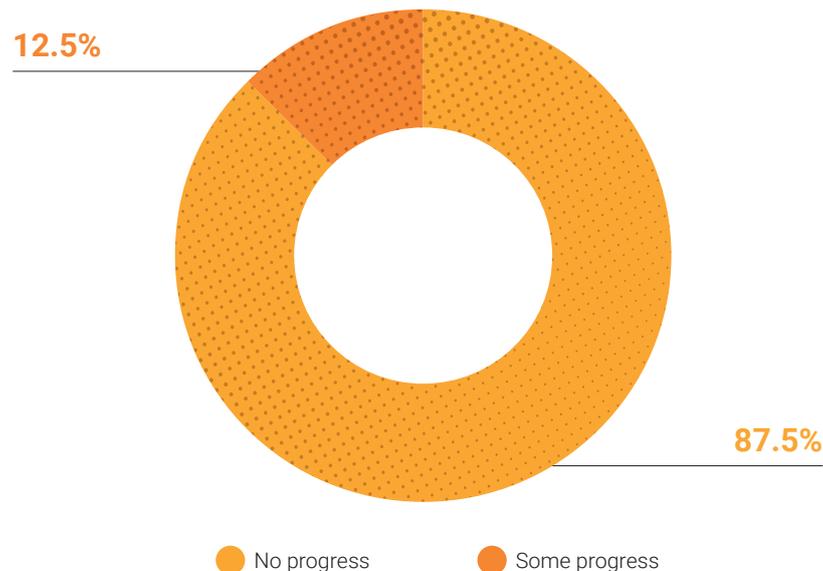
Focus area 3 of the Eastern Europe and Central Asia Regional Contraceptive Security Strategic Framework emphasizes coordination and cooperation between partners to ensure the efficient and optimal utilization of limited contraceptive resources and supply chains. Output 3 of this focus area involves strengthening collaboration and coordination among the public and private sectors, NGOs and other stakeholders to ensure the efficient and optimal utilization of these limited resources and supply chains. To indicate progress on this output, countries reported on whether there had been progress in developing and implementing official policy incentives to stimulate and/or increase private sector financing and/or delivery of contraceptive security.

KEY OUTPUT INDICATOR 3.2

of the UNFPA's Regional Contraceptive Security Strategic Framework



Since 2016, has there been progress in developing and implementing official policy incentives to stimulate and/or increase private sector financing and/or delivery of contraceptive security?



Of the 16 countries and territories responding, 14 indicated no progress in developing and implementing official policy incentives to stimulate and/or increase private sector financing and/or delivery of contraceptive security since 2016. Two countries indicated some progress.

Countries and territories that indicated some progress actively work with the private sector and advocate for the availability of and access to contraceptives. In Turkmenistan, private sector suppliers are members of a coordination committee along with other stakeholders. In Tajikistan, UNFPA had advocated for official policy incentives to stimulate contraceptive security through the private sector. As a result of this advocacy, the Ministry of Health decided to include family planning provisions in the country's basic benefit package and in a newly introduced performance-based financing mechanism at the level of primary health care that focuses on, among other things, early detection of maternal and childhood diseases. Both of these efforts contribute to the collaboration and coordination of various stakeholders in ensuring the efficient and optimal utilization of limited contraceptive resources and supply chains (sources).

Although the majority of countries indicated no progress, many of them have been engaged in improving cooperation and collaboration among partners. In Albania and Bosnia and Herzegovina, UNFPA has supported coordination in terms of analysing the market and making recommendations for the private sector and has worked with

all relevant partners to develop a sexual health and reproductive rights strategy. Such activities enable stakeholders to better understand needs and challenges and increase collaboration and coordination between partners. In some cases, however, the market environment does not invite such efforts and, as UNFPA in Georgia reports, some in the private sector do not have a vision of corporate social responsibility, and family planning and contraceptive security issues are avoided.

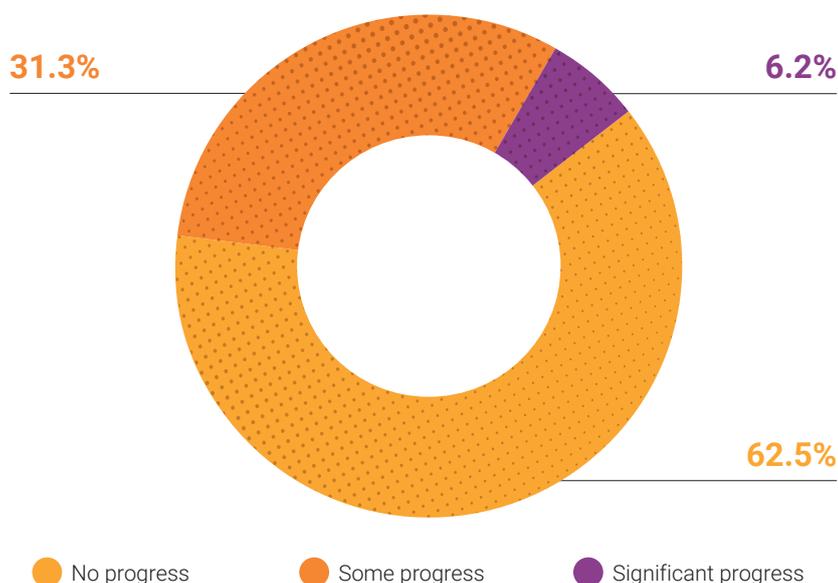
7.2. Demand-side interventions guided by a documented strategic approach

Countries and territories reported on whether there had been progress in demand-side interventions aligned with an individual’s reproductive health intentions that were guided by a documented strategic approach, including a theory of change.

.....



Since 2016, has there been progress in demand-side interventions (aligned with an individual’s reproductive health intentions) that were guided by a documented strategic approach, including a theory of change?



.....

Of the 16 countries responding, 10 reported no progress since 2016 in demand-side interventions aligned with the individual’s reproductive health intentions that were guided by a documented strategic approach, specifically with a theory of change. Five countries reported some progress, and only one reported significant progress.

Countries and territories that reported progress took steps at many levels to take a strategic approach in their demand-side interventions, supported by some form of documentation—an action plan, a strategic plan or other tools. Country programmes

supported the development, implementation and systematization of demand-side interventions based on planning and strategizing that UNFPA engaged in with partners or conducted on its own. In several countries, UNFPA relied on national plans, such as in Tajikistan, where UNFPA's implementation of the Joint Project on Strengthening Family Planning Services 2017–2020 led to the expansion of long-term and permanent methods of family planning. Similarly, UNFPA worked to develop a health promotion action plan for behaviour related to sexual and reproductive health in Albania and a national communication strategy in Kazakhstan in order to inspire the scale-up and systematization of demand-side interventions at the national level.

Countries and territories reporting progress also highlighted the development of manuals and other tools that can be scaled up for use in other similar contexts. Kyrgyzstan and Uzbekistan worked to build community capacity to deliver interventions that can help reduce unmet need and created materials based on these experiences. In Uzbekistan, UNFPA worked to build the capacity of mahalla specialists as part of the UN Joint Programme on Building the Resilience of Communities Affected by the Aral Sea Disaster through a multi-partner human security fund. The materials developed for these activities were used to build the capacity of mahalla specialists in other parts of the country and to raise awareness of reproductive health and reproductive rights issues. Similarly, Kyrgyzstan supported capacity-building for the religious community with a manual (“Stepping Stones”) as well as information brochures for the public and youth. Based on this success and documented best practice, UNFPA developed a health toolkit for madrasah teachers. Later this toolkit was adapted to reach a wider religious audience and included references to the Quran.

Progress in these areas indicates that efforts are being made to clearly document practices in order to develop and implement strategies to facilitate the regional-, national- and subnational-level scale-up and systematization of demand-side interventions. Where such steps have been taken, expansion and/or adaptation of practices have been effectively carried out.

7.3. Employing strategic demand-side interventions to help reduce unmet need

When combined, certain demand-side interventions are particularly strategic for helping reduce unmet need. While countries that reported a single intervention focused on quality of care, including training for providers, countries and territories reporting the use of multiple demand-side activities indicated a variety of combinations of these interventions.

Since 2016, have demand-side interventions included any of the following?

	Expansion of the contraceptive method mix	Postpartum family planning	Post-abortion family planning	Engagement of men and boys	Quality of care	Other
Albania	✓	✓	✓	✓	✓	
Armenia					✓	
Azerbaijan					✓	
Belarus				✓	✓	
Bosnia and Herzegovina			✓		✓	
Georgia				✓	✓	
Kazakhstan					✓	
Kyrgyzstan					✓	
North Macedonia					✓	✓
Serbia				✓	✓	
Tajikistan	✓	✓			✓	
Turkmenistan	✓	✓	✓			
Uzbekistan		✓		✓	✓	
Kosovo				✓		

In countries and territories that reported a strategic combination of demand-side interventions, UNFPA supports implementation of activities that include support for developing national plans and communication strategies, most often focused on awareness-raising. UNFPA programmes have also supported developing manuals, updated protocols and worked at every level to improve provider training. UNFPA has also advocated for interventions targeting members of populations that are often not among the target demographic. Countries and territories overwhelmingly noted that interventions to engage men and boys are part of their demand-side strategy. In particular, the programme in Serbia implemented projects in 2016 and 2017,

including an Android app, based on the strong involvement and participation of men. In Georgia, UNFPA initiated a campaign, called MenCare, that aims to promote men's involvement as equitable partners to support women's sexual and reproductive health. Also, in Kosovo, UNFPA included awareness-raising about family planning as part of a programme on the engagement of men and boys in preventing gender-based violence. Moreover, in North Macedonia, UNFPA worked with an implementing partner to offer workshops to raise awareness of the sexual and reproductive health of persons with disabilities.



Action 8

Generate demand for family planning to ensure gender equality and human rights

Generating demand for family planning requires innovative approaches, which explore new ways to reach people, including digital tools and positioning in complementary sectors. Action 8 of the 25 recommended actions for ending unmet need for family planning by 2030 encourages countries to adopt a view beyond traditional approaches to demand generation and to employ new technologies and forms of outreach to generate demand that ensures gender equality and human rights.

Action 8: *Adopt a broader view on generating demand for family planning to ensure gender equality and human rights that includes addressing opposition to family planning; using diverse demand generation platforms and tools, including digital health and emerging technologies; positioning family planning beyond the health sector; and identifying effective demand interventions to end unmet need.*

8.1. Development of a social marketing programme for contraceptives

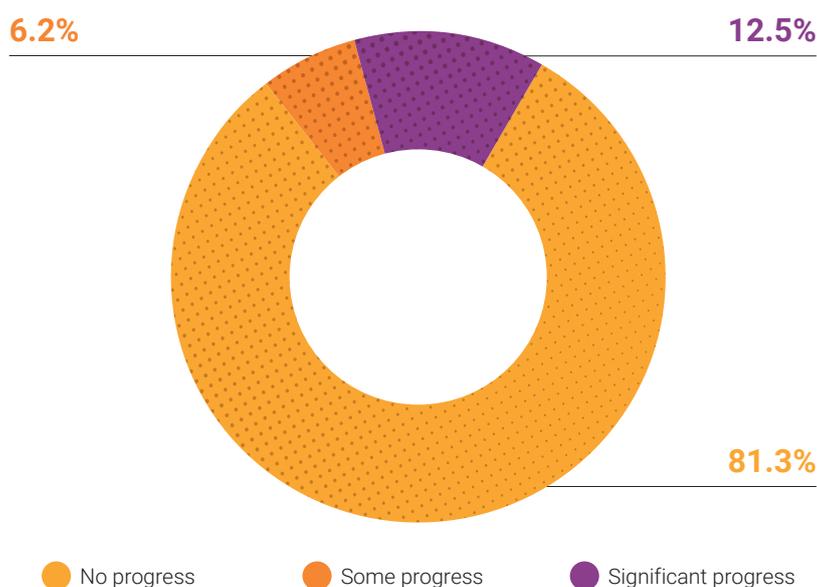
Focus area 4 of the Eastern Europe and Central Asia Regional Contraceptive Security Strategic Framework centres on capacities at the national level for developing and delivering a sustainable contraceptive security programme. This focus area is divided into two focus sub-areas, of which focus sub-area 4.2, service delivery capacity, is most relevant to this action. In order to show progress in this area, a key output (output 4.2) is developed for providing contraceptives to all in need, with a focus on equity in and access to service delivery to ensure that clients, including underserved populations, are covered. To demonstrate progress on this output, countries reported whether there

had been progress in developing and implementing a sustainable social marketing programme for contraceptives.

KEY OUTPUT INDICATOR 4.2.3

of the UNFPA's Regional Contraceptive Security Strategic Framework:

Since 2016, has there been progress in developing and implementing a sustainable social marketing programme for contraceptives?



Of the 16 countries and territories indicating whether there had been progress in developing and implementing a sustainable social marketing programme for contraceptives, 13 indicated there had been no progress, and two of the three reporting progress indicated there had been significant progress since 2016.

The two UNFPA offices indicating significant progress, Albania and Kosovo, both support national social marketing programmes. Through the programmes, UNFPA offers family planning products and/or services through activities. UNFPA supports and coordinates the design, preparation and distribution of information related to products, services and awareness-raising activities. In Albania, the social marketing effort also strengthens the capacity of health centres to provide the highest-quality services. The social marketing NGO that UNFPA helped to establish in Kosovo and that it has supported since 1999 reached self-sustainability in 2009 and now procures condoms from its own revenue and distributes and sells 1 million condoms yearly through traditional and non-traditional retail outlets.

Countries and territories reporting some or no progress identified social and legal challenges to social marketing that hindered progress in this area. Although Turkmenistan indicated some progress in social marketing, pursuing social marketing interventions in the country is still challenging due to cultural sensitivity around the

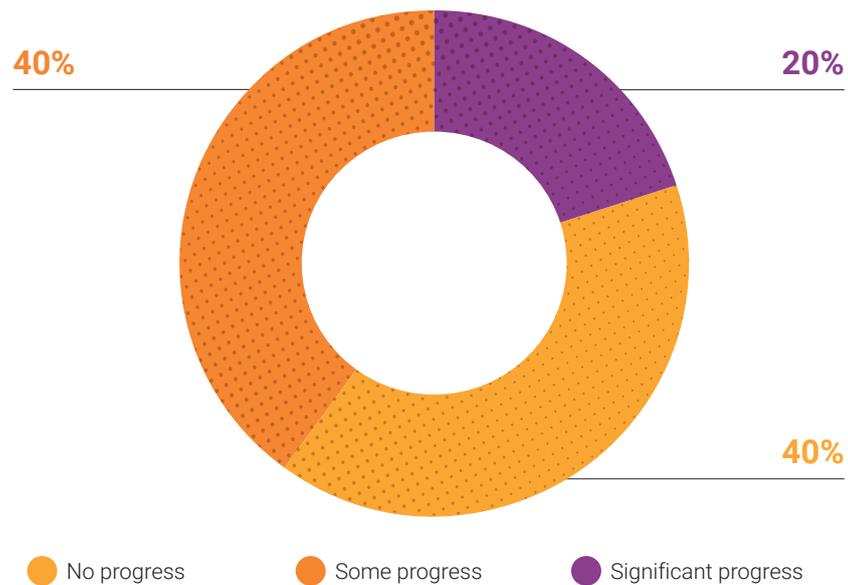
issue. Tajikistan identified a legal limitation in that condoms are registered as medical products, and the country does not allow other sectors, such as the social or non-profit sector, to distribute condoms at public gatherings, in shops or at clubs.

8.2. Generating demand for family planning that ensures gender equality and human rights

Countries reported on whether there had been progress in designing and implementing initiatives to generate demand for family planning that ensures gender equality and human rights.



Since 2016, has there been any progress in designing and implementing initiatives to generate demand for family planning that ensure gender equality and human rights, including addressing opposition to family planning?



Of the 15 countries and territories responding, 9 reported progress in designing and implementing initiatives to generate demand for family planning that ensure gender equality and human rights, with 3 countries indicating significant progress in this area.

Countries and territories reporting progress have collaborated with government and local partners in advocacy and awareness-raising activities that include messages about gender equality and human rights. This has included specific advocacy, such as in Bosnia and Herzegovina, around the right of all individuals and couples to make informed decisions about having children, as well as streamlining gender equality and human rights into all activities, as done in Serbia. Advocacy efforts have also incorporated recommendations and conclusions from reports, as was the case

in Turkmenistan, where UNFPA used CEDAW recommendations and reports from monitoring trips to ensure that the best information was delivered.

Demand for family planning that ensures gender equality and human rights has also been generated through interventions for providers, with UNFPA support, in developing and improving guidelines and protocols and capacity-building that integrate human rights-based approaches into care delivery. In the Republic of Moldova, UNFPA supported the establishment of a regional training hub on the development of sexual and reproductive health clinical guidelines for Russian-speaking countries in Eastern Europe and Central Asia. The training courses offered by the hub included lessons on the quality of care and human rights-based, client-centred approaches in family planning and were later applied in developing standardized clinical protocols, supported by UNFPA, which were approved by the Ministry of Health.

Countries and territories reporting significant progress coordinated numerous partners. In Tajikistan and Albania, UNFPA focused heavily on multisectoral coordination and collaboration to support demand generation for family planning that ensures gender equality and human rights. Such collaboration includes ministries, UN agencies, NGOs and civil society partners with UNFPA coordination, advocacy, and technical and financial support playing a central role.

UNFPA indicated significant progress in both Tajikistan and Kosovo, where it has supported efforts to ensure the availability and strengthening of education and services around family planning to ensure gender equality and human rights. In Tajikistan, UNFPA brought together partners to strengthen efforts in providing rights-based and life-saving psychosocial, legal and sexual and reproductive health and family planning services for survivors of gender-based violence through eight support rooms for women at maternity hospitals across the country. In Kosovo, UNFPA supported health education community sessions, which included family planning, that were held mainly in rural areas, covering poor and marginalized people and reaching thousands of women and youth.

8.3. Platforms and tools used to generate demand

Countries indicated whether they had used diverse demand generation platforms and innovative tools to end unmet need, including digital health and emerging technologies, positioning family planning beyond the health sector or identifying effective demand interventions to end unmet need.

Since 2016, have demand generation platforms and tools included any of the following?

	Digital health and emerging technologies	Positioning family planning beyond the health sector	Identifying effective demand interventions to end unmet need
Albania	✓	✓	✓
Bosnia and Herzegovina		✓	
Georgia		✓	
Tajikistan		✓	✓
Turkmenistan			✓

Moving towards demand-side interventions that eliminate barriers that can impede women and couples from making informed and autonomous decisions about their reproductive lives, UNFPA in the region has made efforts to use diverse demand generation platforms and tools.

The tools and platforms that countries reported using the most to generate demand include positioning family planning beyond the health sector and identifying effective demand interventions to end unmet need. In Georgia, for example, family planning has been positioned as a human right and has thus been integrated into the country's human rights monitoring mechanism, guaranteeing that it will be included in national human rights monitoring and evaluation activities. Regarding identifying effective demand interventions to end unmet need, both Tajikistan and Turkmenistan were able to identify efforts to reach populations for whom information and services are not easily available. In Turkmenistan, UNFPA identified a need among women with low purchasing power and generated demand through free distribution. The Tajikistan programme generated demand among those living in remote and hard-to-reach areas of the country through information and promotion campaigns and supported a mobile team of qualified experts that provided monitoring and mentoring for service providers, thus raising their capacity.

Digital health tools used to generate demand include the ViC platform to expand the capacity of providers and web platforms to provide information to the public.



CASE STUDY

PARTNERSHIP WITH FLO INCREASES DEMAND THROUGHOUT THE REGION

Stocksy



Through its partnership with the mobile app Flo, the UNFPA Eastern Europe and Central Asia Regional Office has been able to reach millions of women in the region—and beyond—and to deliver evidence-based information on contraception and sexuality education for young people.

The partnership with Flo has provided UNFPA in the region and internationally with a unique opportunity to reach millions of users every day, and the number of users around the world and the number of women accessing the information provided by the app continues to increase. The app has created an opportunity to reach women when they are open to receiving such information and provides an opportunity to assess knowledge gaps. Due to the success at the regional level, the United Nations Population Fund has adopted Flo for international use.

Flo has been a fantastic tool to support demand creation and provide people in the region with quality sexual and reproductive health information.

BACKGROUND

The region has struggled historically to provide people with information they can use to make informed decisions about the use of condoms: a study in 2013²⁰ demonstrated that a lack of information was a key factor contributing to the low rate of use of modern contraceptives. Compounding this, the available information was riddled with misinformation and errors, and funding for a traditional information campaign to combat misinformation was minimal.

In 2017, the UNFPA Eastern Europe and Central Asia Regional Office concluded a partnership with Flo Health, Inc. (Flo), a Belarus-based company with a mobile app that works as a period tracker, ovulation calendar and pregnancy assistant. As part of this partnership, UNFPA took the app beyond its fertility focus to provide much more information about women's health, including sexual and reproductive health. Since the initiation of the partnership, UNFPA has provided over 100 information cards, which appear in the user's feed, including on contraceptive and sexuality education for young people.

CHALLENGES AND ACTIVITIES

Each information card requires a significant amount of time and coordination to produce. The creation process must take into account perspectives that are not typically easy to meld together: those of the United Nations, the private sector and the technology sector. Moreover, UNFPA is dedicated to respecting not only scientific evidence but also the diverse religious and cultural backgrounds in Eastern Europe and Central Asia. To address this challenge, UNFPA found a simple solution by developing a mutual workspace and collaborating through a shared platform online so that each partner has the opportunity to contribute, comment on and adapt a final text for the information cards.

After the first information cards appeared in users' feeds, demand for the cards greatly increased along with the desire to discuss the information they contain in depth. Users began to engage in discussions with each other inside the Flo app, which led to misinformation. To preserve the scientific integrity of the information cards, to correct misinformation and to meet users' need for further information, UNFPA suggested that Flo create discussion boards where some of the leading experts in the field could bring their expertise into these discussions to ensure that users receive proper, evidence-based information and feedback. Flo now has a scientific board that engages UNFPA partner institutions and experts to ensure that good science is being delivered through the app.

20 UNFPA and International Planned Parenthood Federation, *Key Factors Influencing Contraceptive Use in Eastern Europe and Central Asia: Findings from a Qualitative Study in 7 Countries and Recommendations for Improving Access to Modern Contraception in the Region* (Istanbul and Brussels, 2012).

LESSONS LEARNED AND RECOMMENDATIONS

- **Anticipate expansion and necessary resources.** UNFPA in Eastern Europe and Central Asia was thrilled that the partnership was so successful and that there was uptake in other regions and at the global level. It is important to envision expanding the team and determining how to best distribute the workload as the project gains popularity within the organization and beyond.
- **Work with an experienced partner.** Working with an existing company and being able to rely on its infrastructure and expertise has proven to be key to the partnership's success. UNFPA did not have to make a financial or human resource investment to build the technological expertise to develop an app or user base but has been able to focus on delivering quality sexual and reproductive health information to users.
- **Capacity to provide information responsive to users' needs.** UNFPA understands that information provided cannot be one-size-fits-all. The partner organization should be equipped with great technical knowledge and, if possible, have experience working with populations and across generations. The organization should be knowledgeable about the culture and situation in the countries where it works in order to create useful information responsive to users' needs.

Conclusion

UNFPA in Eastern Europe and Central Asia has engaged in myriad demand-side interventions to increase target population knowledge about modern contraceptives. UNFPA indicates that analyses of these interventions have been undertaken and that they have indeed increased the knowledge of the target population. Very few countries and territories, however, have engaged in market segmentation analyses to ascertain whether funding needed for sustainable contraceptive security is provided based upon actual need.

All countries and territories responding engage in demand-side activities, and many combine several activities that work together to generate demand. However, few of them reported progress in ensuring a strategic approach to inspire regional-, national- and subnational-level scale-up and systematization of demand-side interventions and little progress in developing and implementing official policy incentives to stimulate and/or increase private sector financing and/or delivery of contraceptive security.

Generating demand for family planning requires exploring new ways to reach people. Countries and territories have made efforts to adopt a broader view of generating demand for family planning to ensure gender equality and human rights, including using diverse demand generation platforms and tools. While a small number have not progressed in developing social marketing programmes, most countries and territories have done well in designing and implementing interventions to generate demand for family planning that ensure gender equality and human rights.

Theme 3.

Ensure availability of good-quality, human rights–based family planning services



Executive Summary

Human rights is one of the guiding principles of UNFPA's Eastern Europe and Central Asia Regional Contraceptive Security Strategic Framework. UNFPA's 25 recommended actions for ending unmet need for family planning by 2030 lay out actions that will ensure that family planning services encapsulate UNFPA's core human rights values. Family planning programmes should be designed in a way that fulfils the rights of couples and individuals to freely and responsibly decide the number, spacing and timing of their children, free of discrimination, coercion and violence,²¹ with access to robust information and services to make and take forth their decisions.

Theme 3 focuses on ensuring the availability of good-quality, human rights-based family planning services. Five actions are recommended within this theme:

Action 9

Ensure rights literacy among all stakeholders and revise policies and guidelines, including family planning Costed Implementation Plans to incorporate rights, including to take advantage of the advancement of technology and new contraceptive methods.

In most countries and territories, UNFPA reported engaging in a variety of efforts to ensure that all stakeholders were informed about rights. These efforts have improved rights literacy among providers and stakeholders, expanded the availability of family planning services and improved adherence to and accountability for rights principles. UNFPA's work has enabled countries and territories to develop and improve their family planning programmes so that they fulfil the family planning rights of couples and individuals.

Action 10

Integrate family planning services as part of essential reproductive, maternal, newborn, child and adolescent health (RMNCAH) packages and STI and HIV services; and integrate family planning into non-health programmes such as on gender-based violence, harmful practices, the environment and climate change, and gender equality.

UNFPA in the region of Eastern Europe and Central Asia has been more successful at integrating family planning—as an essential element—into health services targeting sexual and reproductive health than into non-health programmes, with the exception of gender-based violence, the area that has seen the most progress on integrating family planning beyond health services. UNFPA consistently engages in

21 UNFPA, Programme of Action: Adopted at the International Conference on Population and Development Programme, Cairo, 5–13 September 1994 (New York, 2004), p. 46, para. 7.3.

a wide array of activities that have achieved results or laid the groundwork for future progress. The progress made in this area has contributed to expanding access to human rights-based family planning services as part of essential services package.

Action 11

Undertake rights- and skills-based family planning training to strengthen service provider capacity for counselling, client-provider exchange and service delivery both in clinical and community settings to increase rights literacy, and strengthen knowledge and skills to promote clients' autonomy to choose the most suitable contraceptive methods for themselves, including method switching.

Countries and territories reported a great amount of work and progress to strengthen service provider capacity through rights- and skills-based family planning training. This training is available through a variety of live and virtual opportunities, giving providers many opportunities to build their knowledge and clinical skills to promote clients' rights. While, in many settings, this training is not mandatory, UNFPA's support and advocacy has highlighted the need for capacity-building in family planning so that providers can be a strong link between clients and their ability to act upon their right to choose what is best for their situation.

Action 12

Monitor services using indicators that measure adherence to rights principles, and use data to improve knowledge of the profile of those with unmet need so that services can be designed and implemented to better respond to their needs.

Overall, countries and territories of Eastern Europe and Central Asia reported considerable efforts to monitor and better understand where unmet need remains. From advocating for the inclusion of rights principles in indicators to providing technical support and training on their implementation of monitoring tools, UNFPA has supported many activities that contribute to progress in this area and to ensuring that the rights of all are respected and enjoyed.

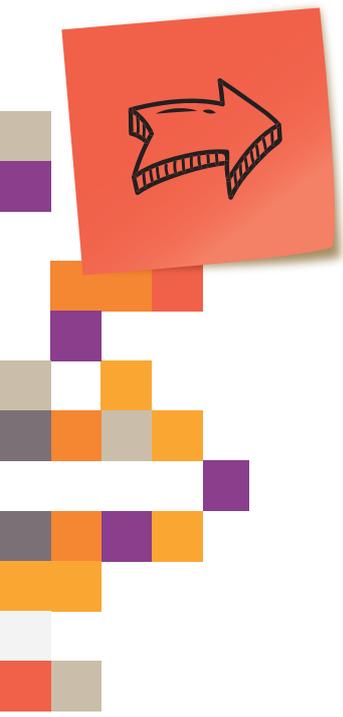
Action 13

Ensure policies and mechanisms are in place to strengthen accountability through obtaining client feedback and providing redress for issues identified.

Most countries and territories indicated no improvement in strengthening accountability mechanisms. Although gathering client feedback and redressing issues at the individual level remains a struggle, UNFPA offices in Eastern Europe and Central Asia that did report improvement engage in advocacy and support and

coordinate their efforts to gather and analyse broad feedback from clients and representatives to develop policy responses to identified issues.

This thematic brief provides quantitative and qualitative evidence of progress on each of these actions and insight into activities that the countries of Eastern Europe and Central Asia have engaged in to make those gains.



Action 9

Ensuring rights literacy among stakeholders and ensuring that rights are integrated into policies and guidelines

The number and spacing of children have an incredible impact on the life of a woman and her partner. Acknowledging this key factor, an abundance of international agreements have affirmed that individuals should have the right and means to freely decide when, or if, to start a family and how many children they wish to have. However, thousands of women in Eastern Europe and Central Asia who wish to avoid or delay childbearing still lack access to the quality services and modern contraceptives needed to manage their fertility.²²

In order to provide quality, rights-based family planning services in which individuals and couples can enjoy their rights and choice, there must be commitment among all relevant actors to the centrality of rights to fulfilling unmet need for family planning. This involves ensuring stakeholders' knowledge and understanding of rights and their being informed and empowered to advocate for rights. It also involves commitment from governments to ensure that people are able to act upon their rights. This may be demonstrated through clearly articulated policies, budget allocations for family planning and for the procurement and distribution of contraceptives, and clearly defined and operational coordination mechanisms with other family planning stakeholders.²³

Action 9 of the 25 recommended actions for ending unmet need for family planning by 2030 keys in on ensuring that stakeholders can advocate for rights and on how government can demonstrate commitment:

22 UNFPA Eastern Europe and Central Asia Regional Office, *Advancing Contraceptive Choices and Supplies for Universal Access to Family Planning in Eastern Europe and Central Asia: UNFPA Regional Contraceptive Security Strategic Framework 2017-2021* (Istanbul, 2017), p. 21.

23 UNFPA Eastern Europe and Central Asia Regional Office, *Advancing Contraceptive Choices and Supplies for Universal Access to Family Planning in Eastern Europe and Central Asia: UNFPA Regional Contraceptive Security Strategic Framework 2017-2021* (Istanbul, 2017), p. 21.

Action 9: *Ensure rights literacy among all stakeholders and revise policies and guidelines, including family planning Costed Implementation Plans to incorporate rights, including to take advantage of the advancement of technology and new contraceptive methods.*

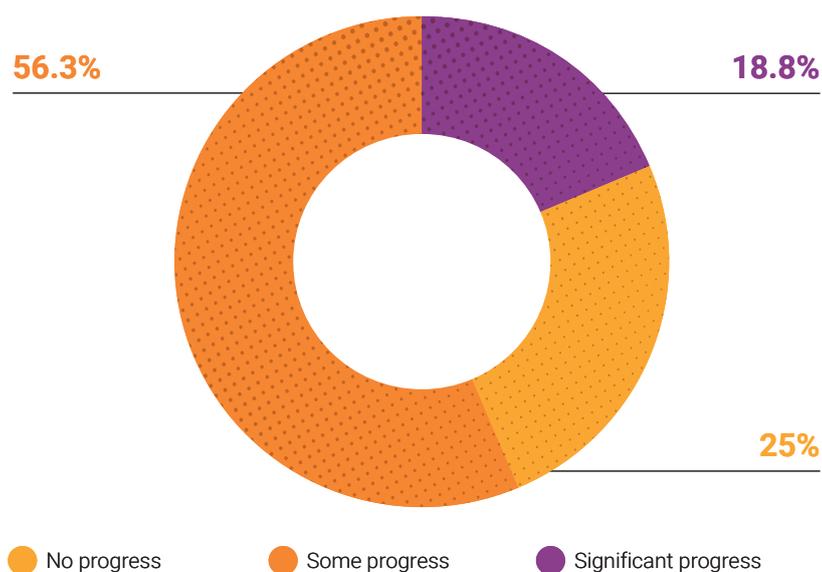
9.1. Addressing rights literacy through policies and guidelines

UNFPA in the region of Eastern Europe and Central Asia works with stakeholders and governments to ensure rights literacy and to revise policies and guidelines to incorporate rights. The 25 recommended actions to end unmet family planning need by 2030 suggest that this work includes incorporating rights into family planning costed implementation plans and taking advantage of the advancement of technology and new contraceptive methods.

In gauging progress in this regard, countries and territories were asked whether progress in addressing rights literacy in policies and guidelines on family planning had been made and whether costed implementation plans incorporating rights had been achieved.



Since 2016, has there been progress in addressing rights literacy in policies and guidelines on family planning, including, where applicable, costed implementation plans?



A majority of countries and territories (nine of the 16 responding) indicated that there had been some progress in addressing rights literacy in policies and guidelines on

family planning. While three countries indicated no progress, four countries indicated significant progress.

Countries and territories have worked to establish, revise and update guidelines and protocols on family planning. Many countries have national guidelines or strategic plans on sexual and reproductive health that include family planning and contraceptives, which UNFPA supported by providing technical expertise and advocating for the incorporation of rights.

In some countries, UNFPA worked to coordinate and support the process of increasing rights literacy among all stakeholders by assessing and supporting the revision and updating of guidelines and protocols. In Albania, UNFPA ensured that guidelines and protocols reflected World Health Organization standards. In Georgia, a countrywide assessment of the state of sexual and reproductive health rights in the country was undertaken with the involvement of the Public Defender's Office, which ensured the involvement of the National Institute of Human Rights in the process of monitoring and evaluating the implementation of sexual and reproductive health rights.

Several countries and territories have national strategies or guidelines on sexual and reproductive health, family planning or contraception in place. In Serbia, Tajikistan, Turkmenistan and Uzbekistan, UNFPA reported that it provided support and advocacy in strengthening and implementing these strategies and guidelines to secure rights as an essential part thereof. UNFPA specifically supported actions aimed at addressing rights literacy among health care providers as part of the policies and engaged as many stakeholders as possible in their development.

The significant progress that UNFPA has reported in this area is indicative of the commitment of governments and other relevant actors to the importance of enabling individuals and couples to be able to make rights-informed family planning decisions.

9.2. Efforts to increase rights literacy among all stakeholders

In addition to incorporating rights literacy into policies and guidelines on family planning, UNFPA in the region has worked to increase rights literacy among all stakeholders in other arenas as well.

Training

UNFPA has supported the development of training, especially for providers, on family planning. Countries and territories in the region of Eastern Europe and Central Asia have used the ViC platform to provide such training, and have also incorporated rights as part of continuous professional development for doctors and nurses, such as in Bosnia and Herzegovina and Kosovo. Ensuring that the rights of all are understood, UNFPA in North Macedonia worked to develop a training module on the rights of people with disabilities to be integrated into the family planning training package for family doctors. In addition, Uzbekistan worked to build rights literacy among mahalla specialists through a joint UN programme for those affected by the Aral Sea disaster.

With UNFPA support, a regional training hub for the development of sexual and reproductive health clinical guidelines was established in Moldova for Russian-speaking countries of Eastern Europe and Central Asia. The hub enabled training for health professionals that strengthened their rights literacy, especially with regard to developing clinical guidelines and protocols on sexual and reproductive health in line with international standards.

Clinical protocols

More narrowly targeted than broad national guidelines and policies, clinical protocols around family planning ensure that providers are aware of and respect patients' rights. As previously mentioned, the regional training hub on sexual and reproductive health strengthens rights literacy and trains providers to incorporate rights into clinical protocols. Some protocols that have been adopted target areas that particularly need strengthening and monitoring, such as modern methods of contraception in Kyrgyzstan.

Promotional activities

UNFPA used promotional activities to stress the importance of and increase rights literacy among stakeholders. To demonstrate, Serbia used the occasion of World Population Day 2018 and activities in 2019 to highlight the connection between family planning and desired fertility and sustainable development, messaging that reached a broad range of stakeholders.



Action 10

Integrating family planning into health and non-health programming

Before 1990, family planning was not well integrated into other health care services in Eastern Europe and Central Asia. These services were relegated to specialty care health facilities, primarily in urban areas, leaving many women, especially those living in rural areas, with limited access to contraception. In the 2000s, family planning services expanded. A key aspect of this expansion was the integration of contraceptive services, counselling and referral to other health care services. This expansion was limited, however, and family planning services remain limited in many countries in the region.²⁴

The integration of family planning services resulted in increased access to family planning services in the region. Action 10 aims to further that success by integrating family planning into health services and broadening the non-health programmes into which family planning is integrated.

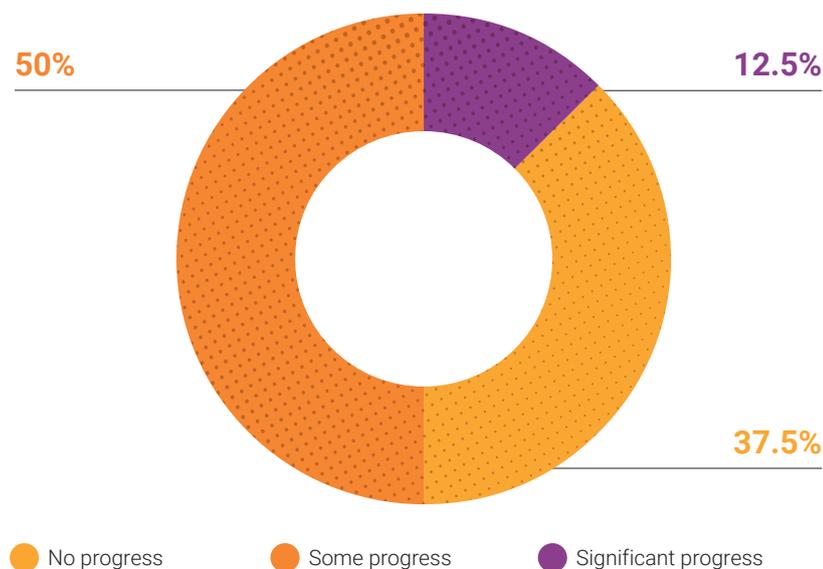
Action 10: *Integrate family planning services as part of essential reproductive, maternal, newborn, child and adolescent health (RMNCAH) packages and STI and HIV services; and integrate family planning into non-health programmes such as on gender-based violence, harmful practices, the environment and climate change, and gender equality.*

10.1. Integrating family planning into sexual and reproductive health services

Integrating family planning into sexual and reproductive health services is a critical part of ensuring the availability of good-quality, human rights–based family planning services. UNFPA reported whether there had been progress in, particularly, integrating family planning services into essential reproductive, maternal, newborn, child and adolescent health packages and STI and HIV services.

²⁴ UNFPA Eastern Europe and Central Asia Regional Office, *Advancing Contraceptive Choices and Supplies for Universal Access to Family Planning in Eastern Europe and Central Asia: UNFPA Regional Contraceptive Security Strategic Framework 2017-2021* (Istanbul, 2017) pp. 3–4.

Since 2016, has there been progress in integrating family planning services into essential reproductive, maternal, newborn, child and adolescent health packages and STI and HIV services?



Half of the 16 countries and territories responding indicated that there had been progress in integrating family planning services into these essential services, with two countries indicating significant progress.

In many countries and territories, family planning is integrated as part of the package of services provided at the primary care level. Progress has been achieved in fortifying and furthering this integration, working to secure family planning services as part of essential reproductive, maternal, newborn, child and adolescent health packages and STI and HIV services through myriad activities consisting of advocacy, support, capacity-building and coordination.

UNFPA, including in Bosnia and Herzegovina, Georgia, Ukraine and Uzbekistan, supported capacity-building in family planning to providers at the primary care level. This involved developing materials and courses on family planning, including through online platforms, for primary care providers. UNFPA supported training for providers on family planning counselling and on how to integrate family planning services into essential primary health care services and into their practice. Through UNFPA advocacy—in Georgia, for example—family planning service provision was included in the competencies of primary health care providers.

UNFPA also achieved, through advocacy, integration of family planning services into the full spectrum of health services as part of national policy, as Albania, the Republic of Moldova, Tajikistan and Turkmenistan reported. Focusing on youth, Albania and

the Republic of Moldova, with the support of UNFPA, were able to integrate, as part of national policy, family planning into essential services including the distribution of contraceptives by family doctors and services for populations vulnerable to HIV infection. In Tajikistan and Turkmenistan, UNFPA's advocacy resulted in the inclusion of family planning as part of national policies on maternal, newborn, child and adolescent health.

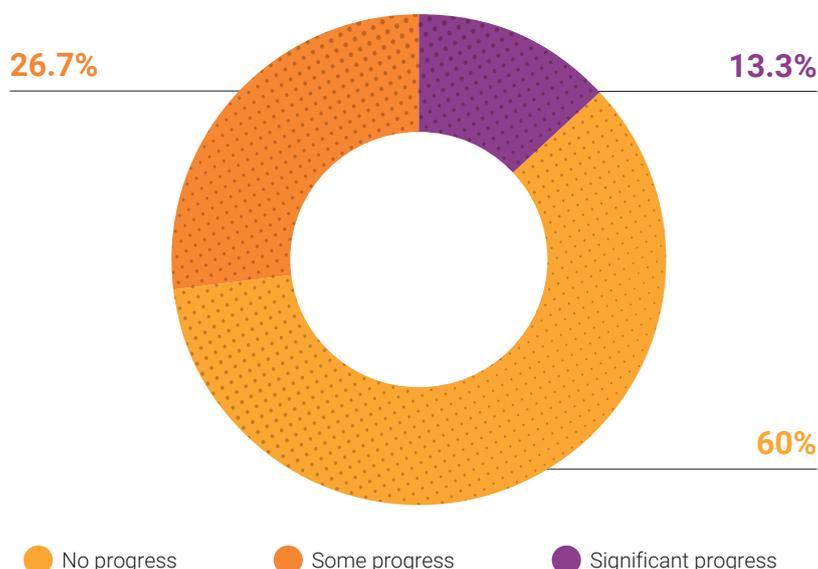
Challenges remain in integrating family planning services as part of essential reproductive, maternal, newborn, child and adolescent health packages and STI and HIV services. Many countries noted that, in many areas, family planning was still predominantly provided by gynaecologists, and that contraceptives were not part of the essential medicines list. Moreover, where training for primary care providers has been developed, there is often no requirement for them to take part.

10.2. Integrating family planning into non-health programmes

Going beyond essential reproductive, maternal, newborn, child and adolescent health packages and STI and HIV services, integrating family planning services into non-health services is important for ensuring that everyone has access. Countries and territories reported whether progress had been made in integrating family planning into non-health programmes, such as on gender-based violence, harmful practices, the environment and climate change, and gender equality.



Since 2016, has there been progress in integrating family planning into non-health programmes, such as on gender-based violence, harmful practices, etc.?



A large majority of countries and territories (9 of 15 responding) reported no progress in integrating family planning beyond health services. Six countries reported progress, two of which reported significant progress.

Countries and territories achieved the most progress on integrating family planning beyond health services in the area of gender-based violence. UNFPA supported the development of guidelines for responses to gender-based violence to include the use of emergency contraception and the provision of free contraception. UNFPA also engaged in multisectoral prevention and response efforts to ensure that family planning is a part of all preventative programming and health systems' response to gender-based violence, including in response to disasters. These efforts varied from coordination with various government ministries to coordination with a variety of stakeholders, but they consistently focused on expanding family planning services to gender-based violence programming.



CASE STUDY

MOBILE CLINICS ENSURE QUALITY, RIGHTS-BASED FAMILY PLANNING SERVICES DURING CRISES IN SERBIA

UNFPA Türkiye/Yasın Güngör



As the migrant crisis began in 2015 and continued to grow more urgent, UNFPA worked closely with the Ministry of Health in Serbia to ensure that migrants and refugees received sexual and reproductive health and family planning services. Through advocacy, UNFPA ensured that access to essential sexual and reproductive health and family planning services were all part of the response.

UNFPA supported the provision of medical equipment to local health centres situated along the migration route, capacity-building for health workers, the provision of the most urgent dignity items and the operations of two mobile clinics. UNFPA procured a total of four mobile clinics, two of which were used in Serbia (and the other two in North Macedonia) to deliver reproductive health services, including family planning, to migrant and refugee women and girls. The clinics provided more than 1,200 gynaecological examinations.

Remarkably, in overcoming a national emergency response plan that did not include measures against gender-based violence, UNFPA modified its existing training in Serbia to equip providers and others on the migration route with knowledge and skills to provide gender-sensitive sexual and reproductive health and family planning services to survivors.

These efforts, made at the beginning of the crisis, laid a sound foundation for the response in 2016, which was bolstered by contributions from the government of Norway. Clinics were donated to local health centres in the south and the west of the country and were adapted and arranged in a way that the services provided were

accessible and acceptable in a culturally appropriate manner for women and young girls, including asylum seekers, refugees and migrant populations.

As the influx of migrants and refugees slowed, and asylum seekers stayed longer in the country, the clinics were used for referral to local health centres and for providing information on sexual health and reproductive rights. Considering the mobility of the migrants, the Ministry of Health, with the support of UNFPA, recognized the importance of sexual and reproductive health during times of crisis and thus introduced this service at its two transit centres, as part of the national health system response, in line with international standards and human rights.

BACKGROUND

In 2015, Serbia was one of the countries at the centre of the migrant and refugee crises in Europe as thousands of people moved through the country in a very short time, growing to a population of 900,000 at its peak. Refugee and migrant women and girls face specific challenges and protection risks in transit, including family separation, psychosocial stress and trauma, health complications (particularly for pregnant women), violence, physical harm and injury. Language barriers and cultural factors, combined with the intention to move through transit countries as quickly as possible, complicate the efforts of humanitarian actors to provide essential services to women and girls, as well as to identify and support particularly vulnerable groups. Women often serve as the main caretakers for children and elderly family members, further increasing their need for protection and support.

Sexual and reproductive health and family planning needs were not taken into account in the government's initial response plan. The national government's immediate response was to attend to basic needs, such as providing food, shelter, heating and fresh water, while the World Health Organization focused on general health needs and other requirements in humanitarian situations. UNFPA emphasized the monitoring of the implementation of sexual and reproductive health activities in response to emergencies in order to ensure available, accessible, acceptable and quality sexual and reproductive health services for women and girl refugees and migrants. Efforts were implemented in partnership with the Ministry of Health and the Danish Refugee Council and were aimed at promoting the sustainability of the humanitarian response.

CHALLENGES AND ACTIVITIES

Responders had little capacity to address sexual and reproductive health rights. UNFPA in Serbia was tasked with building the capacity of responders in this regard to ensure a robust response.

UNFPA's Serbia country office is very small, having only four staff members at the time, and the office's usual work includes policy development, capacity-building and advocacy. The office faced the challenge of quickly shifting its work and developing its own skills and knowledge of Serbian law and UNFPA procedures with regard to procurement; importing, warehousing and distributing supplies; donations and taxes.

Many migrants and refugees who entered the country did not intend to stay; they planned to enter and leave very quickly. It was challenging for UNFPA to gain their trust in order to assure them that they could seek the health services they needed with no repercussions.

LESSONS LEARNED AND RECOMMENDATIONS

- **Be aware of the law and procedures.** Dealing with the legal requirements for procuring and importing supplies was difficult and time-consuming, and strict UNFPA procedures were often in conflict with the country's legal requirements. Those intending to engage in this type of activity should conduct research to get a good idea of every step of the process. If the office is small, ask for help.
- **Always have the possibility of a crisis in mind and have a plan.** When a crisis occurs, there is no time to establish new relations and new coordination systems. Rely on what exists in the moment of need. It is vital to have a good plan in place before a crisis occurs.
- **Have a plan in place for transferring ownership of a resource.** UNFPA donated the mobile clinics it procured to the Ministry of Health. When the clinics were handed over to the government, UNFPA was no longer able to access information from the clinic or to make sure certain services were being delivered. A clear plan laying out the roles and expectations of all parties involved would have eliminated this problem.
- **Ensure that information is accessible.** UNFPA engaged domestic experts to develop educational materials for migrants and refugees, but it was too technical and likely off-putting. In times of crisis, when things move very fast, evidence-based material should be accessible and understandable to non-experts.
- **Coordinate from the first indication of a crisis.** Daily communication with the Ministry of Health, which coordinated part of the response with all actors, was crucial in this regard. Early communication and coordination enabled those responding to identify needs and gaps and to plan activities accordingly.
- **Build infrastructure for future crises.** UNFPA conducted training for many involved in the response. Institutions now have a professional network as a resource that can be further developed and relied upon in future crises.
- **Ensure that sexual and reproductive health and rights are recognized and included as part of the emergency response plan.** Advocating for sexual and reproductive health and rights as part of the national emergency response plan will lay the groundwork for the necessary services to be included from the beginning of response efforts.
- **Engage women and young girls, as well as male family members, in advocacy and awareness-raising in regard to sexual and reproductive health and rights.** Awareness-raising activities should continue beyond a crisis. Engaging everyone around the issue works to ensure sexual and reproductive health and rights for all in the long term.



Action 11

Strengthen the capacity of service providers through rights- and skills-based family planning training

Many people rely on and trust health providers to have accurate and current information on family planning. As such, providers can be an important link between clients and their ability to act upon their right to choose the best contraceptive method for their situation. In order to act as this link, providers must have the capacity to provide good-quality, human rights-based family planning services. They must be well informed, and training must build not only their clinical skills but also their knowledge and ability to promote clients' rights.

Action 11: *Undertake rights- and skills-based family planning training to strengthen service provider capacity for counselling, client-provider exchange and service delivery both in clinical and community settings to increase rights literacy, and strengthen knowledge and skills to promote clients' autonomy to choose the most suitable contraceptive methods for themselves, including method switching.*

11.1. Provision of continuing education for providers

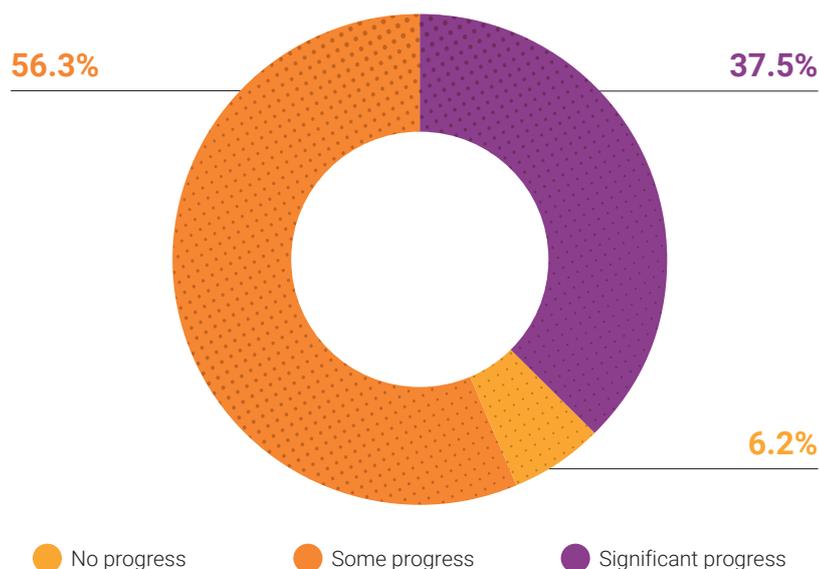
Focus area 4 of the Eastern Europe and Central Asia Regional Contraceptive Security Strategic Framework centres on capacities at the national level for developing and delivering a sustainable contraceptive security programme. This focus area is divided into two focus sub-areas, of which focus sub-area 4.2, service delivery capacity, is most relevant to this action. In order to show progress in this area, a key output (output 4.2) is capacity developed for providing contraceptives to all in need, including equity in and access to service delivery to ensure that clients, including underserved populations, are covered. To demonstrate progress on this output, countries reported on whether there had been progress in developing and implementing continuing education arrangements for training on evidence-based contraceptive counselling for health personnel.

KEY OUTPUT INDICATOR 4.2.1

of the UNFPA's Regional Contraceptive Security Strategic Framework



Since 2016, has there been progress in developing and implementing continuing education arrangements for training in evidence-based contraceptive counselling for health personnel?



All but one of 16 countries and territories responding indicated progress in this area, showing a great achievement in the region in terms of ensuring that providers have capacity to provide good-quality, rights-based family planning services.

UNFPA has successfully supported the research, development and updating of training on family planning for specialty and primary care providers, including training based on WHO's cornerstone manuals. Trainings have consisted of ad hoc activities on family planning for providers to regular in-service trainings and full courses on family planning integrated into official continuing education programming. In many cases, UNFPA in the region works with medical schools to develop curricula for continuing education programmes for which providers can earn credit. These family planning training courses have also included material specific to certain groups and skills, such as on the family planning needs of people with disabilities, IUD insertion and removal in the postpartum period, management of cases of gender-based violence, and midwifery.

Countries and territories also indicated that they had had success in using innovative online solutions for continuing education. UNFPA has supported the development of mobile apps and web-based platforms for continuing education, and countries overwhelmingly rely on the ViC platform—a regional platform in Eastern Europe and Central Asia for provider training on family planning—to provide skills- and rights-based family planning counselling. Countries have undertaken incredible efforts for the ViC platform to become part of a formal continuing education arrangement available to

providers, residents and medical students. UNFPA has partnered with medical schools and nursing schools and has provided support in developing strategies for integration of the ViC platform and family planning curricula for providers. ViC is available in English and Russian, and it has also been translated into 11 other languages spoken in the region. In many cases, with UNFPA support and guidance, ViC has reached providers in rural and hard-to-reach areas.

11.2. Content of rights- and skills-based family planning training

In order for providers to deliver good-quality, rights-based family planning services, their training must prepare them to do so. To that end, training should include building capacity to diagnose and treat clients, but also to support them in their decisions regarding family planning in both clinical and non-clinical settings. To understand the breadth of training offered, countries indicated whether providers had been trained to undertake rights- and skills-based family training to strengthen service provider capacity in the following areas:

- counselling
- client–provider exchange and service delivery in **clinical settings** to increase rights literacy
- client–provider exchange and service delivery in **community settings** to increase rights literacy
- strengthening knowledge and skills to **promote clients’ autonomy** to choose the most suitable contraceptive methods for themselves, including method switching

Since 2016, have providers been trained to undertake rights- and skills-based family planning in the following areas?

	Counselling	Client–provider exchange and service delivery in clinical settings	Client–provider exchange and service delivery in community settings	Promoting clients’ autonomy to choose contraceptive method	Other
Albania	✓	✓	✓	✓	
Armenia	✓		✓	✓	✓
Bosnia and Herzegovina		✓	✓	✓	
Georgia	✓	✓			

Since 2016, have providers been trained to undertake rights- and skills-based family planning in the following areas?

	Counselling	Client–provider exchange and service delivery in clinical settings	Client–provider exchange and service delivery in community settings	Promoting clients' autonomy to choose contraceptive method	Other
Kazakhstan	✓			✓	
Kosovo	✓			✓	
Kyrgyzstan	✓	✓		✓	✓
North Macedonia	✓		✓	✓	
Republic of Moldova	✓			✓	
Serbia	✓	✓			✓
Tajikistan	✓	✓	✓	✓	✓
Türkiye	✓				
Turkmenistan	✓	✓	✓		
Ukraine	✓				✓
Uzbekistan	✓	✓	✓	✓	

Nearly all of the 15 responding countries and territories provide training to strengthen service provider capacity for counselling. Ten countries and territories provide training to strengthen knowledge and skills to promote clients' autonomy to choose the most suitable contraceptive methods for themselves, including method switching. About half of the countries and territories responding deliver training to strengthen service provider capacity for client–provider exchange and service delivery in both clinical and community settings to increase rights literacy. Together, the availability of this training demonstrates that providers in most countries and territories in the region have access to and/or are exposed to some form of family planning incorporating rights.

In developing training, countries have intentionally and explicitly included rights issues such as tolerant, non-judgmental and inclusive provision of services to ensure that providers can create an environment in which clients feel comfortable exercising their rights and autonomy. UNFPA works with and closely supports health ministries in developing and updating training, putting UNFPA offices in Eastern Europe and Central

Asia in a position to advocate for this training to include principles of gender equity and human rights.

UNFPA has also worked to support the production of skills-based training that aligns with rights. This includes training on different forms of modern contraception, IUD insertion and removal, voluntary sterilization, implants and their related clinical protocols. In addition, UNFPA has supported the development of specific training related to the needs of people with disabilities and women among vulnerable populations.

As previously described, these trainings are available through medical schools, continuing education arrangements and online platforms such as ViC. Thus, UNFPA has secured, through support and advocacy, wide availability in the region of skills- and rights-based family planning training so that providers have the capacity to deliver services in a way that fulfils the rights of couples and individuals.



CASE STUDY

STRENGTHENING THE CAPACITY OF SERVICE PROVIDERS FOR HUMAN RIGHTS-BASED FAMILY PLANNING SERVICES THROUGH VIC IN GEORGIA



UNFPA Moldova/Dan Gutu

ViC is an online learning platform for evidence-based family planning in Eastern Europe and Central Asia aimed at strengthening the capacities of service providers. It targets family planning providers at all levels (primary, secondary and tertiary health care), as well as residents and medical students. It offers consistent, high-quality multilingual training in order to minimize misinformation, outdated information and biased personal opinions during family planning consultations. Developed by UNFPA's Eastern Europe and Central Asia Regional Office and the East European Institute for Reproductive Health, ViC is based on the latest international standards and guidelines.

ViC aims to provide technical family planning information and guidance from the World Health Organization and other sources through modern e-learning, which complements traditional face-to-face family planning training courses. ViC is structured into three main sections—Learn, Test and Practice—and offers the flexibility and advantages of an online learning environment; it is easy to use and offers secure access anytime.

Provided free of charge by UNFPA, the platform reaches over 2,100 learners and has issued over 2,600 certificates of completion in the Eastern Europe and Central Asia region. A generic version of the platform is available in English and Russian. Eleven countries and territories in Eastern Europe and Central Asia have customized versions of the learning platform to provide rights- and skills-based family planning training to family planning providers at all levels, residents and medical students.

PROGRESS IN GEORGIA

In Georgia, ViC has had great success in reaching reproductive health specialists, medical residents and family doctors. Since its inception in 2016, over 250 professionals have taken and passed the course, with around 15 percent of all registered sexual and reproductive health professionals in Georgia having completed it. Importantly, this ViC training course was first available online with accreditation from the Professional Development Council of the Ministry of Health and Tbilisi State Medical University (TSMU). It formed an essential part of TSMU's continuous medical education (CME) blended learning strategy.

The use of an online platform for training has been successful and indicates that Georgian physicians are highly interested in acquiring new online learning methodologies and are receptive to adapting new means of continuous medical education. Moreover, implementation of ViC triggered interest in online medical education across the country. In 2018, in response to a request from TSMU, a web-based e-learning platform—through which an entire web-based course could be built—was developed with UNFPA support and installed on a TSMU server. TSMU leadership has taken full ownership of the effort by allocating adequate infrastructure, IT resources, hardware and personnel to ensure its effective functioning.

The availability of the ViC training course makes it unnecessary for the government to send trainers and educators around the country. This has ensured that health professionals, particularly in rural areas that may not otherwise have access, receive sexual and reproductive health training.

BACKGROUND: THE NEED FOR IMPROVED, HUMAN RIGHTS–BASED FAMILY PLANNING SERVICES

In 2018, the modern contraceptive prevalence rate was around 33 percent in Georgia. Awareness among the population of contraception and family planning was low, and evidence shows that, for each contraceptive method, there was a considerable gap between awareness of the method and knowledge of its effectiveness. Perceptions of method reliability are confused and involve serious misunderstandings that tend to increase unplanned pregnancies and abortions. Because family planning is not highly prioritized on the country's political agenda, UNFPA recognized the need for reliable, evidence-based information and seized the opportunity that the ViC regional training tool created.

In 2015, UNFPA mobilized partnerships with the Ministry of Health and TSMU and also involved a regional partner, the East European Institute for Reproductive Health, as well as subject matter experts and professional associations to customize ViC for Georgia as a viable option for medical education. With UNFPA financial and technical support and advocacy, ViC officially launched for reproductive health specialists, residents and family doctors in 2016.

CHALLENGES

ViC has been extremely successful in Georgia as a pioneer of digital technologies in learning, but UNFPA has faced some challenges in increasing its uptake, as continuous medical education is not mandatory in the country. UNFPA has advocated for mandatory continuous education, and the government has promised to find ways to make continuous education mandatory.

The country has also faced the challenge of meeting demand for contraceptives created by providers who have completed the ViC training course. Contraceptives are not free in the country, and providing them is not a major priority of the government. However, UNFPA in Georgia advocates for free contraceptives for youth and marginalized people, which is now part of the country's national maternal and newborn health strategy for 2017–2030.

Given that the e-learning concept was new to the Georgian medical education community, another challenge was the lack of capacity around online education. TSMU's IT team had limited experience in utilizing such learning platforms to deliver and manage continuous medical education. Further, there was a lack of subject matter and design experts with the knowledge and skills to build engaging e-learning experiences, and teachers and learners needed to learn about the platform in order to utilize its full capacity.

Practically, there was also the challenge of making sure health professionals knew the course existed, and awareness-raising campaigns were necessary in this regard. An ongoing challenge is the reality of limited infrastructure for broadband internet access in some remote areas.

LESSONS LEARNED AND RECOMMENDATIONS

- **Online learning can play an integral part in supporting UNFPA's efforts to address sexual and reproductive health needs.** Digital technologies provide unlimited opportunities for the training of sexual and reproductive health service providers. The low cost, high impact, wider audience reach, accessibility, affordability and adaptability to the regional and country contexts and languages are a small sampling of the features ViC has to offer. This growing field can play an integral part in supporting UNFPA's goals when it is integrated into the medical education system. It can be considered a significant strategy in ensuring the delivery of quality health care, especially for those in remote and rural underserved areas.
- **Advocate for institutional acknowledgment of certification.** An official acknowledgement at the national level of the certificate for having completed the ViC training course, such as course accreditation or assigning CME credit points, not only motivates learners to take and successfully complete the course but also increases their employment opportunities.
- **Conduct awareness-raising activities about the learning opportunity.** Additional promotional training sessions may be necessary to raise awareness among

potential learners. This can increase uptake of the course and motivate new and current learners to benefit from the *ad hoc support the platform offers to users and to enrol in future courses*.

- **Engage local champions.** Bringing on local champions, including successful course graduates, to explain the benefits of online learning, and of ViC specifically, can convince sceptics and increase participation. These champions may help demonstrate the specifics of the platform and discuss how it improved their practice.
- **Invest in country-specific material.** Countries that seek to implement ViC should take the time and effort to create cases and questions for the virtual platform based on real-life clinical scenarios and good practices in line with the local context and culture.
- **Local ownership is essential.** The intention to transition to local ownership should be made clear and be a part of the plan from its initiation. In Georgia, this approach was essential in generating eagerness among partners to assume responsibility for the continuation of the project after UNFPA's phase-out.
- **ViC as an opportunity to supplement limited learning opportunities.** Generally, there is a current trend towards decreasing the length of patient visits and an increasingly limited number of providers in some countries. Both of these factors limit available learning opportunities, especially for medical students. Virtual cases and related interactive simulations of real-life clinical scenarios in ViC support the learning process as well as offer advantages to CME programmes such as providing access to relevant resources and fostering learner autonomy.



Action 12

Monitor services to measure adherence to rights principles and improve knowledge of those with unmet need

In order to fulfil the family planning rights of all couples and individuals, it is critical to know whether rights principles are being respected, the underlying causes of non-adherence to rights and the populations that still have unmet need. Such insights require monitoring and the use of data to respond where improvements can be made. Action 12 addresses the need for monitoring services to ensure that rights are respected and to better understand where unmet need lies.

Action 12: *Monitor services using indicators that measure adherence to rights principles and use data to improve knowledge of the profile of those with unmet need so that services can be designed and implemented to better respond to their needs.*

12.1. Implementation of systematic procedures to ensure quality of contraceptive use at all service delivery levels

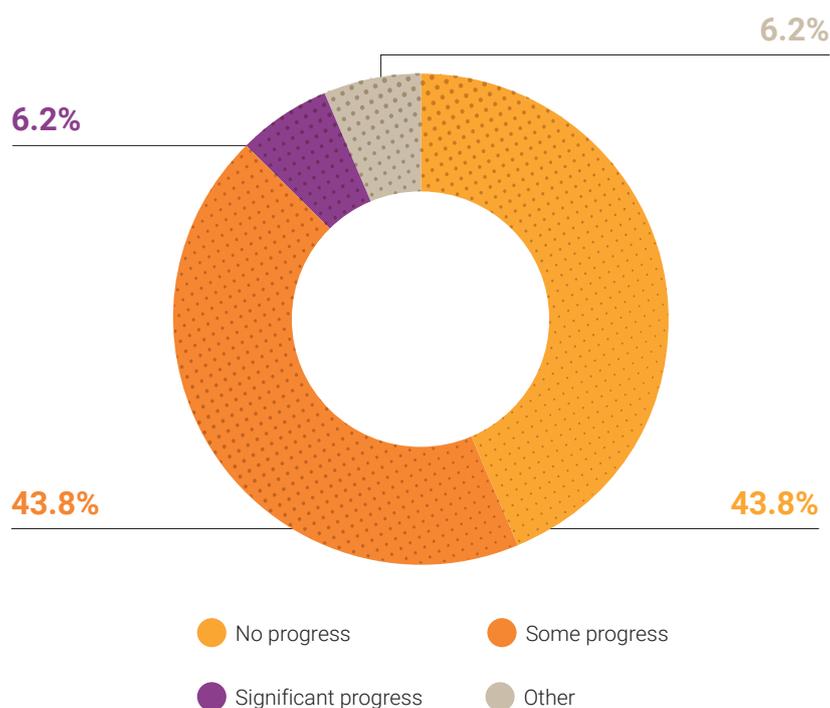
The implementation of systematic procedures to ensure the quality of contraceptive use at every level of service delivery falls under focus area 4 of the Eastern Europe and Central Asia Regional Contraceptive Security Strategic Framework. To demonstrate progress in this area, UNFPA reported whether there had been progress since 2016 in implementing systematic procedures to ensure the quality of contraceptive use at all levels of service delivery.

KEY OUTPUT INDICATOR 4.2.2

of the UNFPA's Regional Contraceptive Security Strategic Framework



Since 2016, has there been progress in implementing systematic procedures to ensure quality of contraceptive use at all levels of service delivery?



Of the 16 countries and territories responding, eight reported progress, one of which reported significant progress. Seven countries and territories reported no progress.

UNFPA has supported practices at the national level that contribute to developing and implementing systematic procedures to ensure the quality of contraceptive use at all levels of service delivery. In Albania, Tajikistan and Uzbekistan, for example, UNFPA has worked to develop and integrate monitoring tools—checklists, templates, indicators and assessment criteria—for national family planning standards and family planning interventions. These tools establish data sources, such as facility records and observations of client–provider interaction, and monitor service provision such as the percentage of service providers rendering a certain percentage of contraceptives at primary health care facilities. They enable the systematic monitoring of the quality of contraceptive use at all levels of service delivery.

Countries and territories also indicated support for family planning tools and training for service providers as a way of ensuring the quality of contraceptive use at all levels of service delivery. UNFPA supported the updating of trainings with evidence-based

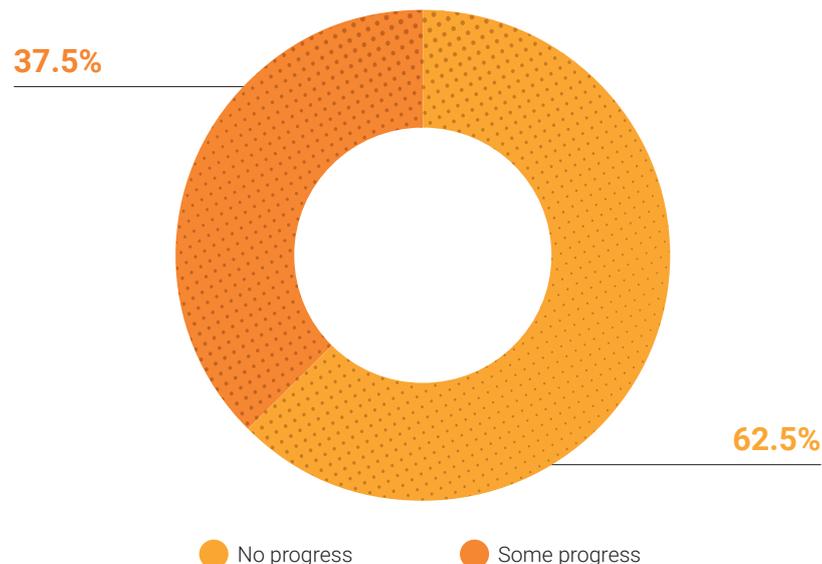
information and practical tools for providers, such as the contraceptive wheel²⁵ and emergency contraception wheel.²⁶ Training accreditation also serves as a way to track whether service providers are delivering quality care related to contraceptives. Systematically monitoring service provider training on contraception is an important source of data concerning where clients are or may not be receiving the highest quality of care with regard to contraceptive use.

12.2. Measuring adherence to rights principles

Monitoring tools may be used, and are necessary, to understand whether service provision respects rights. Countries reported whether there had been progress in ensuring that service monitoring tools included indicators that measure adherence to rights principles.



Since 2016, has there been progress in ensuring that service monitoring tools include indicators that measure adherence to rights principles?



Ten countries and territories indicated that there had been no progress on including indicators that measure adherence to rights principles in service monitoring tools, while 6 of the 16 responding noted some progress.

Countries and territories attributed progress to a range of activities at different levels of engagement. Advocacy and technical assistance at the national level is one way they worked to measure adherence to rights principles in service provision. Country offices

25 World Health Organization, *Medical Eligibility Criteria Wheel for Contraceptive Use* (Geneva, 2015).

26 FP2020, "Counselling Guide: Emergency Contraception Wheel", 4 May 2017.

in Tajikistan and Uzbekistan supported the development of tools to monitor national family planning standards and the specification of indicators that measure sexual and reproductive health and family planning. Supporting partners is another way adherence to rights principles is monitored. In Albania, UNFPA supports NGOs that monitor services using indicators that measure adherence to rights principles. Finally, specific inquiries into adherence to rights principles, the results of which will support country-level monitoring, were made in Bosnia and Herzegovina.

While the majority of countries reported no progress in this area, they noted that UNFPA carries out continuous advocacy with the goal of eventually developing monitoring mechanisms and indicators.

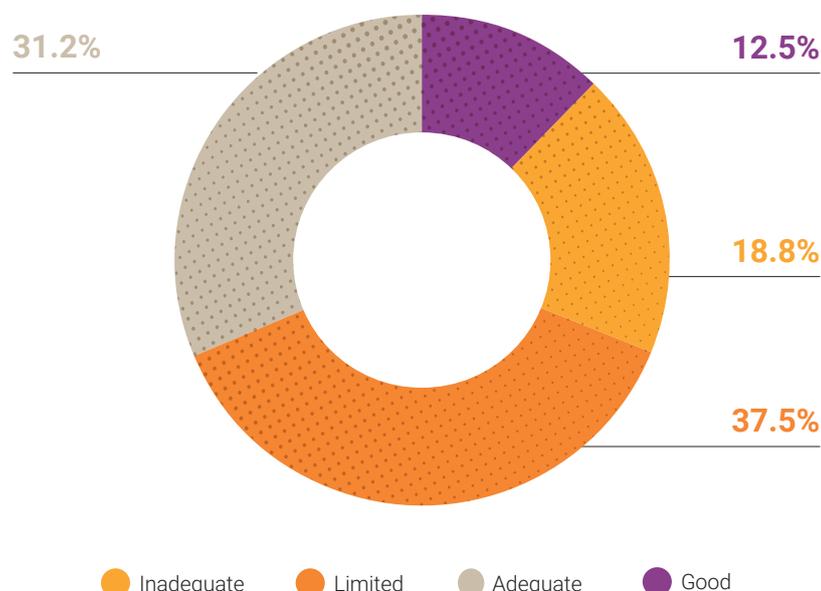
12.3. Adequacy of data and knowledge regarding people with unmet need

To understand gaps in family planning for people with unmet need, data must be collected to improve knowledge of these populations and to improve services and better respond to their needs. UNFPA reported on the adequacy of data and knowledge regarding people with unmet need:

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Since 2016, how adequate has data and knowledge been regarding people with unmet need?



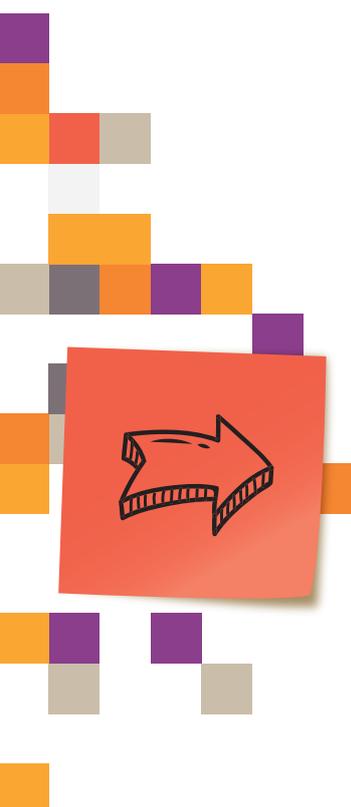
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Seven of 16 countries and territories responding indicated that they had adequate (five countries) or good data (two countries) and knowledge of people with unmet need. Six countries and territories reported having limited data and knowledge, and three

countries reported that they had inadequate data and knowledge regarding people with unmet need.

In countries reporting good and adequate data and knowledge regarding people with unmet need, UNFPA has supported the development and implementation of monitoring tools (such as those mentioned in section 12.2) that are generally focused on family planning and that also make it possible to identify groups with unmet need. Countries reporting limited data and knowledge in this area have policies in the pipeline (e.g. in Uzbekistan, the UNFPA-supported policy had not moved forward at the time of the survey due to the COVID-19 pandemic) that will support the collection of this information. In other countries, such as Türkiye and Turkmenistan, UNFPA supported single or periodic demographic studies and monitoring visits wherein data and knowledge regarding people with unmet need was gathered.

Countries reporting limited or inadequate data rely heavily on data from Multiple Indicator Cluster Surveys, which, depending on the country, have not been updated recently.



Action 13

Ensure that policies and mechanisms are in place to strengthen accountability

Accountability is a core principle of all human rights agreements and human rights-based approaches. Accountability mechanisms provide a forum for people to hold responsible those who have violated their rights, and they enable a path to restitution. Accountability mechanisms are important for upholding the highest standards of human rights as well as improving in areas that are lacking. Adhering to this underlying human rights principle, action 13 seeks to establish accountability mechanisms that contribute to ensuring the availability of good-quality, human rights-based family planning services.

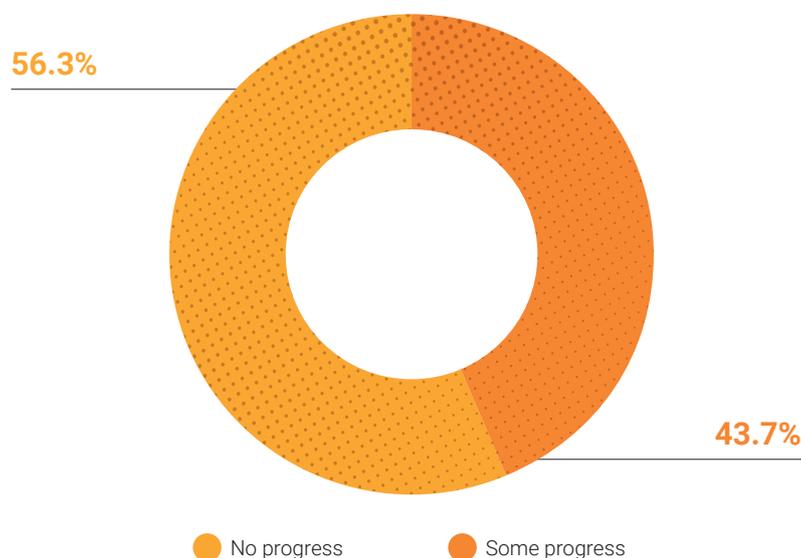
Action 13: *Ensure policies and mechanisms are in place to strengthen accountability through obtaining client feedback and providing redress for issues identified.*

13.1. Policies and mechanisms to strengthen accountability

Accountability is an ongoing process, and policies and mechanisms that work to strengthen accountability must be in place in order to improve family planning services and make sure that services respect the rights of all couples and individuals. Countries and territories in Eastern Europe and Central Asia provided information on whether there had been progress since 2016 on ensuring that policies and mechanisms were in place to strengthen accountability.



Since 2016, has there been any progress in ensuring that policies and mechanisms are in place to strengthen accountability?



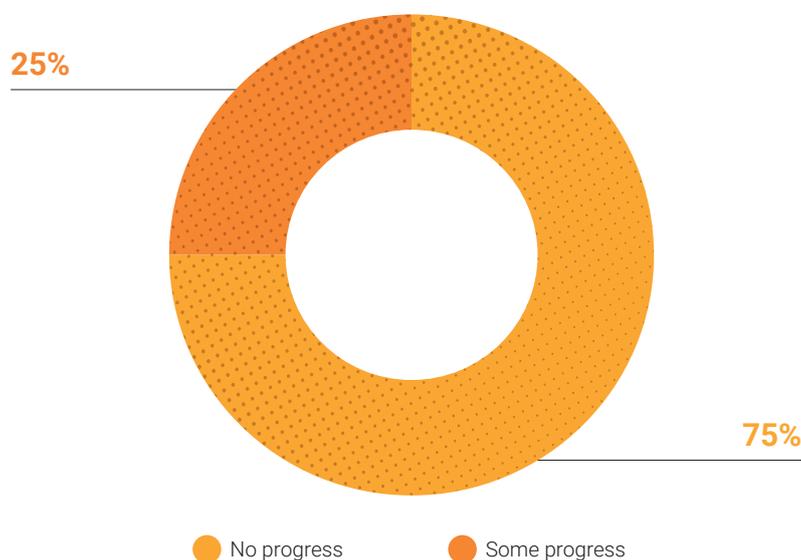
Nine countries and territories indicated no progress in this area, while seven indicated some progress. Among the countries and territories that reported progress, diverse activities were undertaken to strengthen accountability, which UNFPA supported in all forms. In some countries and territories, accountability was strengthened through the participation of stakeholders. In Albania, for example, community representatives participated in annual analyses of the operations of health centres, while in Kosovo UNFPA has supported the Patients' Rights Association, a member of a UNFPA NGO coalition, in engaging with rights monitoring activities. In Bosnia and Herzegovina, a specific inquiry on sexual and reproductive health and gender-based violence included health care users' feedback related to health services. UNFPA has also supported and contributed expertise to the development of national policy and law to strengthen accountability with regard not only to the rights of clients but also to the availability of contraceptives, as in North Macedonia, Tajikistan, Turkmenistan and Uzbekistan.

13.2. Using client feedback to strengthen accountability

Client feedback is an important avenue for strengthening accountability. Client feedback can call attention to rights violations and identify where improvements can be made. Countries reported, specifically, whether mechanisms for client feedback were in place to strengthen accountability.



Since 2016, has there been any improvement in the use of client feedback to strengthen accountability of policies and mechanisms?



Only 4 of the 16 countries and territories responding indicated some progress on obtaining client feedback to strengthen accountability policies and mechanisms.

Several countries and territories reported that client feedback was collected at health centres, but none had operationalized the feedback received to strengthen accountability. As noted in section 13.1 above, however, inputs gathered through stakeholder participation in analysis and monitoring activities provide some client feedback. This valuable feedback was used to strengthen accountability policies and mechanisms.

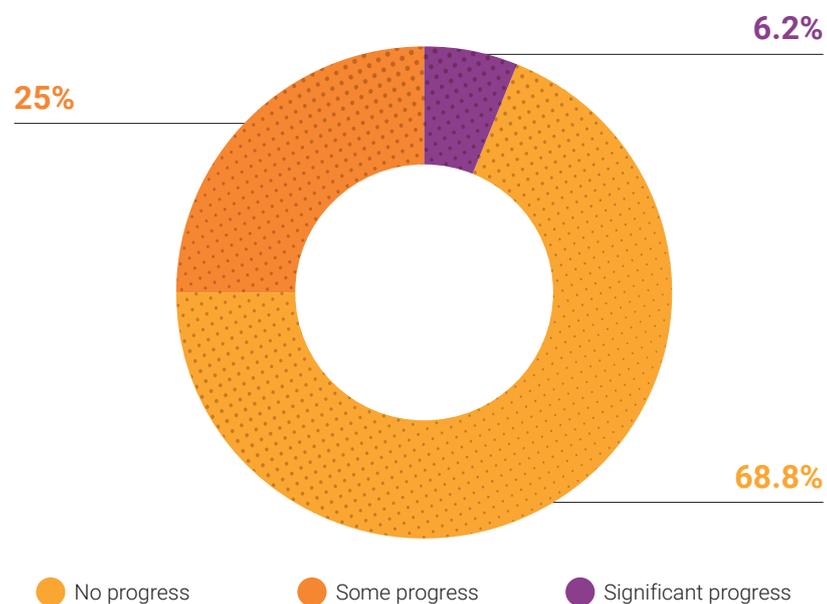
UNFPA supports national and international efforts to obtain client feedback for surveys and reports, and countries note continued advocacy to improve the use of client feedback to strengthen accountability.

13.3. Providing redress for issues identified

Where rights are violated or clients have complaints, processes must be in place to respond to and provide redress for issues identified. UNFPA reported on whether policies and mechanisms were in place to provide redress for issues raised.



Since 2016, has there been any progress in ensuring that policies and mechanisms are in place to provide redress for issues identified?



Eleven of the sixteen countries and territories responding indicated no progress in this area, while five reported progress.

Countries and territories reported broad efforts at the national level to provide redress based on issues identified through client feedback, surveys and analysis. In Tajikistan, for example, a family planning situation analysis, which UNFPA supported, led to a national sexual and reproductive health strategy that played a significant role in redressing issues identified around youth access to family planning education. In Albania, UNFPA initiated and coordinated the drafting of a new law on sexual and reproductive health. A reproductive health steering committee that will serve to redress issues identified is in place in Albania, and UNFPA has a coordinating and advocating role in this body.

Countries and territories did not indicate any specific accountability policies or mechanisms to address issues raised by individual clients, which may reflect that the client feedback described in section 13.2 above is not collected or that countries and territories do not respond to it.

Conclusion

UNFPA in Eastern Europe and Central Asia reported good progress on most of these actions, and UNFPA's advocacy, support and coordination enabled that progress. These efforts improved rights literacy among providers and stakeholders, expanded the availability of family planning services and improved adherence to and accountability for rights principles. UNFPA's work enabled countries and territories to develop and improve their family planning programmes so that they fulfil the rights of couples and individuals to freely and responsibly decide the number, spacing and timing of their children, free of discrimination, coercion and violence.²⁷

UNFPA reported engaging in a variety of efforts to ensure that all stakeholders are aware of rights. These activities further ensure that family planning services are human rights-based so that individuals and couples can fulfil their rights.

UNFPA was more successful at integrating family planning into health services than into non-health services. UNFPA consistently engaged in a wide array of activities that achieved results or laid the groundwork for future progress. The progress made in this area helps expand access to human rights-based family planning services. UNFPA clearly recognizes the importance of integrating family planning into all health services and non-health programmes in the countries of Eastern Europe and Central Asia to ensure that access is expanded.

Countries and territories in the region of Eastern Europe and Central Asia reported a great amount of work and progress to strengthen the capacity of service providers through rights- and skills-based family planning training. This training is available through a variety of live and virtual formats, giving providers many opportunities to build their knowledge and clinical skills to promote clients' rights. While this training is not mandatory in many countries, UNFPA's support and advocacy have raised the profile of the need for capacity-building in family planning so that providers can be a strong link between clients and their ability to act upon their right to choose what is best for their situation.

Overall, UNFPA reported considerable efforts to monitor and better understand where unmet need remains. From advocating for the inclusion of rights principles in indicators to providing technical support and training on the implementation of monitoring tools, UNFPA engaged in many activities that contributed to progress in this area and to ensuring that the rights of all are respected and enjoyed.

Accountability is an important part of ensuring the availability of good-quality, human rights-based family planning services. Where quality or respect for human rights falters, mechanisms should be in place to call attention to issues and to ensure that those with the responsibility and duty to respond do so appropriately. Although gathering client feedback and redressing issues at the individual level remains a struggle, countries and territories have succeeded in engaging in advocacy, support and coordination of efforts to gather and analyse broad feedback from clients and representatives to develop policy responses to identified issues.

²⁷ UNFPA, Programme of Action: *Adopted at the International Conference on Population and Development Programme, Cairo, 5–13 September 1994* (New York, 2004), p. 46, para. 7.3.

Theme 4.

Improve the availability and reliable supply of good-quality contraceptives



Executive Summary

Every woman, adolescent girl and young person should be able to choose from and use a range of quality family planning methods no matter where they live. To improve access to an expanded choice of methods, the number of contraceptive products that meet international quality standards must increase. Improvements from manufacturer to end user include a larger base of suppliers, quality-assured products, regulatory frameworks and robust supply chains that reach the last mile to leave no one behind.

To succeed in achieving universal access to family planning, a system needs an uninterrupted supply of a variety of contraceptives so that clients can choose and use their preferred method without interruption. Successful systems provide contraceptive security—that is, they ensure that people are able to choose, obtain and use high-quality modern contraceptives whenever they want them. Offering a full range of contraceptive options is also important. Contraceptive security requires planning and commitment on several levels to ensure that the necessary contraceptives, equipment and other supplies are always available. These are crucial components and are necessary for a successful family planning programme.

This thematic brief focuses on improving the availability and reliable supply of good-quality contraceptives, one of six major themes with 25 associated recommended actions. This overarching theme includes five recommended actions, numbered 14–18:

Action 14

Explore options to add to the contraceptive basket to allow more choices for women. Add new types of contraceptives and new technologies to the method choice and advocate for their introduction and inclusion in the method mix of countries.

A majority (64.7 percent) of UNFPA countries and territories in Eastern Europe and Central Asia are able to report some or significant progress in costing and carrying out contraceptive need forecasting, which is an important component of ensuring the full contraceptive method mix required to respond to family planning needs.

Action 15

To increase options for procurement, expand the number of suppliers for each method of contraception, and negotiate with all suppliers for increased volumes and production capacities.

When asked to explain any change in the number of contraceptive suppliers—such as manufacturers, importers and wholesalers or other distributors—registered in-country since 2016, UNFPA offices in the region of Eastern Europe and Central

Asia reported a range of experiences, reflecting the role of the public and private sectors in their respective countries and territories.

Action
16

Overcome bottlenecks in registration to increase procurement options for countries of both innovator and generic products. Identify accelerators for in-country product registration.

Many systems struggle to function smoothly. UNFPA in the region of Eastern Europe and Central Asia is working to identify and resolve bottlenecks that obstruct the reliable supply of good-quality contraceptives. Many report some successes in this ongoing struggle.

Action
17

For more effective and efficient supply chains, identify key areas where UNFPA has scope to support. Conduct supply chain maturity assessments, and prioritize actions on two to three bottlenecks.

Very few UNFPA countries and territories in Eastern Europe and Central Asia were able to conduct a supply chain maturity assessment.

Action
18

Ensure reliable access to contraceptives and lifesaving maternal health medicines to the last mile. Address distribution and other challenges in reaching hard-to-reach populations, including in humanitarian settings.

When asked if there had been an improvement in how the logistics management information system functioned and was used to run a sustainable contraceptive supply chain since 2016, a majority of countries and territories in the region indicated that there had been some (50 percent) or significant (12.5 percent) progress.

This thematic brief provides quantitative and qualitative evidence of progress on each of these actions and insight into activities in which UNFPA has engaged to achieve that progress in Eastern Europe and Central Asia.

Action 14

Increasing the contraceptive method mix



All individuals have the right to health. This includes the right to choose from a broad mix of modern contraceptive methods. One of five focus areas in the UNFPA Eastern Europe and Central Asia Regional Contraceptive Security Strategic Framework focuses on national capacities for running a sustainable contraceptive security programme, including the ability to carry out key functions necessary for family planning programmes to operate effectively, efficiently and transparently. For service providers, capacity includes training in both clinical skills and counselling. For programme managers, it includes being able to forecast contraceptive needs, procure the necessary supplies and distribute them where they are needed. Achieving contraceptive security also requires the capacity to monitor and evaluate programmes and to advocate effectively for policy and programme changes.

Activities identified by countries as key interventions under the Eastern Europe and Central Asia Regional Contraceptive Security Strategic Framework include the following:

- Develop a contraceptive security action plan that includes feasible, realistic solutions and estimates the cost of implementing the action plan.
- Review existing arrangements for forecasting, procuring, distributing and monitoring modern contraceptive use, and make recommendations for improvements and a sustainable system that accurately reflects the current situation.
- Conduct an assessment of the contraceptive logistics management information system (LMIS) / channel and make recommendations for improvements and integration into national medicines monitoring systems.

Action 14: *Explore options to add to the contraceptive basket to allow more choices for women. Add new types of contraceptives and new technologies to the method choice and advocate for their introduction and inclusion in the method mix of countries.*

14.1. Contraceptive costing and forecasting

UNFPA is committed to supporting the establishment of a robust contraceptive logistics management information system at all levels, including forecasting systems for contraceptive needs based on accurate consumption.

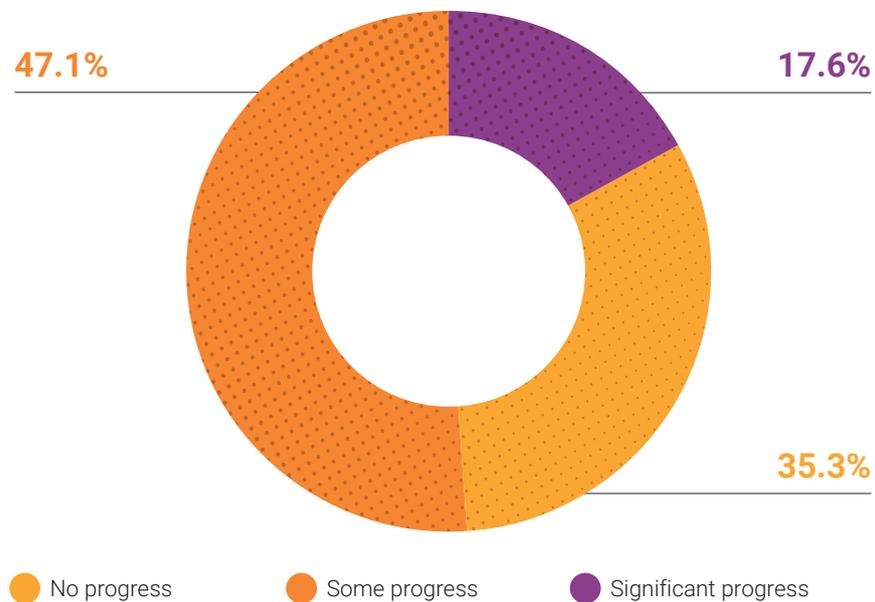
As shown in the chart below, a majority (64.7 percent) of UNFPA offices in Eastern Europe and Central Asia are able to report some or significant progress in costing and carrying out contraceptive need forecasting, which is an important component of ensuring the full contraceptive method mix required to respond to family planning needs.

.....

KEY OUTPUT INDICATOR 4.1.1
of the UNFPA's Regional Contraceptive Security Strategic Framework:



Since 2016, has there been progress in costing and carrying out contraceptive need forecasting?



.....

To advance this output, UNFPA in the region reports undertaking three main types of activities.

Supporting and preparing analyses to inform decision makers. UNFPA has developed policy briefs forecasting the cost of providing selected free or subsidized contraceptives for women in vulnerable groups. They have provided serious evidence of the health and economic benefits of alternative policy scenarios and supported well-informed decisions by governments about the best use of public resources for sexual and reproductive health. Countries and territories in the region have planned annual forecasting exercises for commodity requirements, including budgeting, procurement, customs, transport, storage and family planning consultation. They have generated data for evidence-based family planning advocacy and strategic planning by examining the relationship between different types of forecasting data on hand and the population

to estimate the resources required to achieve a future goal and the potential impact of achieving that goal.

Using technology to advance contraceptive supply management. Tracking the performance of logistics management information systems at different levels improved data visibility, enabling countries to understand product flow through the supply chain and stock levels, and to improve storage, inventory control and distribution practices. LMIS data have been used for designing and implementing processes to better respond to the needs of those with unmet needs. UNFPA Country Commodity Manager, CHANNEL and other software programs and online systems for management and visibility of reproductive health commodities were used to enable access to real-time or near-real-time data, including for better forecasting purposes.

Training. UNFPA has conducted training workshops and seminars related to procurement and logistics management. This includes providing international assistance to local experts to help them estimate the investment costs and economic results of providing, through the public health system, modern contraceptive methods free of charge to all women in vulnerable groups.

Among the reasons that some countries and territories did not conduct contraceptive needs forecasting or quantification was that contraceptives were not included on the list of essential medicines covered for procurement by the national authorities, such as health insurance funds. In such cases, the above-mentioned investment cases—economic analyses in support of policy decisions for the provision of contraceptives for those most in need—were key sources for evidence-based advocacy. The COVID-19 pandemic has also caused delays and the cancellation of planned activities.

Here are some examples of the UNFPA's work in the region:

- In Armenia, data from the Armenian logistics management information system are used to design and implement services to better respond to unmet needs.
- In Azerbaijan, UNFPA brought in international experts to help national experts estimate the investment costs and economic results of providing, through the public health system, three modern contraceptive methods, free of charge, to all women in vulnerable groups in Azerbaijan for a five-year period.
- In Georgia, UNFPA supported the production of the policy brief “The Cost of Free Contraceptives in Georgia”, which forecasts the cost of providing selected free contraceptives to women in vulnerable groups (including those commodities for which procurement through UNFPA Procurement Services is envisaged). This brief, submitted to parliament, provides serious economic evidence of the benefits of alternative policy scenarios and supports well-informed decisions about the best use of public resources for sexual and reproductive health.
- In North Macedonia, UNFPA supported a cost–benefit analysis for the provision of modern contraceptives, in partnership with the national family planning association, HERA. The analysis was used to generate economic evidence

for new family planning interventions and the provision of free-of-charge or subsidized modern contraceptives to those most in need.

- UNFPA supported a market segmentation analysis for modern contraceptives in the Republic of Moldova that provides evidence of the estimated needs of the most vulnerable groups and interventions to meet those needs. Use of the analysis report for advocacy helped ensure that a separate budget line was included in the costed action plan for purchasing contraceptives for targeted vulnerable groups, including young people, people with low income, HIV-positive people, survivors of sexual abuse, women who had an abortion in the previous year, people with mental health problems and people who use drugs or abuse alcohol.
- In Tajikistan, a joint project on family planning for 2017–2020 required comprehensive costing and forecasting of contraceptive needs for the project period. Reality Check (a planning and advocacy tool for strengthening family planning programmes) was used for forecasting multi-year contraceptive requirements. This was instrumental in generating data for evidence-based family planning advocacy and strategic planning by examining the relationship between the contraceptive prevalence rate (CPR) and the population to estimate the resources required to achieve a future goal and the potential impact of achieving that goal.
- In Kyrgyzstan, the national logistics management information system tracks supplies and stocks at the level of individual health care facilities with the UNFPA-developed CHANNEL software. Where there are contraceptives, they are stored correctly, and good storage practices are followed, with clear information on expiry dates; the first-to-expire-first-out guideline is followed. UNFPA supported training workshops related to logistics management.
- In Turkmenistan, the UNFPA-developed Country Commodity Manager virtual platform was used for forecasting, and the national reproductive health centre fully utilizes the CHANNEL software installed at all family planning service delivery points.
- In Uzbekistan, the existing contraceptive logistics management information system, introduced with UNFPA support, enables contraceptive needs forecasting, which currently serves as a basis for producing a contraceptives public procurement plan.

14.2. Modern contraceptives as essential drugs

When asked which modern contraceptives from the WHO Essential Medicines List were on the national essential drugs list in 2016–2019, UNFPA offices in Eastern Europe and Central Asia responded as follows.

Were these key modern contraceptives from the WHO Essential Medicines List on the national essential drugs list in the following years?

	2016	2017	2018	2019
Combined low-dose oral contraceptive, i.e. ethinylestradiol + levonorgestrel (tablet: 30 µg + 150 µg) or ethinylestradiol + norethisterone (tablet: 35 µg + 1 mg)		Albania		
		Bosnia and Herzegovina		
		Kosovo		
		Kyrgyzstan		
		North Macedonia		
		Republic of Moldova		
		Serbia		
		Tajikistan		
		Türkiye		
		Turkmenistan		
		Ukraine		
A progesterone-only oral contraceptive, e.g. levonorgestrel (tablet: 30 µg)		Albania		
		Kyrgyzstan		
		Republic of Moldova		
		Tajikistan		
			Türkiye	
			Turkmenistan	
			Ukraine	
			Uzbekistan	
An emergency contraceptive pill, e.g. levonorgestrel 750 µg (pack of two) or 1.5 mg, ulipristal tablet: 30 mg (as acetate)		Albania		
	Bosnia and Herzegovina			
		Kosovo		
				Kyrgyzstan
		Republic of Moldova		
		Serbia		
		Tajikistan		
		Ukraine		

Were these key modern contraceptives from the WHO Essential Medicines List on the national essential drugs list in the following years?

	2016	2017	2018	2019	
An injectable hormonal contraceptive, e.g. medroxyprogesterone acetate injection (intramuscular): 150 mg/mL in 1 mL vial or Injection (subcutaneous): 104 mg/0.65 mL in pre-filled syringe or single-dose injection delivery system		Albania			
	Kosovo				
		Kyrgyzstan			
		Republic of Moldova			
		Tajikistan			
		Turkmenistan			
		Ukraine			
				Uzbekistan	
	Copper-containing intrauterine device		Kosovo		
			Kyrgyzstan		
		Republic of Moldova			
		Serbia			
		Tajikistan			
		Türkiye			
		Turkmenistan			
		Ukraine			
				Uzbekistan	
Levonorgestrel-releasing intrauterine system, intrauterine system with reservoir containing 52 mg of levonorgestrel			Albania		
		Serbia			
		Tajikistan			
		Turkmenistan			
Male condoms		Albania			
		Kosovo			
	Kyrgyzstan				
		North Macedonia			
		Republic of Moldova			
		Serbia			
		Tajikistan			
		Türkiye			
		Turkmenistan			
	Female condoms		Republic of Moldova		
		Tajikistan			

Were these key modern contraceptives from the WHO Essential Medicines List on the national essential drugs list in the following years?

	2016	2017	2018	2019
Implantable contraceptives: either etonogestrel-releasing implant, single-rod etonogestrel-releasing implant containing 68 mg of etonogestrel or levonorgestrel-releasing implant, two-rod levonorgestrel-releasing implant, each rod containing 75 mg of levonorgestrel (150 mg total)				Kyrgyzstan
		Republic of Moldova		
	Tajikistan			
Progesterone vaginal ring, progesterone-releasing vaginal ring containing 2.074 g of micronized progesterone			Albania	
	Tajikistan			

When asked to explain any change in the availability of modern contraceptive methods since 2016, highlighting specifically the role of UNFPA, the following responses were provided:

- Responding to decreasing amounts and types of contraceptives available every year in the private sector in Albania, UNFPA partnered with the government to make sure that contraceptives are available in the public sector; UNFPA also helped strengthen the country's social marketing programme. The role of UNFPA was crucial in introducing the emergency contraceptive pill in the public sector.
- Thanks to UNFPA advocacy in Armenia, contraceptive pills, intrauterine devices and male condoms are available free of charge for vulnerable groups.
- In Bosnia and Herzegovina, combined low-dose oral contraception has been included on the primary health care positive drugs list to be reimbursed by the Health Insurance Fund in the Republika Srpska since 2016. Efforts are needed to include contraceptives on the positive drugs list in Bosnia and Herzegovina.
- Despite the fact that many modern methods of contraception are part of the essential drugs list, Kosovo's Ministry of Health has no dedicated budget for

procurement. UNFPA intensified advocacy efforts for reproductive health commodity security in Kosovo, which resulted in the procurement of some contraceptives from the governmental budget.

- Thanks to UNFPA advocacy in Tajikistan, the subcutaneous injectable pre-filled method of contraception was registered and added to the essential drugs list in 2019.



Action 15

Increasing supply

Through UNFPA Procurement Services, governments and NGOs can access UNFPA's knowledge and purchasing capacity so that they can make the best use of their own financial resources and donor funds to procure reproductive health supplies.

UNFPA cooperates with governments and NGOs to improve access to quality-assured supplies in a cost-effective and reliable way by offering the knowledge, purchasing capacity and expertise of UNFPA Procurement Services to development partners. UNFPA Procurement Services is built on partnerships and is not for profit.

The significant volume of contraceptives procured annually allows our clients to access favourable international pricing.

As the leading United Nations agency for sexual and reproductive health supplies, UNFPA invites partners in development to benefit from our unique knowledge base and market influence.

Action 15: *To increase options for procurement, expand the number of suppliers for each method of contraception, and negotiate with all suppliers for increased volumes and production capacities.*

15.1. Availability of contraceptive suppliers

All countries and territories in Eastern Europe and Central Asia have legal regulations requiring the registration of an entity as a supplier of medicines. The Republic of Moldova requires that suppliers have a contract with a local economic operator that holds a licence to perform pharmaceutical activity, including customs clearance and to import, stock and distribute medicines. Kazakhstan requires that suppliers register as legal entities that have three things: a licence to carry out pharmaceutical activities, a warehouse for storing medicines and the appropriate personnel. Tajikistan requires that suppliers submit a set of documents to the Procurement Agency, sign an agreement, register in the electronic database as suppliers of goods and participate in a tender process.

When asked to explain any change in the number of contraceptive suppliers—such as manufacturers, importers, wholesalers and other distributors—registered in-country since 2016, UNFPA reported a range of experiences. In some countries, the most modern contraceptives are available on the private sector market, which provides a wide range of methods and brands throughout the country, even in peri-urban and limited rural areas. The private sector is free to dictate both the range of contraceptives that are on the market and their prices. In Albania, where the number of contraceptive suppliers and importers has steadily decreased over the years, UNFPA has increasingly advocated for making contraceptives more readily available in the public sector and also supporting social marketing to supply contraceptives at subsidized prices.

Although UNFPA offices in Eastern Europe and Central Asia do not work directly with manufacturers, importers or distributors, the government in some countries takes responsibility for managing relations with contraceptive suppliers. Two countries reported the registration by the suppliers of lesser-used methods, such as implants in Kyrgyzstan and subcutaneous injectables in Tajikistan. In Ukraine, UNFPA reports that its advocacy towards the private sector resulted in three new manufacturers of hormonal contraception entering the market with low- and mid-priced products.

15.2. Transparent, efficient and timely ordering of affordable, quality contraceptives

One of the ways that UNFPA can help improve the availability and reliable supply of good-quality contraceptives is by supporting procurement capacity to ensure that the best prices and quality contraceptives are obtained through transparent, efficient and timely ordering. Some countries and territories of Eastern Europe and Central Asia have no public procurement of contraceptives. The governments of Albania and Armenia, on the contrary, have procured contraceptives through UNFPA Procurement Services, the world's largest online platform for cost-effective procurement of quality-assured supplies. In other countries, governments or NGOs have experienced legal and policy barriers in case of third-party procurement through UNFPA Procurement Services; these barriers were revealed in the systematic analysis of the public procurement capacities of reproductive health commodities in the Eastern Europe and Central Asia region.²⁸ Six countries have elaborated action plans for public procurement of contraceptives, which include steps to alleviate some of the legal, regulatory and structural barriers to advancing sustainable public procurement of reproductive health and family planning commodities through UNFPA Procurement Services.

Where possible, UNFPA advocacy has strengthened government procurement processes for contraceptives and/or brokered procurement services by UNFPA on behalf of governments and NGOs as third parties. In Kyrgyzstan, for example, UNFPA became the leading agency on maternal and child health within government healthcare

28 The assessment of barriers for third-party procurement from UNFPA was conducted in Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Turkmenistan and Uzbekistan. For more information, please see UNFPA and East European Institute for Reproductive Health, "Laws, regulations, structures and processes for contraceptive procurement in selected EECA countries", 2017.

reform efforts; the Ministry of Health endorsed a UNFPA procurement plan enabling it to procure US\$70,000 in IUDs from UNFPA Procurement Services.

Some governments have faced challenges in sustaining agreed annual allocations for contraceptives over the years. In Uzbekistan, US\$1 million was diverted in 2020 to fight the COVID-19 pandemic—the resulting gap was closed with the support of the UNFPA Supplies programme for the procurement of 280,000 vials of injectable contraceptives, thereby preventing imminent national stock-outs in these life-saving family planning commodities.

In contexts where governments control the entire procurement process from beginning to end, UNFPA's role has been limited to education and evidence-based advocacy to improve procurement capacities for contraceptive supplies. In Tajikistan, a UNFPA contraceptive procurement cost–benefit analysis in 2017 played a significant role in the government's decision to procure contraceptives through UNFPA as the most cost-effective source of quality-assured contraceptive means and to increase funding for contraceptive procurement nearly ninefold since 2016. Albania provides a good practice example of this type of work, as explained below.



CASE STUDY

STRENGTHENING MARKETS AND SECURING SUPPLIES IN ALBANIA

UNFPA Albania/Besfort Kryeziu



Albania has made significant progress on family planning and contraceptive security over the last 15 years. During this period, UNFPA has worked with partners in Albania to improve the enabling environment for contraceptive supplies by means of policy support to ensure the government's commitment and financial resources. As a result, the Ministry of Health and Social Protection has developed and approved dedicated policy documents on reproductive health and contraceptive security, established a logistics management information system in the public health sector for contraceptive security and included family planning as a core component of the basic package of primary health care services.

Since 2010, the government has been self-reliant, independent of donor support, providing 100 percent financial coverage for contraception in the public sector. A 2015 memorandum of understanding (MOU) between UNFPA and the Albanian government has served as the basis for facilitating and accelerating procurement, registration and other procedures for supplies and services related to sexual and reproductive health. UNFPA serves as a third-party procurer, using its global purchasing power to facilitate the procurement of quality-assured contraceptives for the Albanian population on behalf of the government. UNFPA Procurement Services ensures that quality contraceptives are obtained at the best prices and through transparent, efficient and timely ordering. During the COVID-19 pandemic, UNFPA has strengthened Albania's logistics management information system during lockdowns by supporting NGOs working in sexual and reproductive health to ensure that contraceptives are distributed to the population.

BACKGROUND

Since 1989, UNFPA has helped Albania to improve reproductive and sexual health as a constituent part of the country's population and development strategies and

policies. In addition to helping with the public sector reform required for accession to the European Union (EU), UNFPA helps its government counterparts in Albania update policy frameworks, deliver higher-quality services, enhance standardized oversight mechanisms and fostering more effective use of data in planning and policymaking. With nearly half the country's population under the age of 32, initiatives targeting young people are a key priority, as is the active promotion of gender equality, in line with the EU's founding values.

The first national contraceptive security strategy was adopted in 2003; it was renewed for 2012–2016 and again for 2017–2021, in alignment with the national strategy and action plan for sexual and reproductive health, including family planning. Still in 2017–2018, Albania's demographic and health survey showed a very low uptake of modern contraceptives (3 percent of all women of reproductive age). So, the strategy aims to increase CPR and address unmet need for modern contraceptive methods. The national contraceptive security strategy aligns with the Regional Contraceptive Security Strategic Framework (2017–2021); it covers coordination, finance, supply chain capacity and estimates of contraceptive consumption and costs for the public sector. It also has a chapter on monitoring and evaluation.

Reporting and forecasting of commodities are a challenge in Albania, as is monitoring of the logistics management information system; consequently, UNFPA has put effort into strengthening the capacity of LMIS staff in the directorates of public health and health centres, where contraceptive consumption is reported. UNFPA surveys LMIS contraceptive security knowledge and awareness throughout the public health system, from family doctors to management. Without sufficient awareness, skills and knowledge regarding how to provide family planning, record visits and report contraceptive consumption, stock-outs result. UNFPA aims to keep stock-out levels at no more than 10 percent for commodities in general.

CHALLENGES AND ACTIONS

Albania's two major earthquakes in 2019—which destroyed health facilities, claimed lives and forced many people to live without shelter, in open spaces and tents—created huge challenges in terms of keeping the reproductive health committee active, ensuring an adequate supply of contraception and improving the CPR.

The Albanian government puts resources into contraceptive procurement, but these resources are insufficient for training providers, who have an important say on the uptake of services and commodities. Even though health care providers have to obtain credits through continuous medical education programmes to keep their licences, the government is nevertheless unable to allocate the required resources needed for training. Providers have insufficient counselling skills and materials to provide clients with the information they need. New providers are often not trained on family planning. The lack of provider training deters clients from seeking family planning services. The LMIS reports show that some providers get a lot of family planning visits, and others get very few.

In Albania, UNFPA is trying to improve the quality of family planning counselling with the roll-out of online training platforms, such as UNFPA's flagship regional ViC

platform for e-learning in Eastern Europe and Central Asia, which has been accredited by the National Centre for Continuous Medical Education and implemented jointly with the Ministry of Health and Social Protection since 2017. As an online platform, ViC is less costly and increases access for family doctors, nurses and obstetricians and gynaecologists all over the country to get the latest information and knowledge on rights-based family planning.

Social marketing no longer receives support from donors or the government. With income generated from the sale of subsidized brands, social marketing organizations, such as the NESMARK Foundation, have organized communications campaigns and training for pharmacists, providers and other stakeholders.

A series of UNFPA advocacy meetings to introduce an emergency contraceptive pill in the public sector resulted in government commitment to provide it free of charge in the public sector. This was one of the objectives set in the national contraceptive security action plan for 2017–2021. UNFPA studies on contraceptive quality and the need for greater investment in family planning were presented at a series of events—such as on World Contraception Day and the Nairobi Summit on the 25th anniversary of the International Conference on Population and Development (ICPD+25)—helped secure support from service providers, NGOs, beneficiaries and government officials. UNFPA also managed to revitalize the national reproductive health committee in 2019, which helps ensure the focus on sexual and reproductive health and rights priorities and engage key stakeholders in the country such as the Ministry of Health and Social Protection, the Institute of Public Health, the Health Insurance Fund, the Health Care Operator, the Faculty of Medicine (part of the University of Medicine in Tirana), UN agencies and others.

LESSONS LEARNED AND RECOMMENDATIONS

- **Collecting data and evidence** makes our work easier. UNFPA in Albania has invested in collecting data, generating evidence and presenting solid evidence to the government. It is hard to engage all stakeholders in round tables on family planning and contraceptive security. Evidence-based advocacy produces the needed results and policy-level support.
- **Prioritizing the issue** is a never-ending challenge, though now we are more focused on improving the quality of services, strengthening training and finding government mechanisms to support behavioural change communication.
- The key to UNFPA's success in Albania has been the **meaningful engagement of stakeholders**, especially government stakeholders, at every step of the process: prioritizing planning, implementation, monitoring and evaluation, generating evidence and focusing attention on family planning and contraceptive security, commitments and transparency.



Action 16

Overcoming bottlenecks

To ensure that UNFPA offices in Eastern Europe and Central Asia help improve the availability and reliable supply of good-quality contraceptives, the regional road map includes action 16, which is focused on overcoming bottlenecks.

Action 16: *Overcome bottlenecks in registration to increase procurement options for countries of both innovator and generic products. Identify accelerators for in-country product registration.*

16.1. Identifying bottlenecks

The systematic analysis of public procurement capacities for reproductive health commodities in Eastern Europe and Central Asia²⁹ revealed three types of bottlenecks that impeded improvements to the availability and reliable procurement of good-quality contraceptives in selected countries in the region.

The first issue identified is that all countries and territories have legal requirements to follow competitive procurement procedures, such as tenders or competitive negotiations. Though such requirements are in line with the WHO operational principles for good pharmaceutical procurement, they do not allow governments to procure through UNFPA Procurement Services.

The second issue relates to the mandatory medicine registration requirements. In all across the region, registration of WHO-prequalified products is mandatory, even if it is sometimes done through a simplified or accelerated process. In case a particular contraceptive from the UNFPA Procurement Catalogue is not registered in a country, it is unclear which national or international institution would have the legal right to apply for registration and would be interested in applying (including funding the process) and receiving market authorizations in the country.

The third issue relates to payment terms. Consistent with the principle contained in UNFPA's Financial Regulations, UNFPA's procurement services are provided "on the basis of full payment in advance of the procurement activities, to cover all costs", while the legal terms and procedures for payment in case of the public procurement of medicines permit full payment in advance only in a handful of countries of Eastern Europe and Central Asia (such as Georgia).

²⁹ UNFPA and East European Institute for Reproductive Health, "Laws, regulations, structures and processes for contraceptive procurement in selected EECA countries", 2017.

16.2. Product procurement accelerators

Countries reported a range of experiences in overcoming the barriers identified in the Eastern Europe and Central Asia procurement capacity assessment in an effort to accelerate the procurement of quality-assured contraceptive commodities.

All participating countries agreed that the identified bottlenecks could be solved if government institutions were supported with out-of-the-box thinking, bold decisions and the assumption of responsibility. Kyrgyzstan amended its public procurement law as of January 2021 to allow procurement of medical products through UN agencies registered in the country. In other countries and territories where amendments to procurement legislation were not possible or were at different stages of implementation, agreeing to full advance payment was still possible; however, making payment in full required the prior approval of the government at a high level through, for example, the signing of an MOU by the relevant central finance and procurement institutions. Albania and Turkmenistan reported that MOUs between UNFPA and their respective governments facilitated and accelerated the procurement, registration and other procedures for reproductive health-related supplies and services.

In some countries, such as Georgia and Ukraine, laws allow for the simplified registration of products that have already received approval from global stringent regulatory authorities. Other countries, such as Moldova, are considering becoming party to a WHO collaborative procedure for accelerated registration of prequalified products. The State Control Agency of Tajikistan has been issuing an annual waiver for WHO-prequalified commodities imported by UNFPA.



Action 17

Supply chain assessments

Getting contraceptives into the hands of clients may appear to be a routine task, but the process requires a well-functioning supply chain, which includes the support and commitment of policymakers and the active involvement of many organizations and people. To help ensure that women and couples are able to choose, obtain and use the contraceptive method that they want—choice is the goal of contraceptive security efforts—policymakers and programme managers have to focus on having a well-functioning contraceptive logistics cycle. Effective and efficient contraceptive logistics are essential for assuring the continuous availability of a range of quality contraceptive methods so that choice and contraceptive security can be achieved.

Action 17: *For more effective and efficient supply chains, identify key areas where UNFPA has scope to support. Conduct supply chain maturity assessments and prioritize actions on two to three bottlenecks.*

Although very few UNFPA countries in Eastern Europe and Central Asia were able to conduct a supply chain maturity assessment from 2016 to 2019,³⁰ several of them worked hard to improve supply chain management capacity informed by the results of previous LMIS assessment studies and resulting road maps and actions plans.

The 2017–2018 LMIS assessment in Kyrgyzstan improved coordination between different oblasts by identifying service delivery points where there were stock-outs and those where there was an excess supply that could be reallocated to those that had low levels of specific methods. Consequently, there was no need to write off contraceptives due to their expiration or improper storage.

UNFPA supported a situation analysis on reproductive health commodity security in the Republic of Moldova in 2016, with a focus on supply chain management, and developed a road map reflecting short- and medium-term recommendations for addressing existing bottlenecks related to reproductive health commodity security and to strengthening the supply chain management system.

Though UNFPA did not support any dedicated supply chain maturity assessments in Tajikistan in 2016–2019, it did support the revision of the Ministry of Health and Social Protection's 2004 LMIS order, which covered only reproductive health facilities without clear instructions for primary health clinics and hospitals. The 2018 LMIS order now clearly regulates which health care facilities are included in the logistics management information system, the roles of the managers of primary health clinics and hospitals, required capacity-building, reporting requirements such as log books and LMIS forms

30 Kyrgyzstan did so in 2017–2018; Moldova, in 2016; and Turkmenistan, in 2016 and 2019.

and templates for each level of health facilities, and updated warehousing rules. All these provisions have helped expand access to family planning.

In 2018, new modules on contraceptive logistics and rights-based family planning were introduced in the ViC platform to further support the tool's customization and institutionalization in the region. The Republic of Moldova reported further integration of the ViC's generic Contraceptive Supply Chain Management online learning module in English into the ViC-Moldova online training platform in 2019, which since then has been part of the curricula for family doctors and gynaecologists. UNFPA supported capacity-building for 30 professionals from the national health system, including teaching staff from the State University of Medicine and Pharmacy, on the newly developed online Contraceptive Supply Chain Management module, which is now being promoted within the medical community by the State University.

During the 2020 COVID-19 pandemic, UNFPA assumed a greater role, in a variety of locations, in ensuring that those most in need had equitable access to contraceptive commodities. Some countries anticipated delays in customs clearance and inadequate capacities to manage stocks remotely (Albania, Azerbaijan). Lockdowns and the resulting contraceptive stock-outs disrupted local supply chains, resulting in higher prices. The majority of countries and territories with no UNFPA-managed contraceptive procurement programme or without pooled risk arrangements—or with only weak risk arrangements in place—monitored private markets for available supplies and affordable prices (Albania, Armenia, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kosovo, Moldova). In some countries, such as Albania, UNFPA provided direct support to NGOs that distribute contraception in communities in order to underpin national logistics management systems.

In an effort to further contraceptive security and strengthen supply chains, in the autumn of 2020, two countries (Kyrgyzstan and Uzbekistan) completed a high-level consensus-building and assessment exercise to determine their progress towards achieving supply chain integration. They participated in a Supply Chain Compass workshop that was funded by UNFPA and facilitated by John Snow, Inc. (JSI). A Supply Chain Compass³¹ is an online diagnostic and planning tool for strengthening public health supply chains. It provides a quick, high-level diagnosis of how mature a supply chain is across key managerial and functional areas, and generates a dashboard with references to relevant tools and resources based on the results. The findings from the above-mentioned Supply Chain Compass exercise helped programme managers and supply chain leaders identify ways to start building their supply chain management capacity.

31 John Snow, Inc., "Supply Chain Compass: An Online Diagnostic and Planning Tool for Strengthening Public Health Supply Chains". Available at <https://scc.jsi.com/>. Accessed 8 January 2022.



CASE STUDY

UNDERSTANDING SUPPLY CHAIN RESILIENCE AT THE TIME OF COVID IN KYRGYZSTAN



BACKGROUND

In Kyrgyzstan, UNFPA in partnership with JSI supported a Supply Chain Compass (SCC) exercise in 2020 that brought together more than 40 participants, including representatives of 11 departments of the Ministry of Health, some of them regional units; staff from the government's Mandatory Health Insurance Fund; people from the civil sector; independent experts; and representatives of seven international organizations. A similar assessment was conducted in Uzbekistan. Because of the COVID-19 pandemic, the exercise in Kyrgyzstan was conducted as a series of virtual workshops.

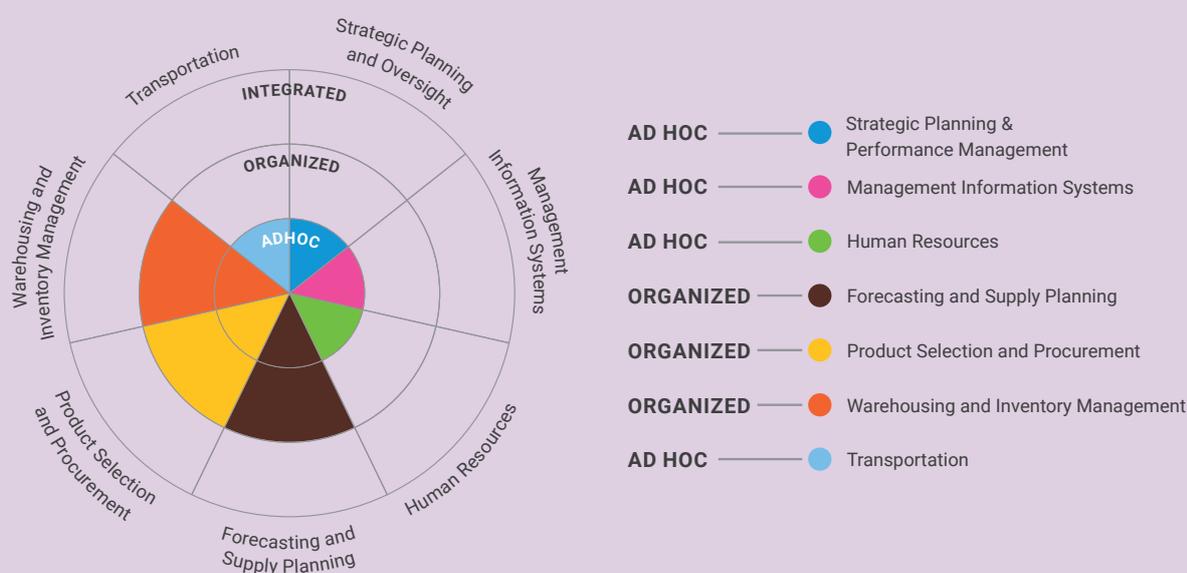
The SCC exercise rates 30 statements across seven key supply chain areas in terms of their maturity. The seven areas span strategic planning and performance management, management information systems, human resources, forecasting and supply planning, product selection and procurement, warehousing and inventory management, and transportation.

RESULTS

The results of the exercise show that four areas of the supply chain—strategic planning and performance management, logistics management information systems, human resources, and transportation—are in the *ad hoc* phase. Three areas—forecasting and supply planning, product selection and procurement, and

warehousing and inventory management—are in the organized phase. For areas in the *ad hoc* phase, formal logistics roles and processes are beginning to form, and procedures to collect basic logistics data are being established. Overall supply chain strategy efforts have not yet begun. For areas in the organized phase, procedures have been established, and resources exist to support these functions. For all areas, opportunities exist for improving and strengthening each function.

Kyrgyzstan's supply chain overall is moving from the *ad hoc* to the organized phase.



It is recommended that Kyrgyzstan further analyse each supply chain area and develop an action plan for the next two to three years, with the participation of all partners in the country. To accomplish these goals, a series of meetings should be convened with all key stakeholders (donors, technical assistance providers, partners) to identify and prioritize key supply chain challenges and to develop a road map and timeline to start resolving them.

The following actions are suggested for the near to medium term:

- Create a commodity security coordinating body to harmonize efforts and identify mechanisms to strengthen the supply chain for reproductive health commodities.
- Improve the LMIS by strengthening data collection, sharing and visibility to improve the decision-making process.
- Revise and improve the current forecasting methodology by strengthening the accuracy, timeliness, completeness and visibility of data for forecasting, and engage key partners throughout the whole process.
- Develop and implement an overall (funded) transportation strategy for different levels: from suppliers to the central warehouse, regions, districts and clinics.

- Identify gaps in capacity-building needs for key supply chain staff and establish a gradual training programme.

LESSONS LEARNED AND RECOMMENDATIONS

For these actions to take place, **it is imperative that countries establish a coordinating body**, such as a contraceptive security committee, that can lead the process and oversee the development of a supply chain master plan. Other key operational leadership roles may be established through a logistics management unit and key logistics positions throughout the supply chain. Countries that have built effective supply chains also have dedicated, professional supply chain staff that take care of highly specialized tasks, such as quantification and procurement of health commodities.

As countries in Eastern Europe and Central Asia consider the next steps for securing their health supply chains, **leadership and collaboration are key elements in successfully transforming the delivery of health supplies**. Countries are encouraged to contact UNFPA partners to discuss the feasibility of collaboration to support the development of a supply chain strategy.

To begin the process of coordination and planning, **countries can benefit from conducting an SCC assessment or similar exercise**, which brings together a variety of supply chain actors, creates a common understanding of supply chain terminology and maps the maturity of each component in the supply chain. The following actions are recommended as steps towards an integrated supply chain:

- Coordinate across all supply chain partners and enable the health ministry to take ownership of the process with the goal of having oversight of all commodities.
- Plan to strengthen and integrate the supply chain with disaster preparedness in mind, building a resilient supply chain that can withstand shocks and making sure that family planning funding does not get reallocated.
- Establish a costed supply chain strategy or master plan.
- Mobilize funding to implement the strategy or master plan.
- Develop and implement a logistics management information system to improve data collection and data visibility for decision-making.
- Build capacity in supply chain management and a professionalized cadre that can perform key supply chain tasks.
- Prioritize reproductive health and family planning services and supplies, especially in times of crisis, to protect women's lives and their right to access modern contraceptive methods, which also helps reduce the number of abortions.



CASE STUDY

STRENGTHENING MARKETS AND SECURING SUPPLIES IN TURKMENISTAN

UNFPA/Jens-Hagen Eschenbacher



In Turkmenistan, UNFPA has worked to help the government prioritize family planning in national policies and programmes. UNFPA action led the government to approve policies for the free distribution of the most needed contraceptive supplies to the most vulnerable women with disabilities, women with chronic diseases and, most recently, to all adolescents; and to integrate family planning services into primary health care to be delivered at remote service delivery points to make voluntary family planning easier for women to access. In 2017, UNFPA successfully advocated for the establishment of a national total market approach (TMA) coordination committee that, since then, has overseen the amount of quality-assured contraceptives to be procured over a specified period of time and has regulated the distribution of contraceptives to and from family planning service delivery points and pharmacies across the country. This not only helped to meet the family planning needs of an increased number of women but also resulted in a significant drop in maternal mortality from 18 per 100,000 in 2005 to 7 per 100,000 in 2017 (according to the UN's most recent global estimates of maternal mortality rates),³² which marks Turkmenistan as having the second-lowest maternal mortality rate in all of Eastern Europe and Central Asia. Government stakeholders are very satisfied with this achievement and appreciative of the UNFPA's overall stewardship and guiding role throughout the entire process, and primary care doctors report seeing

32 UNFPA, WHO, UNICEF, World Bank Group and the United Nations Population Division, *Trends in Maternal Mortality: 2000 to 2017* (Geneva, 2019).

fewer haemorrhages and eclampsia cases, primarily due to UNFPA's complementary support for standardized care during deliveries. Unmet need for family planning has fallen from 16 percent in 2007 to an estimated 9.7 percent of all married or in-union women aged 15–49 in 2019.³³ By 2030, the unmet need for family planning is projected to be around 3.6–4 percent in Turkmenistan.

BACKGROUND

Turkmenistan is an upper-middle-income country that has experienced steady economic growth. UNFPA assistance began in 1992 with the supply of reproductive health commodities and training. Programmes today continue to strengthen reproductive health care and promote outreach to young people. UNFPA also helps to integrate reproductive health into national emergency preparedness and population issues into development planning. Legal reviews and strengthened human rights protections, among other measures, aim to advance gender equality.

For more than two decades, UNFPA provided free contraceptives through a network of 95 reproductive health clinics established with UNFPA's support. In 2014, UNFPA signed an agreement with Turkmenistan's Ministry of Health and Medical Industry in which the government agreed to gradually shift from donated commodities to covering all family planning needs of vulnerable women from its own budget starting in 2017. Since then, the allocation from the Ministry of Health and Medical Industry increased from TMT 50,000 (equivalent to US\$18,000) in 2014 (which accounted for 25 percent of needs, with the rest covered by UNFPA) to TMT 100,000 (US\$29,000) in 2017 (covering all the estimated needs of vulnerable women) and almost TMT 200,000 (US\$57,000) in 2020; however, sources of funding still need to be identified, which is carried out at different levels of the system for different types of contraceptives.

UNFPA helped establish a TMA coordination committee in 2017. UNFPA serves as an advisory member of the national committee and supports the Ministry of Health in coordinating with pharmaceutical agencies and private sector distributors in order to ensure the full and timely supply of quality-assured and affordable contraceptives in the public and private markets of Turkmenistan. The government signed a co-financing agreement in 2019–2020 enabling UNFPA to manage contraceptive procurement with funds from the government of Turkmenistan.

33 State Committee of Turkmenistan for Statistics and UNICEF, *Turkmenistan Multiple Indicator Cluster Survey 2019: Survey Findings Report* (Ashgabat, 2020).

CHALLENGES AND ACTIONS

UNFPA's approach has been incremental in Turkmenistan: first conducting evidence-based advocacy with the government and identifying the most vulnerable categories of family planning users, then signing an MOU with the government, then creating the TMA coordination committee to make sure the needs of all people, including the most vulnerable, are accounted for and addressed. Recently, UNFPA began focusing on how to improve the quality of services and their responsiveness to women's needs, which is a factor that can encourage or discourage service use.

Desk research by UNFPA in Turkmenistan suggests that most women with unmet needs in family planning are from low-income families, single mothers or women who cannot afford to pay for their own contraceptives. This is being incorporated into advocacy messages and social marketing, and family planning is also being integrated into post-delivery and post-abortion care.

UNFPA has spent a lot of time assisting the government with funds for procurement, informing the minister of finance and financial specialists in several ministries, giving them advocacy messages and sensitizing them to the importance and value of family planning. Many had never previously heard of it.

Demand generation remains a problem; it is challenging to reach out to women and to tell them that those services exist. UNFPA is working on an effective communication approach in a country with a pronatalist history. Turkmenistan is in a revival epoch of a powerful state that tries to deny that there is poverty, shortages of medicines, etc. TV, radio and mass media are off-limits. UNFPA has developed posters for women at hospitals in rural areas, which works for those who get to health centres. Adolescents do not know that condoms are now free for them. Since 2017, UNFPA has conducted outreach to secondary school teachers through the Ministry of Education. It has incorporated reproductive health topics into a class on basic life skills; so far, funding has limited this class to counties and districts where adolescent fertility is high.

LESSONS LEARNED AND RECOMMENDATIONS

- **Focus action on government priorities.** The success of the UNFPA programme in Turkmenistan was driven by looking at the problem from the viewpoint of the government and trying to find common interests, such as reducing maternal mortality. If you think family planning might be challenging, start working together by focusing on the most common areas of interest, such as family planning as a reproductive right that Turkmenistan has committed to and as a way to reduce maternal mortality. After finding common ground and demonstrating UNFPA's reliability as a partner, there are opportunities to move on to more challenging topics, such as adolescent access to family planning. Using a cost-benefit analysis prepared by UNFPA with the support of international experts helped convince elected officials of the need to distribute contraceptives to adolescents free of charge.

- **Help establish a functional government coordinating mechanism.** Having the TMA coordination committee has been very helpful. It provides an efficient way to ensure that evidence is used for decision-making and coordination, especially during a transition period, such as changing the provision of supplies from UNFPA to the government and private sector. The TMA coordination committee can strengthen all UNFPA endeavours by bringing together all the relevant partners and data, ranging from the stock of private companies to forecasts of government supplies, with UNFPA playing a neutral advisory role.
- **Investing in trustful relationships.** Other influential factors include a good, trusting relationship between UNFPA staff and the Ministry of Health and other government entities. This leads to better understanding and the smooth implementation of interventions. When trust exists between partners, it is easier to get things done.
- **International exposure and delivering on commitments.** Exposing managers and decision makers to conferences and best international practices, from experience sharing with counterparts from Malaysia to the participation of the deputy health minister at the Nairobi Summit on the 25th anniversary of the International Conference on Population and Development, can be very helpful. Every time UNFPA, at the global or regional level, visits Turkmenistan to jointly advocate for the importance of family planning and to follow up on commitments in relation to the promises of Cairo, it affects how decision makers see and respond to the issue. International exposure enables decision makers to make better decisions.



Action 18

Ensure reliable contraceptive access

The UNFPA Eastern Europe and Central Asia Regional Contraceptive Security Strategic Framework (2017–2021) supports countries' efforts to strengthen their health systems to ensure a reliable and secure supply of modern contraceptives in order to reach poor, marginalized and underserved people. Among other things, UNFPA supports the provision and promotion of knowledge about and understanding of a country's population segments and their corresponding contraceptive needs; the intentions of different population groups, including, in particular, those who are marginalized; and mechanisms to deliver quality services to those furthest behind, including proper referral mechanisms.

Action 18: *Ensure reliable access to contraceptives and lifesaving maternal health medicines to the last mile. Address distribution and other challenges in reaching hard-to-reach populations, including in humanitarian settings.*

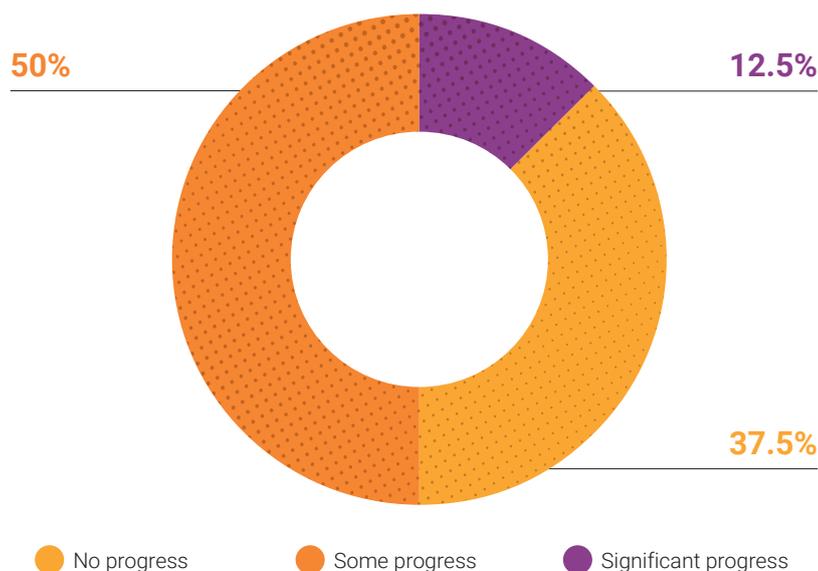
When asked if there had been an improvement in how the logistics management information system functioned and was used to run a sustainable contraceptive supply chain since 2016, a majority indicated that there had been some (50 percent) or significant (12.5 percent) progress.

KEY OUTPUT INDICATOR 4.1.2

of the UNFPA's Regional Contraceptive Security Strategic Framework:



Since 2016, has there been improvement in how the logistics management information system functioned and was used to run a sustainable contraceptive supply chain?



18.1. Hard-to-reach populations

In Albania, UNFPA has been coordinating and supporting access to contraceptives for hard-to-reach populations such as prisoners, drug users, sex workers, men who have sex with men, Roma, poor women and young people by, among other things, providing modern contraception as well as information, education and counselling for specific population groups and providers.

In Tajikistan, information campaigns designed, introduced and currently supported by UNFPA help reach the last mile for access to supplies and services, especially in hard-to-reach areas. Each year, UNFPA combines three or four information campaigns with service provision, monitoring and mentoring on different aspects of family planning and sexual and reproductive health. Each well-managed campaign provides 3,500 to 5,000 people with information and family planning and sexual and reproductive health services, including in-place monitoring and mentoring for remote health facilities and service providers.

The established logistics management information system in Uzbekistan utilizes a demand-based approach to ensure the reliable availability of health commodities at all service delivery points within a health system, including remote or hard-to-reach ones. Service delivery points maintain enough stock to cover the needs of all women in

the catchment area. This practice is well established and ensures last-mile access of contraceptives to end users.

In Armenia, UNFPA has worked to re-operationalize 96 family planning units countrywide. In North Macedonia, UNFPA has advocated for national budget allocation for contraception for the most vulnerable people.

18.2. Saving lives through access in humanitarian settings

Sudden emergency situations can threaten the lives, livelihoods and long-term well-being of affected populations. A number of countries in the Eastern Europe and Central Asia region are prone to humanitarian emergencies caused by conflicts or natural disasters. Humanitarian crises increase women's vulnerability to unwanted pregnancy, sexually transmitted infections including HIV, hazardous exposure during pregnancies and sexual violence and exploitation. MISP is a priority set of life-saving activities to be implemented at the onset of a humanitarian crisis. The programme, supported by UNFPA, is designed to address the reproductive health needs of populations in the earliest phases of emergencies in order to prevent and respond to sexual violence, prevent HIV transmission and reduce morbidity and mortality related to HIV and other STIs, prevent excess mother and newborn illness and death, prevent unintended pregnancies and plan for comprehensive reproductive health services.

Since 2008, UNFPA has supported the provision of basic quality sexual and reproductive services in the breakaway region of Abkhazia in Georgia. This includes the provision of free-of-charge modern contraceptives along with quality family planning counselling and pregnancy testing. As abortions are totally banned in the region, UNFPA's provision of free modern methods of contraception, which would otherwise remain uncovered by either the local health care system or international aid, is crucial and life-saving.

UNFPA has been very active in addressing reproductive health issues in humanitarian and crisis settings in Albania. This work has included integrating MISP into the Ministry of Health Platform on Disaster and Risk Reduction, integrating MISP into the contingency plan for the possible mass influx of migrants and asylum seekers, creating MISP action plans and carrying out regional mapping of different stakeholders, strengthening the capacities of primary health care providers and conducting related awareness-raising and advocacy campaigns.

In Armenia, UNFPA has ensured the inclusion of MISP in national disaster risk reduction plans, and has also trained medical personnel.

In Bosnia and Herzegovina, during the refugee and migrant crisis in 2018–2019, UNFPA opened centres for women and girls in migrant camps to provide reliable information and counselling on sexual and reproductive health and gender-based violence, to distribute condoms with the NGO Association XY and to enable access to sexual and reproductive health services, including obstetric and neonatal care and medicines.

In North Macedonia, UNFPA helped ensure that MISP is part of the national plan for preparedness and response of the health system in emergencies. During the 2015–2016 refugee and migrant crisis, UNFPA procured two mobile gynaecological clinics and equipment for sexual and reproductive health in two hospitals to ensure that refugees and migrant reproductive health needs could be addressed.

In Moldova, UNFPA has supported the national government's effort to strengthen the preparedness of the health system to respond to the sexual and reproductive health needs of people in humanitarian contexts and public health emergencies, including ensuring reliable access to contraceptives and life-saving maternal health medicines. In 2017, the country's readiness to provide MISP for sexual and reproductive health in humanitarian crises was assessed, and capacity was built for 30 representatives of reproductive health cabinets to deliver MISP at the onset of any humanitarian emergency.

In 2018, provisions on addressing the sexual and reproductive health needs of the population in case of humanitarian crises were integrated into Moldova's national development strategy to 2030 and its national programme on sexual and reproductive health and rights for 2018–2022. A 2019–2022 action plan for strengthening national capacities to respond in case of humanitarian crises, exceptional situations or emergencies in public health ensured MISP for sexual and reproductive health, and a MISP training curriculum was developed in accordance with international standards and integrated into the State University of Medicine and Pharmacy programme for training family doctors and obstetrician-gynaecologists. A series of training seminars was organized to deliver MISP at the onset of any emergency situation; the seminars also covered the integration of MISP training into the curriculum for nurses and midwives. A standardized protocol on clinical management of rape in humanitarian crises and public health emergencies was developed in 2019; it is now scheduled for approval. A newly approved standard for HIV prevention services for key populations in Moldova now includes provisions on public health emergencies. A new regulation on providing vulnerable groups with contraceptives stipulates that survivors of emergencies and natural and man-made disasters, refugees and beneficiaries of humanitarian protection are eligible for free contraceptives, and it includes provisions on contraceptive distribution to vulnerable groups in case of public health emergencies.

In Serbia, since the beginning of the refugee crisis, UNFPA has cooperated with the national Ministry of Health on how to improve the sexual and reproductive health of migrant populations. UNFPA procured two mobile clinics for health centres providing health care to migrants and the refugee population; this enabled more than 1,200 gynaecological examinations over several months. Migrants enjoy the same rights for health care services as the general population in Serbia, including for maternal health, and all necessary medications are provided free of charge.

In 2016, UNFPA supported Tajikistan's Ministry of Health and Social Protection in developing a national action plan on sexual and reproductive health in humanitarian situations as a sectoral plan within the Ministry's emergency preparedness and response plan. The action plan is based on the MISP package and covers all six of its objectives. In 2017–2018, UNFPA assisted the Ministry of Health and Social Protection

in developing regional action plans based on the financial and technical capacities of regional health facilities to respond to emergencies. At the same time, UNFPA provided MISP training for over 130 sexual and reproductive health service providers across the country, and developed and introduced standards of practice on clinical management of rape survivors.

UNFPA is leading the health cluster on reproductive and maternal health issues close to the contact line area in the east of Ukraine. UNFPA conducted MISP training for health, police and emergency service managers; established a coordination mechanism; and delivered a large amount of life-saving maternal medicines and contraceptives, including injectables, IUDs, male condoms and post-exposure prophylaxis in bulk and as emergency reproductive health kits. A portion of commodities was prepositioned for emergency use. UNFPA procured infant incubators and foetal monitors for ensuring access to life-saving emergency maternal and neonatal care.

Conclusion

UNFPA works very hard in Eastern Europe and Central Asia to ensure that every woman, adolescent girl and young person can choose from and use a range of quality family planning methods no matter where they live. UNFPA explores options to increase the range of contraceptives available, expand the number of suppliers, overcome contraceptive supply bottlenecks and seek to ensure that the life-saving commodities reach the last mile to hard-to-reach populations. Health systems, however, present a complex array of challenges aggravated by the COVID-19 pandemic. Their designs and outcomes are shaped by culture, politics and legacies regarding how the public and private sectors work together. Some of greatest challenges faced by UNFPA in expanding access to contraception are tied to these complex relationships, the difficulty of incentivizing private investment in seemingly unprofitable markets, the limitations of their role in the health system and the tenacity of many obstacles to progress.

Theme 5.

Providing family planning in humanitarian and fragile contexts

UNFPA Bosnia and Herzegovina



Executive Summary

Sudden emergency situations can threaten the lives, livelihoods and long-term well-being of affected populations. The countries and territories of Eastern Europe and Central Asia are highly prone to both natural (a variety of natural hazards, including floods, droughts, wildfires, earthquakes, strong winds and landslides) and man-made disasters, which pose a constant threat to the survival and well-being of the population, particularly children and women.

UNFPA works to provide comprehensive sexual and reproductive health services in crisis settings. Humanitarian crises increase women's vulnerability to unwanted pregnancy, sexually transmitted infections including HIV, hazardous pregnancies and sexual violence and exploitation. UNFPA seeks to make motherhood as safe as possible during emergency situations, to help those who want to delay or avoid pregnancy and to provide care before, during and after delivery. These essential services are a vital component of basic health care, with the consequences of poor reproductive health often exacerbated in emergency settings.

MISP is a priority set of life-saving activities to be implemented at the onset of a humanitarian crisis. The programme, supported by UNFPA, is designed to address the reproductive health needs of populations in the earliest phases of emergencies in order to prevent and respond to sexual violence, prevent HIV transmission and reduce morbidity and mortality related to HIV and other STIs, prevent excess mother and newborn illness and death, prevent unintended pregnancies and plan for comprehensive reproductive health services. Preventing unintended pregnancies is a new stand-alone objective of MISP introduced in 2018, which helps ensure that a range of long-acting, reversible as well as short-acting methods are available at primary health care facilities; that rights-based information and contraceptive counselling is delivered to everyone in need; and that the community is aware of contraceptives for women, adolescents and men.

UNFPA helps to assess and strengthen countries' ability to respond effectively to a humanitarian situation with a focus on the integration of MISP into national emergency preparedness plans. In addition, UNFPA aims to strengthen the capacity of coordinators in the region as trainers and to support trained national institutions in advocating for the inclusion of the programme in national contingency plans.

This thematic brief focuses on what UNFPA is doing in Eastern Europe and Central Asia to provide family planning in humanitarian and fragile contexts, one of six major themes with 25 associated recommended actions. Within this overarching theme, three actions are recommended, numbered 19–21.

Action 19

Ensure that sexual and reproductive health, including family planning, is integrated into national and subnational disaster risk reduction strategies as well as in preparedness, response and contingency plans within the United Nations Sustainable Development Cooperation Framework (UNSDCF) and universal health coverage (UHC).

A healthy majority (75–76.5 percent) of UNFPA countries and territories in Eastern Europe and Central Asia report some or significant progress in how well sexual and reproductive health and family planning have been integrated into national and subnational disaster risk reduction strategies and in preparedness, response and contingency plans.

Action 20

Advocate for sustained, multi-year and flexible financing for family planning across the humanitarian development nexus with a focus on preparedness and transition phases, and promote domestic funding and finance bridging mechanisms, such as “transitional funds”.

While UNFPA has been able to improve advocacy for family planning across the humanitarian/development nexus in most countries and territories of Eastern Europe and Central Asia (62.5 percent) since 2016, only 37.5 percent of countries could report progress on the volume of financing for family planning in humanitarian settings.

Action 21

Reinforce quality of care as the foundation for integrated and universal sexual and reproductive health package of services, throughout a strong health system that guarantees the availability of contraceptives to the last mile, driven by geolocalized and locally owned family planning programmes that meet the needs of affected populations including vulnerable groups.

While UNFPA in Eastern Europe and Central Asia reported a range of actions to reinforce quality of care in humanitarian and fragile contexts and emergency preparedness and contingency plans, it focused in many countries and territories on training health care providers on MIS. Less than half (42.8 percent) of countries and territories in the region reported progress in making contraceptives available to people in the last mile.

This thematic brief provides detailed quantitative and qualitative evidence of progress on each of these topics.



Action 19

Integrating sexual and reproductive health and family planning into disaster risk reduction strategies and universal health coverage

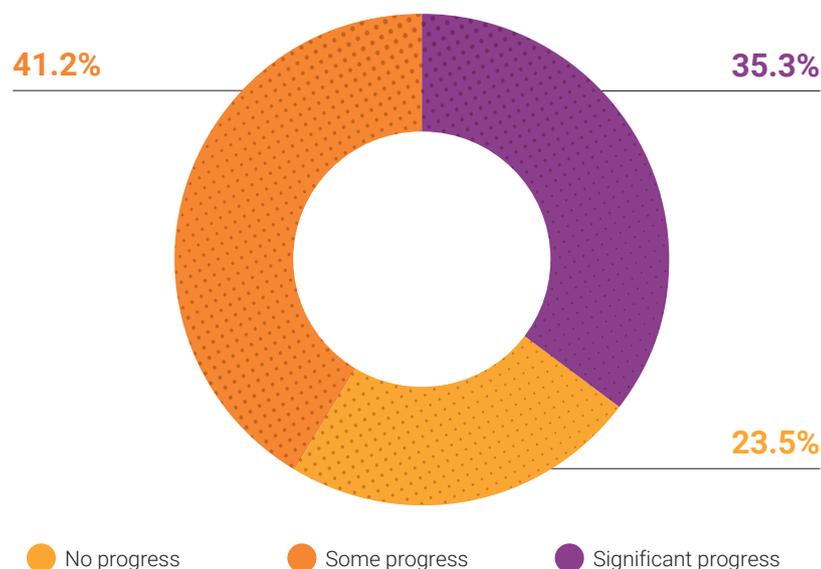
When women and adolescent girls can obtain sexual and reproductive health services, are protected from sexual and gender-based violence, and can access a variety of humanitarian programmes that deliberately tackle inequalities, the benefits of interventions grow exponentially. The benefits also carry over from the acute phase of a crisis well into the future, as countries rebuild and people reclaim their lives and dignity, increasing the resilience of both communities and individuals. Action 19 focuses on integrating family planning into disaster preparedness and risk reduction strategies and plans, as follows.

Action 19: *Ensure that sexual and reproductive health, including family planning, is integrated into national and subnational disaster risk reduction strategies as well as in preparedness, response and contingency plans within the United Nations Sustainable Development Cooperation Framework (UNSDCF) and universal health coverage (UHC).*

19.1. Integrating sexual and reproductive health and family planning into disaster risk reduction strategies

When asked if there had been progress in how well sexual and reproductive health and family planning had been integrated into national and subnational disaster risk reduction (DRR) strategies since 2016, more than three fourths (76.5 percent) reported some (41.2 percent) or significant (35.3 percent) progress.

Has there been progress in how well sexual and reproductive health and family planning have been integrated into national and subnational disaster risk reduction strategies since 2016?



In nearly every country and territory in the region, UNFPA has taken concrete action in this area. This was possible due to countries' engagement in the assessment of their readiness to provide MISP during humanitarian crises in Eastern Europe and Central Asia. The assessment was first conducted in 2013 and repeated in 2017 based on the unique tool developed by the regional Eastern Europe and Central Asia Inter-Agency Working Group for Reproductive Health in Crises. That assessment showed that, over time, more countries were considering the importance of including sexual and reproductive health in their preparedness and emergency response plans and were monitoring progress in terms of the key preparedness indicators described in yearly national action plans prepared for that purpose by national partners.

In Albania, UNFPA played a crucial role on disaster risk reduction strategies by undertaking the following activities:

- integrating MISP into the Ministry of Health and Social Protection's platform on disaster and risk reduction;
- integrating MISP into the contingency plan for a possible mass influx of migrants and asylum seekers;
- developing a MISP training package and strengthening the capacities of primary health care providers;
- conducting awareness-raising campaigns;

- integrating themes and issues related to sexual and reproductive health into a joint assessment of asylum and mixed migration; and
- organizing advocacy round tables to engage local stakeholders, etc.

In Armenia, UNFPA's advocacy resulted in the inclusion of MISP in the national disaster risk reduction plan. In Azerbaijan, UNFPA is working to support MISP introduction training with updated training materials in line with international guidelines. In Bosnia and Herzegovina, UNFPA advocates continuously seeking every opportunity to integrate sexual and reproductive health, including family planning, into national, subnational and local disaster risk reduction strategies, as well as in preparedness, response and contingency plans within the United Nations Sustainable Development Cooperation Framework and universal health coverage. In Georgia, UNFPA has integrated MISP into the national disaster risk reduction strategy and its action plan, developed in close cooperation with government counterparts in 2015–2016.

In Kyrgyzstan, UNFPA assists the government in strengthening national preparedness in providing sexual and reproductive health care, and in enhancing, on an annual basis, the capacity of national experts to strengthen emergency preparedness measures by integrating MISP for sexual and reproductive health, including family planning. MISP is reviewed on a regular basis and is included in inter-agency contingency planning. A joint practical simulation exercise on MISP is planned to assess the readiness of national and local governments to ensure that MISP is implemented at the onset of a crisis.

The North Macedonia national plan for the preparedness and response of the health system in emergencies includes annual MISP action plans. In Moldova, UNFPA helped the government ensure that the sexual and reproductive health needs of people in humanitarian crises were addressed in the country's national development strategy to 2030 and the national programme on sexual and reproductive health and rights for 2018–2022.

In Tajikistan, UNFPA helped the Ministry of Health and Social Protection develop its 2016–2020 disaster risk reduction plan with two pillars on sexual and reproductive health, covering maternal and child health concerns in emergencies. In 2018, UNFPA integrated sexual and reproductive health as a component of the MISP package into the country's inter-agency contingency plan. Finally, sexual and reproductive health, family planning and prevention of gender-based violence (GBV) were integrated into the national DRR strategy to 2030 based on the recommendations of the Sendai Framework for Disaster Risk Reduction 2015–2030.³⁴

In Türkiye, UNFPA introduced MISP to all stakeholders, including the Ministry of Health, and established a national committee on sexual and reproductive health services in crisis situations. In Ukraine, UNFPA conducted MISP training for representatives of the health, emergency and internal affairs ministries. In Uzbekistan, UNFPA updated health care managers on changes in MISP aimed at preventing unintended pregnancy,

34 United Nations Office for Disaster Risk Reduction, *Sendai Framework for Disaster Risk Reduction 2015–2030* (Geneva, 2015); J. C. Gaillard and Jessica Mercer, "From knowledge to action: Bridging gaps in disaster risk reduction", *Progress in Human Geography*, vol. 37, No. 1 (2013), pp. 93–114.

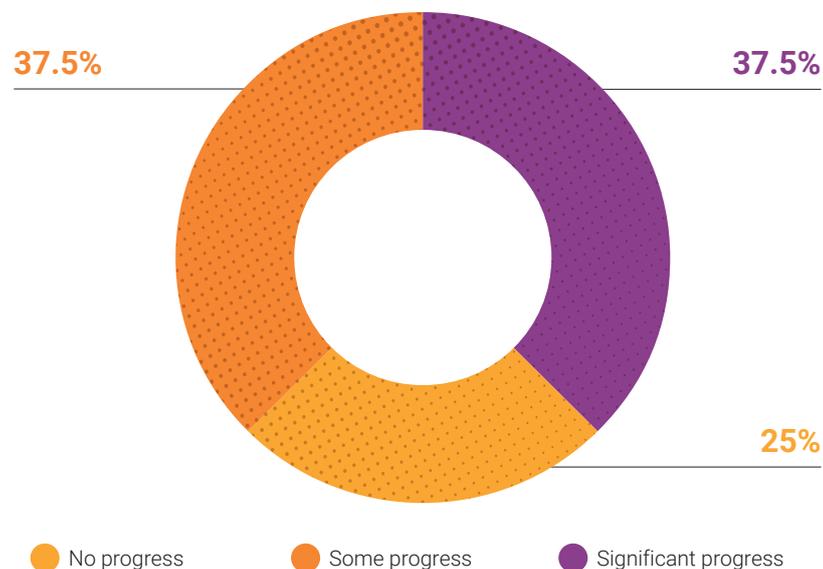
including the availability of a range of long-acting, reversible and short-acting contraceptive methods at primary health centres; the availability of information and counselling on informed choice, effectiveness, client privacy and confidentiality; and community awareness of the availability of contraceptives.

19.2. Integration of sexual and reproductive health and family planning into preparedness, response and contingency plans

A healthy majority (75 percent) of countries and territories in Eastern Europe and Central Asia reported some or significant progress in how well sexual and reproductive health and family planning had been integrated into national and subnational preparedness, response and contingency plans.



Since 2016, has there been progress in how well sexual and reproductive health and family planning have been integrated into national and subnational preparedness, response and contingency plans?



In Albania, UNFPA played a coordinating and supportive role for the integration of sexual and reproductive health and family planning into national and subnational preparedness, response and contingency plans, such as integrating MISP into the contingency plan for a possible mass influx of migrants and asylum seekers and strengthening the capacity of 400 primary health care providers on MISP implementation in 7 of 12 regions of the country.

In Bosnia and Herzegovina, MISP is included in the new sexual and reproductive health strategy. Since 2019, MISP has been incorporated into the joint UN DRR programme that has been implemented in 10 local communities. This includes the incorporation of MISP into local disaster risk reduction and development platforms.

In Georgia, inter-agency contingency plans for water-caused hazards and earthquake scenarios have been developed by the UN Disaster Management Country Team in cooperation with the government. UNFPA integrated MISP services, including emergency obstetric care, family planning and response to gender-based violence, into costing contingency plans.

In Kyrgyzstan, MISP is included in standards and an action plan for humanitarian response developed by government agencies with MISP health coordinators; this was endorsed by the minister of health. In North Macedonia, MISP is part of the national plan for the preparedness and response of the health system in emergencies, along with annual national MISP action plans.

In Moldova, UNFPA, based on the findings of a 2017 assessment of the country's readiness to provide MISP for sexual and reproductive health in humanitarian crises, a 2019–2022 action plan on strengthening national capacities to respond in case of humanitarian crises, exceptional situations or emergencies in public health ensuring MISP for sexual and reproductive health was developed and approved. In Serbia, UNFPA supported the development of a MISP-based procedure for sexual and reproductive health in emergencies, which was annexed to the national health sector emergency response programme drafted in 2017. In Türkiye, UNFPA helped ensure that MISP became part of the government preparedness, response and contingency plan. In Ukraine, UNFPA conducted MISP training in two conflict regions, prepositioned sexual and reproductive health kits and male condoms, and assigned personnel responsible for ensuring sexual and reproductive health in each district. Since 2016, UNFPA has been providing MISP training nationally and regionally in Uzbekistan. The relevant decision makers and health care managers have been trained on MISP and have committed to including MISP in the national emergency preparedness and response plan.



CASE STUDY

MEETING THE SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF PEOPLE IN CRISIS IN UKRAINE



UNFPA Ukraine / Andrii Krepyk

In eastern Ukraine, UNFPA dispatched mobile health teams to provide health services and distribute supplies desperately needed by a population suffering from several years of violent conflict. UNFPA provided essential reproductive health kits (RH kits) to 28 health facilities for the provision of sexual and reproductive health services for 40,000 women, including normal delivery, caesarian sections, management of miscarriage and complications of unsafe abortion, access to hormonal contraceptives and intrauterine devices, prevention of HIV transmission and treatment of sexually transmitted infections; distributed 3.2 million male condoms; dispatched mobile teams to all health facilities, with services covering around 60,000 people, including providing counselling and support to survivors of gender-based violence; and served 253 rural settlements along the conflict front line. More than 500 health providers and managers were trained in planning and providing emergency sexual and reproductive health services.

Demand for services became extremely high: when mobile teams arrived in towns that had undergone hard shelling, people would show up for care as early as 4 a.m. and stay until 10 p.m. The UNFPA mobile team doctors worked extremely long hours to avoid losing patients. This work was so effectively implemented that UNFPA mobile teams are now recognized as a quality brand. This has helped increase demand for services and stimulated interest by other agencies that want to copy the approach.

ESSENTIAL BACKGROUND

Ukraine's demographic crisis combines an extremely low fertility rate and a rapidly aging population. Most families have just one child, and one in five Ukrainians has reached the age of 60. This is projected to increase to one in three by 2050. High mortality, significant external and internal migration, poor health, high relative poverty and inequalities, a widening gap between urban and rural areas, as well as a high prevalence of HIV, present additional social and economic challenges to Ukraine's future.

Due to the military conflict in eastern Ukraine, an estimated 2.3 million people have limited access to health care, including reproductive health. More than 80 percent of health care workers have left the area, with sexual and reproductive health, family planning and obstetrics and gynaecology services most severely affected. The conflict covers a front line of more than 400 km; even when facilities exist relatively close to a population, health care providers and suppliers and the people seeking care have to take massive detours to get there safely and through military checkpoints. More than 60 percent of the population within 5 km of the front line are elderly. They are poor. They cannot get to health facilities.

More vulnerable populations, especially pregnant and lactating women, have limited access. The number of complicated cases during deliveries and caesarean sections is increasing due to the emotional and physical stress of shelling and moving cases from non-controlled to government-controlled territories, which have then a greater population with greater health needs and fewer health care providers.

CHALLENGES AND ACTIONS

UNFPA has been working in eastern Ukraine since 2013. In 2013, UNFPA did not have access to all areas, due to active military action. In order to respond, UNFPA applied for and obtained funding from the US Agency for International Development, the UK Department for International Development and the UN Central Emergency Response Fund to dispatch mobile clinical teams to the region adjacent to the conflict front line.

To start, UNFPA coordinated with local authorities, discussing what kind of specialists were needed, what kind of analysis would be done and what kind of equipment would be required for a six-month intervention. A schedule was developed for the UNFPA mobile teams with rotating clinicians to cover the entire front line. All logistical details were clarified, such as where to send cervical cancer smears, how to ensure the safety of the mobile medical teams, and how to cooperate with local and international health providers and security systems. Discussions with regional health authorities ensured that they responded to evidence for the need for additional surgery capability, such as for severe prolapse, where 30 minutes of surgery can make a big difference.

In parallel, UNFPA began identifying and working with the medical teams, explaining the intervention and UNFPA's role in it and training them for the intervention. Training for local managers and mobile teams included five training sessions on MIS, comprehensive care for survivors of sexual and gender-based violence,

training on how to address the sexual and reproductive health needs of women with disabilities and a syndromic approach to addressing sexually transmitted infections. Intersectoral coordination of service provision for SGBV survivors included training for police, emergency services and military medical health providers. Health workers were recruited to fill the scheduled needs for sending out mobile health teams. Mobile team logistics were implemented and checked, and daily outreach services began.

At the same time, essential RH kits and male condoms were procured and distributed to local health facilities around the contact line. Some of them supplied mobile teams. Condoms were sent to social services, which cooperated with the military and police.

The UNFPA mobile team generally included a family physician, obstetrician and gynaecologist, nurse and social worker. Crucially, sonogram equipment, necessary for basic diagnostics, was included. Infant incubators and foetal monitors were also procured for use by mobile teams.

UNFPA also conducted advocacy, because the relevant government ministries and local health authorities did not recognize the full range of sexual and reproductive health and family planning problems in a humanitarian crisis. Maternal and child mortality and morbidity were understood, but family planning and HIV prevention were not fully recognized. This advocacy helped secure crucial support from doctors, managers and decision makers.

LESSONS LEARNED AND RECOMMENDATIONS

- **Make your planning as detailed as possible.** Start by analysing the geographical area to identify the real sexual and reproductive health problems of the population. These include the demographics of the population, barriers (such as geographic and financial) to health care and local health indicators. This can help ensure proper planning for orders of RH kits. The UNFPA mobile teams found that uterine prolapse was common and that most people with this condition could not afford the surgery to fix it or the cost of travelling to see a qualified surgeon. UNFPA helped manage chronic health conditions such as uterine prolapse and myoma in older women, who were the majority living close to contact line in eastern Ukraine, as well as population access issues in non-conflict areas, because people do not demand care, and the system does not provide proper obstetrics and gynaecology screening or check-ups. When planning the logistics of an intervention, try to plan to have a good photographer on-site because mobile phone pictures are not good enough to convey messages later.
- **Coordinate with local health authorities when planning service provision** because mobile teams can bring specialists along, but these should fill local gaps where local authorities have primary responsibility. UNFPA should discuss with local health authorities which of their problems the mobile teams can help solve and how efforts can be best coordinated. For example, where UNFPA provided a computer to each mobile team and kept patient records for local

health authorities to follow up, the Ministry of Health provided special approval to transfer the records to local health authorities for such follow-up. In one facility, the paediatricians came with the UNFPA team to provide vaccinations and to examine children. In some regions, the UNFPA mobile teams took sputum or other samples for analysis. Joining forces can improve cost-efficiency. UNFPA was open to taking whatever health specialists the local health authorities required to provide other services outside the normal UNFPA mandate, such as tuberculosis screening.

- **Keep proper records and referrals**, but do not let this impede the delivery of needed services. Some other organizations providing services in a humanitarian context may make prescriptions or provide services with no follow-up. Transferring these records to local health authorities is important for patient follow-up. In eastern Ukraine, part of the population was outside the national health system. Out of fear, some internally displaced people refused to provide their names and phone numbers. UNFPA did not demand information from these people, out of a duty to provide health services and supplies. SGBV support and care is anonymous, and UNFPA provided referrals to special service delivery points that work only on this problem.
- **Mobile teams should be made more systematically a part of the local health authorities' work**, especially for antenatal screening. Women in humanitarian and hard-to-reach contexts come to hospitals with many more complications because they are not getting the exams they need regularly during pregnancy. This increases the need for delivery by caesarean section and the risk of sepsis due to the lack of access to normal screening during pregnancy.
- **To create a more sustainable solution, ensure that local doctors and nearby health services are available.** The best solution involves taking into account geographic and financial limits. For example, if you examine an elderly woman and tell her to have an ultrasound, she may not be able to do so because of the travel and money required to get to the facility, make an appointment and be ready the next morning for the examination.
- **It is important to invest in training** in order to understand and support local health providers while improving their skills, and to ensure that the local health authorities understand the extent of the need for sexual and reproductive health, how to use health kits, how to take care of women with disabilities, how to work in the field to make a syndromic diagnosis and treat sexually transmitted infections and cases of sexual and gender-based violence, and how to properly provide psychosocial support, psychological counselling and medical intervention.
- **Intervening effectively in a humanitarian crisis can provide an opportunity to address key topics**, such as gender-based violence and the sexual and the reproductive health needs of people with disabilities, in a more comprehensive way for the health system as a whole. Educating health care providers, managers and decision makers in a conflict setting can open the door to better regulations for the management of these issues in the health system as a whole.



Action 20

Bridging the humanitarian-development divide

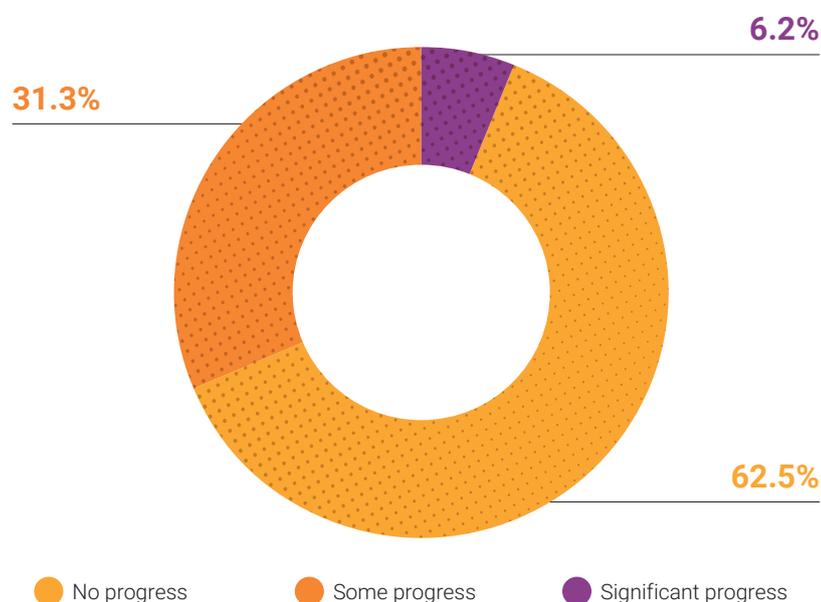
The volume, cost and duration of humanitarian interventions in the world over the past 10 years have grown dramatically, mainly due to the protracted nature of crises and scarce development action in many contexts where vulnerability is the highest. This trend has given new urgency to how humanitarian and development efforts can be better connected. The 2030 Agenda and Sustainable Development Goals provide a reference frame for humanitarian and development actors to contribute to the common vision of supporting those furthest behind first and ensuring a future in which no one is left behind. The UN has identified strengthening the humanitarian–development nexus as a top priority.

Action 20: *Advocate for sustained, multi-year and flexible financing for family planning across the humanitarian development nexus with a focus on preparedness and transition phases, and promote domestic funding and finance bridging mechanisms, such as “transitional funds”.*

20.1. Increasing funding for family planning in humanitarian settings

When asked if there had been any progress in the volume of financing for family planning in humanitarian settings, only 37.5 percent of UNFPA countries and territories in Eastern Europe and Central Asia were able to provide encouraging news.

Since 2016, has there been any progress in the volume of financing for family planning in humanitarian settings?



In Albania, sexual and reproductive health is being treated as a priority in humanitarian settings as a result of UNFPA advocacy. UNFPA has provided capacity-building to strengthen local structures. In Georgia, UNFPA supports the provision of family planning services in the break-away region of Abkhazia, including free modern contraceptives, along with quality family planning counselling and pregnancy testing.

In Moldova, family planning counselling and services are part of a package provided free of charge at the primary health care level for all people of reproductive age, including young people, who access services through local family doctors or regional or municipal youth-friendly health centres. Contraceptives purchased by the state are distributed by primary health care providers to vulnerable groups of the population free of charge in ordinary conditions, in case of a public health emergency or in a humanitarian context. UNFPA has advocated for the inclusion of contraceptives on the list of compensated medicines to make modern contraceptives more affordable for people of reproductive age from the low-middle-income segment of the population.

In Serbia, there has been no specific progress related to financing of family planning. Financing of health and social services for migrants and refugees in Serbia has been provided mainly by the European Union, through projects led by the Ministry of Labour and Social Policy on behalf of the government.

UNFPA regularly contributes to preparedness and response measures in Tajikistan. Responding to the COVID-19 outbreak, Tajikistan mobilized UN Multi-Partner Trust Fund resources to ensure the continuity of sexual and reproductive health and GBV prevention

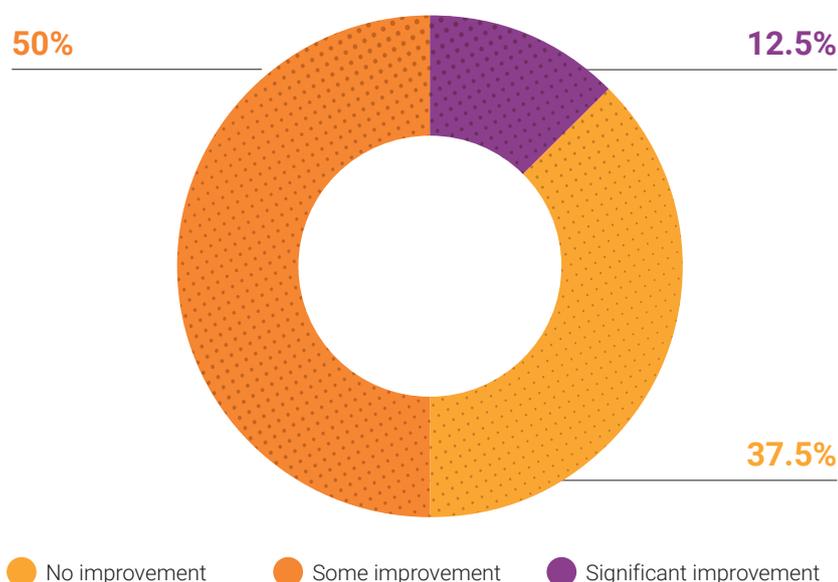
services, plus US\$48,000 from the UNFPA Humanitarian Fund to ensure that people with disabilities have access to quality sexual and reproductive health services during the pandemic.

In Türkiye, UNFPA has played a significant role in ensuring access to family planning in humanitarian settings, including providing essential reproductive health commodities and services. In Ukraine, UNFPA received external funding to support access to sexual and reproductive health care. The Ukraine Humanitarian Fund, launched on 12 February 2019, collects donor contributions for life-saving assistance and protection for the most vulnerable people.

20.2. Advocacy for family planning across the humanitarian–development nexus

When asked if there had been improvement in advocacy for family planning across the humanitarian–development nexus since 2016, nearly two thirds (62.5 percent) of the countries and territories in Eastern Europe and Central Asia reported some improvement (50 percent) or significant improvement (12.5 percent), as indicated below.

Has there been improvement in advocacy for family planning across the humanitarian–development nexus since 2016?



In Albania, UNFPA has been advocating for family planning activities in humanitarian settings. UNFPA has organized advocacy round tables on MISP planning and implementation in selected regions of the country. As a result, MISP action plans have been developed in these regions; regional stakeholders have been mapped; MISP has been integrated into the Ministry of Health and Social Protection platform on disaster

and risk reduction and contingency plan; and sexual and reproductive health focal points have been appointed at the national and subnational levels for emergency preparedness and response.

In Azerbaijan, UNFPA has been advocating for the introduction of family planning promotion within MISP, but more advocacy is needed to assure good will among decision makers for the adoption of the law on reproductive health and family planning.

In Georgia, sexual and reproductive health is addressed within the WHO-led health cluster with the participation of the Ministry of Health. The health cluster includes a sexual and reproductive health working group that links with UNFPA's work with the Ministry of Health on MISP. In North Macedonia, UNFPA has advocated for the creation of a national sexual and reproductive health coordinator and working group in emergencies.

In Moldova, UNFPA advocacy and technical support led to the inclusion of family planning provisions in the standardized protocol on clinical management of rape survivors in humanitarian crises and public health emergencies, as well as the newly approved standard for the organization and functioning of HIV prevention services for key populations, which addresses public health emergencies. The new regulation on providing vulnerable groups with contraceptives stipulates that free contraceptives will be provided to survivors of emergencies, natural and man-made disasters, refugees and beneficiaries of humanitarian protection.

In Tajikistan, the national and regional action plans on sexual and reproductive health in humanitarian situations, the Ministry of Health and Social Protection's disaster risk reduction action plan, the national DRR strategy to 2030 and the inter-agency contingency plan include objective 5 of the MISP package, which addresses the prevention of unwanted pregnancies in humanitarian settings. All UNFPA efforts were aimed at integrating concerns about sexual and reproductive health and the prevention of gender-based violence into strategy papers as well as action and contingency plans to ensure that family planning is one of the objectives to be considered in emergencies. In Türkiye, UNFPA has advocated for family planning rights and services through MISP training and ICPD+25 workshops.

In the WHO-led health cluster, UNFPA leads Ukraine's provision of sexual and reproductive health services in emergencies. UNFPA provided MISP training for 25 national-level managers, including representatives of the Ministry of Health, the State Emergency Service and the Ministry of Internal Affairs, and 120 health managers, obstetrician-gynaecologists and general practitioners in areas close to the conflict. UNFPA has led on the development of and advocacy for a health response to gender-based violence that includes protocols for clinical management of rape survivors.



Action 21

Reinforcing quality of care to the last mile

The Eastern Europe and Central Asia Regional Contraceptive Security Strategic Framework establishes capacity-building as an important tool for promoting equity in and access to service delivery for all people, including underserved populations. This meshes with UNFPA's global strategic plan, which commits the agency to prioritizing quality of care, equity in access, strengthened health workforces and social accountability for sexual and reproductive health services, including in humanitarian, fragile and public health emergency contexts to ensure that integrated sexual and reproductive health services and reproductive rights are available, accessible and utilized by everyone who needs them.

Action 21: Reinforce quality of care as the foundation for integrated and universal sexual and reproductive health package of services, throughout a strong health system that guarantees the availability of contraceptives to the last mile, driven by geolocalized and locally owned family planning programmes that meet the needs of affected populations including vulnerable groups.

21.1. Reinforcing quality of care in humanitarian and fragile contexts, emergency preparedness and contingency plans

When asked about actions taken to reinforce quality of care in humanitarian and fragile contexts, emergency preparedness and contingency plans, UNFPA countries and territories in Eastern Europe and Central Asia reported a variety of experiences, many focused on providing MISP training for health care providers as life-saving services that should be available at the onset of a humanitarian crisis.

In Albania, UNFPA has trained 400 primary health care providers and strengthened capacities for addressing sexual and reproductive health issues in humanitarian settings in six regions of the country.

In Azerbaijan, UNFPA has incorporated an innovative simulation exercise into its MISP training, which reinforces the capacities of health providers to deliver sexual and reproductive health services to youth and adolescents. The presence of the UN Resident Coordinator at the MISP introduction training resulted in excellent publicity for family planning and reproductive health on TV broadcasts and in other media, thus strengthening the enabling environment for decision makers.

In Bosnia and Herzegovina, a MISP working group assessed the country's readiness to provide MISP for sexual and reproductive health during a humanitarian crisis, and developed an annual plan and four-page document for resource mobilization and advocacy purposes. UNFPA provided MISP training focused on service provision during emergencies to health care providers, social service providers, civil protection officers, police, Red Cross workers, NGOs and other professionals in five communities. The training helped prepare participants for the integration of MISP into emergency plans and raised local awareness of the importance of MISP implementation in emergencies.

In Georgia, as an essential part of UNFPA programming in the break-away region of Abkhazia, UNFPA regularly supports capacity-building training sessions, led by international trainers, with the participation of local providers of sexual and reproductive health care (including nurses and midwives) and primary health care providers. UNFPA's support has included the provision of free contraceptives, family planning counselling and pregnancy testing. Strengthening mobile outreach services to remote areas is crucial, as these services are not covered by the local health care system or by international aid.

In Kyrgyzstan, UNFPA built the institutional capacity of health and partner organizations, including the National Red Crescent Society and the Ministry of Emergencies, on organizing and coordinating activities supporting the sexual and reproductive health of adolescents in emergencies by strengthening the capacity of stakeholders every year to ensure that basic health needs are met, including basic counselling. In 2019, UNFPA helped organize a simulation exercise on MISP for reproductive health providers to practise and provide health services for girls and women.

In North Macedonia, UNFPA contributed to the country's preparedness and response to crises. In regard to preparedness, UNFPA's efforts resulted in the inclusion of MISP in the national plan for the preparedness and response of the health system in emergencies, the development of annual national MISP action plans, the appointment of a national coordinator for sexual and reproductive health and the formation of a national working group on sexual and reproductive health in emergencies. For crisis response, UNFPA provided continuous support, through mobile services and hospitals, for the provision of services for sexual and reproductive health and gender-based violence during a migration crisis, and quickly mobilized a working group for improving sexual and reproductive health services during the COVID-19 pandemic. UNFPA also conducted a training of trainers on effective perinatal care, trained the staff of two maternity wards on this subject and launched the obstetric surveillance and response system. These actions improved maternal and newborn care and decreased associated mortality.

In the Republic of Moldova, UNFPA built the capacity of 30 representatives of reproductive health cabinets to deliver MISP at the onset of any humanitarian crisis. UNFPA supported four MISP training workshops for 72 family doctors and gynaecologists from youth-friendly health centres to deliver MISP at the onset of any emergency situation. Twenty-seven representatives of institutions offering continuing medical education were taught how to integrate MISP training into the curriculum for nurses and midwives.

Following the integration of a MISP training curriculum into the State University of Medicine and Pharmacy's programme, nine gynaecologists and three family doctors were trained on MISP by the end of 2019 as part of the university's continuous education programme. All managers of health care facilities are expected to be further informed of the possibility to build the MISP capacities of their staff—family doctors, obstetricians and gynaecologists—by means of delegating them for training to the Nicolae Testemitanu State University of Medicine and Pharmacy.

In Serbia, UNFPA supported the development of a MISP-based procedure for sexual and reproductive health in emergencies, which was annexed to the national health sector emergency response programme. Migrants and refugees have the same access to health care as the general population. Primary health care, including gynaecological services and family planning, is provided by the primary health care centre for the municipality where the state accommodation facility for migrants and refugees can be found; referrals are provided when care is needed at secondary and tertiary hospitals.

In Tajikistan, UNFPA supported the Ministry of Health and Social Protection in building capacity to help advance the national action plan on sexual and reproductive health in humanitarian situations—MISP for sexual and reproductive health, including for adolescents, in crisis situations. This effort addressed more than 130 sexual and reproductive health specialists, integrated GBV prevention within the multisectoral GBV prevention guide and adapted standard operating procedures and corresponding clinical protocols for health, psychosocial and police services covering over 100 service providers. UNFPA also disseminated dignity/hygiene kits during minor emergencies covering over 5,000 affected families.

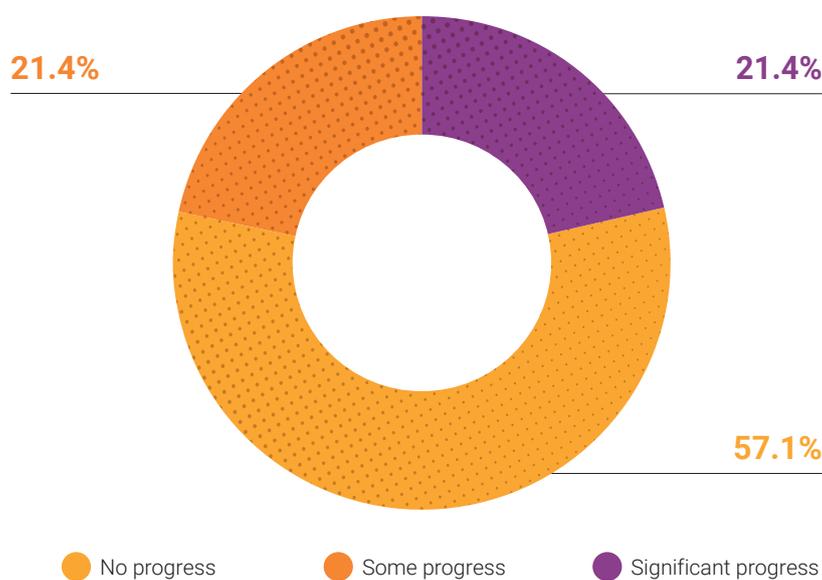
In Ukraine, UNFPA provided essential supplies to increase the capacity of local health facilities to provide contraceptives, maternal and newborn care, and treatment for complications from unsafe abortion and miscarriage. It increased the capacity of 500 health care providers and managers for planning and providing emergency sexual and reproductive services, including for sexually transmitted infections, sexual and gender-based violence and the sexual and reproductive health needs of women with disabilities. It provided essential GBV and sexual and reproductive health services through mobile teams in regions and cities along the conflict front lines in eastern Ukraine (see case study on p. 137). Nineteen maternity hospitals received several shipments of emergency reproductive health kits and contraceptives. Some 3.2 million male condoms were distributed among risk groups. More than 20,000 women received sexual and reproductive health outreach services by mobile teams dispatched to areas adjacent to the conflict front lines.

21.2. Provision of contraceptives to the last mile

Less than half (42.8 percent) of UNFPA countries and territories in the region reported some (21.4 percent) or significant (21.4 percent) progress in making contraceptives available to people in the last mile.



Has there been any improvement in how available contraceptives are to people in the last mile since 2016?



In Albania, UNFPA has been coordinating and supporting access to contraceptives for the individuals who need them, with progress notable mainly in the provision of emergency contraceptive pills in 2019. In Bosnia and Herzegovina, UNFPA supported the provision of sexual and reproductive health-related information, counselling and services for migrants, in partnership with the non-profit family planning association (Association XY), which provided condoms. In North Macedonia, a national budget allocation for contraceptives for the most vulnerable populations has been in place since 2019.

In Tajikistan, UNFPA designed a monitoring template that tracks progress concerning the availability of at least three types of contraceptives at primary health care facilities, district reproductive health centres, rural health centres and health houses.³⁵ Contraceptives were available at 83 percent of all primary health care facilities in 2019, up from 65 percent in 2016. Random checks that UNFPA conducted at health facilities showed that three methods were available at different levels of the national health system.

³⁵ Health houses serve as the first point of contact in rural areas. They are affiliated with rural health centres, the second level of the primary health care system in Tajikistan.



CASE STUDY

HELPING SURVIVORS OF SEXUAL AND GENDER-BASED VIOLENCE IN TAJIKISTAN

UNFPA Tajikistan



Thanks to UNFPA, girls and women in Tajikistan have better access to care for sexual and gender-based violence. After many years of evidence-based advocacy by UNFPA, a multisectoral coordination approach to sexual and gender-based violence has been implemented, covering different health, socio-economic and legal aspects, where women may be more vulnerable to gender-related inequalities. This approach engages several different ministries, line agencies and non-profit organizations to provide rights-based and life-saving psychosocial, legal, sexual and reproductive health and family planning services to the survivors of gender-based violence through eight women's support rooms in maternity wards across the country.

This achievement also fed into humanitarian preparedness in Tajikistan. UNFPA's advocacy resulted in the approval of national and regional action plans on sexual and reproductive health in humanitarian situations (2016), the 2016–2020 disaster risk reduction plan, the national DRR strategy to 2030 and the national inter-agency contingency plan. All strategic documents were in full compliance with the inter-agency MISP for sexual and reproductive health, which includes among its objectives preventing sexual violence, responding to the needs of survivors and preventing unwanted pregnancies, including access to family planning services and commodities. Standard operating procedures have been developed to introduce clinical protocols on gender-based violence and clinical management of rape survivors, including access to emergency contraception, in both normal and humanitarian situations.

ESSENTIAL BACKGROUND

Tajikistan is 93 percent mountainous and has a long history of severe floods, earthquakes, landslides, mudflows, avalanches, droughts and heavy snowfalls. Its unique terrain, coupled with geological and hydrological features, makes it very difficult to reach people in need.

Gender relations in Tajikistan are characterized by patriarchal attitudes and stereotypes on the roles of women in all spheres of life. As a result, the execution of gender equity policies has been very weak. Gender-related statistics are limited, with gaps and only fragmentary information from districts. Though progress has been made on gender equality, major disparities remain, including in public education, the workplace and public and political life. These disparities affect private life and society.

Forty-two percent of women have difficulty accessing health care services, often because they do not have money for treatment. Less than half of married women have sole decision-making power concerning their own health care and must depend on family members for approval. Twenty-four percent of women aged 15–49 have experienced physical violence since the age of 15. Thirty-one percent have experienced physical, sexual and emotional spousal violence.³⁶

ACTIONS AND CHALLENGES

Gender equality and women's empowerment are critical to the attainment of the SDGs and the goals of the International Conference on Population and Development programme of action. Owing to the lack of legislation and government commitment before UNFPA began multisectoral coordination in 2015–2016, it seemed impossible to promote any programmes or interventions focusing on gender equality and preventing and responding to sexual and gender-based violence.

Among other things, Tajikistan lacks a single registration system for reporting cases of sexual and gender-based violence. The country lacks high-level coordination and service provider capacity to address sexual and gender-based violence, and there is an absence of guidance and standards. Local partners at service delivery points, where victims of sexual and gender-based violence first appear for help and assistance, and national partners were not ready before UNFPA began multisectoral coordination; they did not know how to provide quality services. It was very difficult to get diverse ministries and the committee on religious affairs to include gender equality in their missions, because they saw the committee on women and family affairs as solely responsible.

UNFPA is the United Nations' sexual and reproductive health agency; gender equality and addressing gender-based violence are at the core of UNFPA's efforts to ensure sexual and reproductive health and rights. However, there was a persistent lack of

36 Statistical Agency under the President of the Republic of Tajikistan, Ministry of Health and Social Protection of the Population of the Republic of Tajikistan, and ICF, *Tajikistan Demographic and Health Survey 2017* (Dushanbe and Rockville, MD, 2018)

understanding on the part of state ministries in Tajikistan. In 2011, for example, the minister of health acknowledged that family planning was important in preventing maternal and newborn mortality, whereas the minister also made it clear that gender issues were not among the ministry's key priorities. UNFPA provided evidence that the root cause of maternal deaths is gender inequality, where women cannot exercise their rights to make autonomous decisions about their bodies and choices about using family planning or reproductive health services without support from the head of the family. UNFPA highlighted a few cases where a woman's mother-in-law did not allow her to get medical care while pregnant, and she died as a result.

In order to localize and implement strategic aims and visions in Tajikistan, UNFPA prioritized working with high-level officials on the adoption of international standards and programmes of action. Eventually, it became clear that, without addressing multisectoral cooperation and harmful practices, it would be impossible to achieve gender equality and, in the end, to exercise agency and choice. It was important to integrate sexual and reproductive health and gender-based violence by promoting coordination and collaboration between the police and psychosocial and health practitioners.

To address this problem in a context of a challenging national culture and traditions, UNFPA focused on step-by-step activities to achieve results, prioritizing the following four main areas of work:

1. evidence-based advocacy and policy advice for reviewing regulations and strategic documents;
2. promoting awareness of the problems resulting from the lack of multisectoral coordination and cooperation;
3. increasing access for women and girls to health, education and social services; and
4. institutionalizing activities, interventions and programmes for sustainability beyond donor contributions.

To promote a multisectoral approach, UNFPA explained the inability of stand-alone activities to prevent gender-based violence. UNFPA invited other sectors to incorporate a gender component, and introduced legal protections by getting law enforcement to integrate psychosocial support under one umbrella for better overall results. UNFPA received regional support in all its interventions.

UNFPA conducted advocacy involving high-level visits and meetings. Reaching agreement with the government to establish a national committee on population and development was a watershed, after which significant changes were possible. UNFPA promoted gender equality, women's empowerment, sexual and reproductive health and population development issues through this body, which consists of deputy ministers from all line ministries. UNFPA brought in international experts to inform the new SGBV programmes, conducted study tours and South–South cooperation to make sure this work was well established.

In 2015–2016, UNFPA began multisectoral coordination jointly with the committee on women and family affairs, the main gender actor in Tajikistan. Tajikistan's government recognized the importance of gender equality, having ratified in 2014 the Optional

Protocol to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and having adopted a number of supportive national policies, programmes and action plans. The multisectoral group reports to the office of the president to review and adopt three UN standard operating procedures on health, psychosocial and police sectors. The working group has also adopted guidance from UNFPA on strengthening the health sector response to gender-based violence. These guidelines are now being implemented and integrated into the primary health care system.

LESSONS LEARNED AND RECOMMENDATIONS

- **A clear understanding of bottlenecks at all levels is key for successful action.**

Only with a clear picture can solutions be identified. It is important to stay focused on the problem, with 90 percent of time spent learning about the nature of the problem, because the solution is inside the problem. It helps to look outside the box for innovative solutions, such as victim support rooms. High-level officials highlighted the importance of this activity—by creating victim support rooms, victims of violence can get help.

- **Continuous evidence-based advocacy can create change among decision makers in policymaking bodies.**

Sometimes the challenges are overwhelming and can lead to lost hope—for example, when partners do not want changes. It is important to remain strong, steady, confident and firm that UNFPA is doing rights-based work grounded in international standards, evidence and knowledge. Technical expertise and confidence are needed to convince national partners that change also benefits them. International treaties, pacts and standards provide a good strategic vision and tools to conduct proper evidence-based advocacy.

- **The integration of sexual and reproductive health and sexual and gender-based violence in the country is reinforced when approached as a development priority and part of an emergency preparedness and response mechanism.**

UNFPA is one of the leading agencies promoting the integration of gender-based violence into the health sector in Tajikistan and was the first one to introduce MISP for reproductive health in crisis situations in all key health-related policies, strategies and action plans. In addition to promoting government support for CEDAW actions, UNFPA conducted a massive advocacy and communications effort regarding gender-based violence during disasters. The inclusion of sexual and reproductive health and gender equality in Tajikistan's national disaster risk reduction strategy to 2030 can help promote these matters across the humanitarian and development continuum.

- **Multisectoral cooperation promotes the sharing of responsibility and resources to address gender-based violence**

through joint planning and implementation. Personalizing communications about the importance of gender-based violence and gender equality for each responsible national entity is very important. Each responsible national entity has been approached by survivors for help, but the agencies needed to understand how their role and responsibilities fit into the broader system for results.

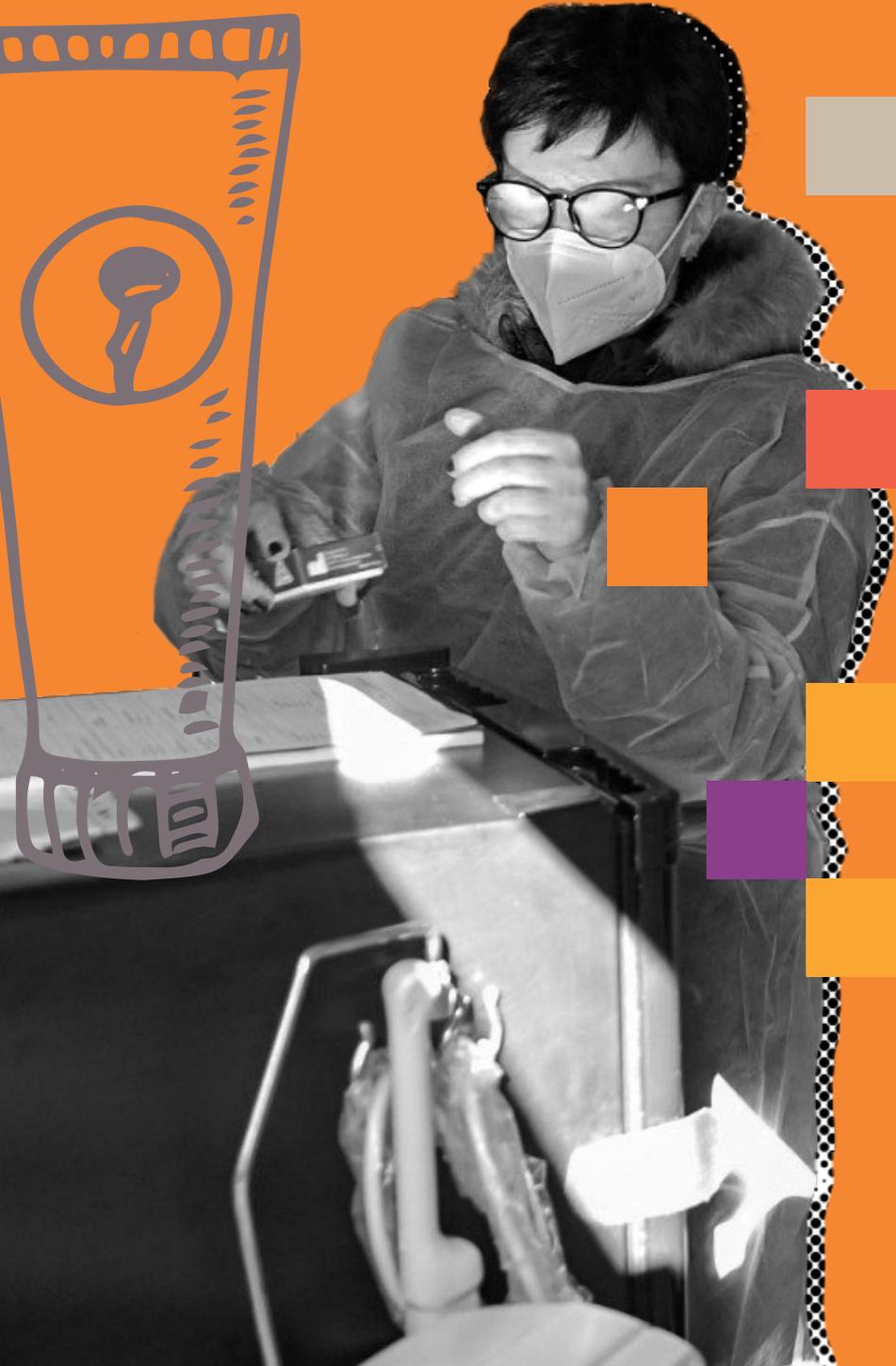
Conclusion

UNFPA works very hard in Eastern Europe and Central Asia to see that family planning and sexual and reproductive health care are provided to those in need in humanitarian and fragile contexts. UNFPA provides international knowledge and skills where national capacities are in development. UNFPA offices in Eastern Europe and Central Asia provide evidence-based information for advocacy, helping governments and parliamentarians find ways to fulfil their human rights obligations for all to access family planning and reproductive health care. They coordinate with others to promote systemic solutions. Systems are slow to change, however. Infrastructures are challenging to build, and political forces can slow, stop or reverse progress.

Theme 6.

Meeting young people's needs for contraception as part of adolescent sexual and reproductive health and rights

UNFPA North Macedonia



Executive Summary

In Eastern Europe and Central Asia, the number of unintended pregnancies among youth is high, and adolescent birth rates are higher in the region as compared with Western Europe. The usage rate of modern contraception is low, contributing to high adolescent fertility rates and high adolescent abortion rates in some countries. Barriers to access to contraception persist in the region, including a lack of youth-friendly sexual and reproductive health services and a lack of comprehensive sexuality education programmes.³⁷ In line with UNFPA's 2013 "Strategy on Adolescents and Youth: Towards Realizing the Full Potential of Adolescents and Youth", UNFPA's Eastern Europe and Central Asia Regional Contraceptive Security Strategic Framework for 2017–2021 aims to address the family planning needs of youth in the region.

Theme 6 of the 25 recommended actions for ending unmet need for family planning by 2030 focuses on meeting young people's need for contraception as a part of adolescent sexual and reproductive health and rights, and four actions are recommended within this theme:

Action 22

Ensure an enabling policy and legal landscape that facilitates the full participation of young people for equitable and universal access to good quality and integrated comprehensive sexual and reproductive health information and services responsive to all adolescents and youth to fulfil their rights and choices.

UNFPA in the region of Eastern Europe and Central Asia reported progress on ensuring an enabling policy and legal landscape that facilitates the full participation of young people. It has engaged in broad actions at all levels, from within and alongside communities to working with governments to make progress in this area. UNFPA has implemented innovative programmes to improve access to information and has worked with governments in varying capacities to develop broad and more targeted laws and policies to address and protect the sexual and reproductive health of youth. UNFPA reported having supported and engaged in efforts to make sure that services are responsive to all adolescents and youth so that they might fulfil their rights and choices.

Action 23

Build capacity and professional commitment of service providers to deliver rights-based information and services for sexual and reproductive health, particularly contraceptive services, responsive and relevant to the specific

³⁷ UNFPA Eastern Europe and Central Asia Regional Office, *Advancing Contraceptive Choices and Supplies for Universal Access to Family Planning in Eastern Europe and Central Asia: UNFPA Regional Contraceptive Security Strategic Framework 2017-2021* (Istanbul, 2017).

needs of adolescents and youth with attention to key and vulnerable populations and those living in humanitarian and fragile contexts.

In a great majority of countries and territories of Eastern Europe and Central Asia, UNFPA reported some or significant progress in building the capacity of service providers to deliver rights-based information and services that are responsive to the needs of adolescents and youth. By providing policy advocacy and support, implementing programmes, delivering training and conducting other activities in communities and at the national level, UNFPA in Eastern Europe and Central Asia has been able to build the capacity of service providers to deliver rights-based information and services for sexual and reproductive health, including contraceptive services.

Action 24

Facilitate a multisectoral response to address holistically the needs of adolescents and youth including key populations with a specific focus on in- and out-of-school comprehensive sexuality education and creating information and referral networks between sectors.

UNFPA has demonstrated great progress in the region and made efforts to reach a broad set of actors to address the needs of youth holistically, including to provide comprehensive sexuality education in and out of school as well as to create strong information and referral networks between sectors. These efforts contribute to multisectoral approaches that have facilitated and will facilitate collaboration with new partners and lead to approaches, within and beyond the health sector, that respond more directly to the needs of all adolescents and youth.

Action 25

Generate good quality disaggregated data on adolescents and youth sexual and reproductive health and rights including very young adolescents aged 10-14 to better understand their needs, health-seeking patterns and use of services, as well as the quality of service provision and use of a human rights-based approach in all settings, applying participatory and innovative data-collection methods and integrated into existing data-collection platforms.

Most countries and territories have not improved in terms of generating good-quality, disaggregated data on the sexual and reproductive health and rights of adolescents and youth through participatory and innovative data collection methods. Several countries and territories did report progress in this area, however, and have supported the collection of some disaggregated data among this population and have also used participatory and innovative data collection methods.

This thematic brief provides quantitative and qualitative evidence of progress on each of these actions and insight into activities in which UNFPA has engaged to achieve that progress in Eastern Europe and Central Asia.



Action 22

Ensure an enabling policy and legal landscape that facilitates the full participation of young people

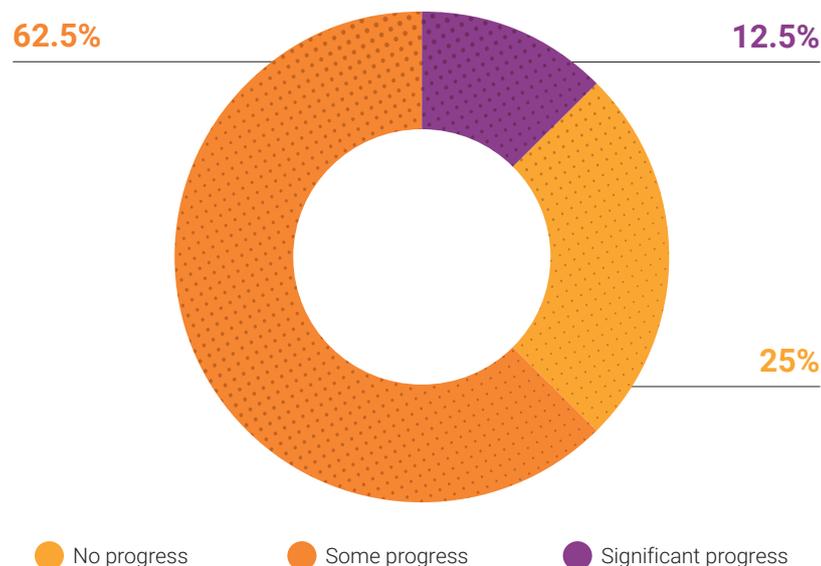
To meet young people's contraception needs, law and policy must improve access to good-quality and integrated sexual and reproductive health information and services. Law and policy must also ensure that the information and services provided empower youth to fulfil their rights and choices. Action 22 of the 25 recommended actions for ending unmet need for family planning by 2030 centres around making sure policies and laws are in place that facilitate young people's access to the information and services they require.

Action 22: *Ensure an enabling policy and legal landscape that facilitates the full participation of young people for equitable and universal access to good quality and integrated comprehensive sexual and reproductive health information and services responsive to all adolescents and youth to fulfil their rights and choices.*

22.1. Providing equitable and universal access to comprehensive sexual and reproductive health information to adolescents and youth

In order to ascertain whether all adolescents and youth are able to access comprehensive sexual and reproductive health information, UNFPA countries and territories in Eastern Europe and Central Asia reported on whether there had been progress, since 2016, in providing equitable and universal access to comprehensive sexual and reproductive health information to adolescents and youth.

Has there been progress in providing equitable and universal access to comprehensive sexual and reproductive health information to adolescents and youth since 2016?



Of 16 countries and territories responding, 12 indicated progress in this area, two of which indicated significant progress. Four countries indicated no progress.

UNFPA has engaged in a wide variety of activities to reach youth in an effort to move towards equitable and universal access to comprehensive sexual and reproductive health information for adolescents and youth.

Reaching youth where they are

First, UNFPA in the region has made considerable effort to reach youth in settings where they generally gather, including in secondary schools and colleges, at youth centres, at traditional and youth-friendly health centres, and through activities organized exclusively for and by youth. Importantly, youth have been engaged as leaders and collaborators in these efforts—for example, in developing and implementing programmes, conducting outreach and evaluations, and also as peer educators. Providing information in settings where youth are likely to gather or creating exclusive spaces for young people to engage with information on sexual and reproductive health contributes to achieving equitable and universal access to this information for youth.

Building capacity for youth education

UNFPA in the region has also trained local experts to deliver sexual and reproductive health information and education to youth. While UNFPA has worked with many partners, it has worked particularly closely with organizations, service centres and providers that target youth.

In several countries, including Albania, Georgia, North Macedonia, the Republic of Moldova and Uzbekistan, UNFPA has supported partners in conducting capacity-building among youth to train them to provide comprehensive sexual and reproductive health information to each other. In these countries, peer-to-peer educator networks among youth have reached thousands of young people, have enabled youth in hard-to-reach areas to gain access to information and have enabled environments where youth may be more open to ask questions and share information about their sexual and reproductive health needs.

Making information widely available

Finally, UNFPA has worked to make sure that appropriate information is widely available to move closer to achieving equitable and universal access. Widely accessible to those who have access to the internet, web platforms on sexual and reproductive health and rights have been developed with a focus on youth, as in Bosnia and Herzegovina.

Most countries and territories described having made gains in integrating comprehensive sexuality education in schools. These efforts have ranged from working with local partners and schools to sharing information, such as leaflets, in school settings and developing manuals for teachers for advocating to influence the government and working with government ministries to develop curricula that integrate comprehensive sexuality education into public education.

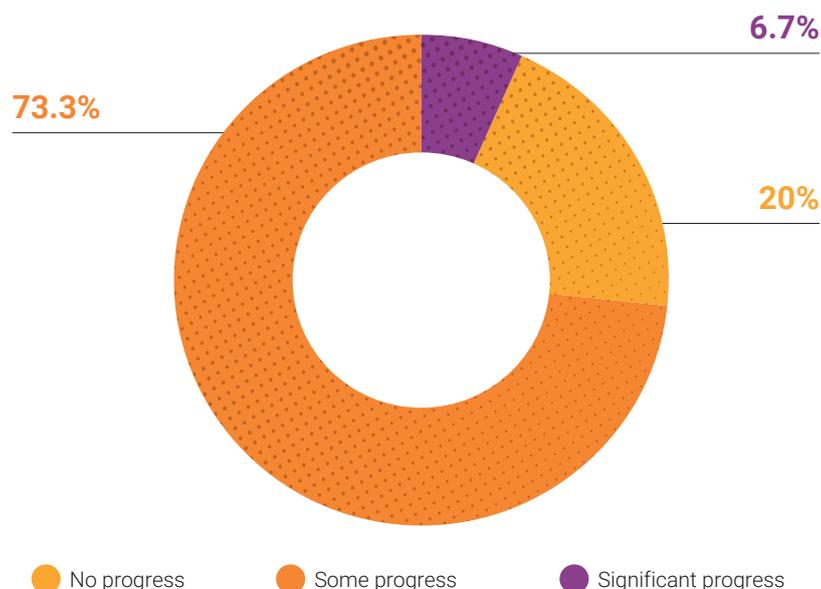
UNFPA has also made efforts to reach vulnerable youth, including in disaster and humanitarian settings. This work has involved supporting the translation of information into needed languages, as in Uzbekistan, and working with the government to make sure that responders are equipped with the necessary information, as in Kyrgyzstan.

22.2. Policies and laws that facilitate the full participation of young people

Facilitating the full participation of young people for equitable and universal access to good-quality, integrated and comprehensive sexual and reproductive health information requires supportive policies and laws. UNFPA reported on whether there had been any progress, since 2016, on the development and implementation of such policies and laws.



Since 2016, has there been any progress on policies and laws being developed or implemented to facilitate the full participation of young people for equitable and universal access to good-quality and integrated comprehensive sexual and reproductive health information?



Eleven countries and territories responded that there had been progress, with one country indicating significant progress. Three of the 15 countries and territories responding indicated no progress in this area.

UNFPA reported engagement at all levels to create and implement policies and laws that enable the full participation of young people for access to comprehensive sexual and reproductive health information. These activities have included:

- **technical and financial support** to develop new policies or revise existing policies to reflect the current state of young people's right to access comprehensive sexual and reproductive health information;
- **consultation and collaboration** with government ministries, local and national institutions, and partners to develop new national plans and strategies aimed at achieving equitable and universal access to comprehensive sexual and reproductive health information;
- **advocacy** for the adoption of laws designed to protect young people's rights related to comprehensive sexual and reproductive health information;

- **raising awareness and building capacities among youth** so that they may advocate for laws and policies that protect their rights and enable their full participation for equitable and universal access to good-quality, comprehensive sexual and reproductive health information.

Countries also described what policies and laws in place since 2016 had been most effective in facilitating the full participation of young people. Most countries identified national strategies or national action plans on sexual and reproductive health and rights, as well as those on HIV/AIDS, contraceptive security and gender equality, that, through UNFPA advocacy and support, emphasize or include separate sections on youth and adolescent health and rights, which serves to raise the profile of the needs of young people and their participation for access to comprehensive sexual and reproductive health information on the national agenda.

In addition to broad policies that include youth and adolescents, a few countries highlighted that their governments had adopted or were considering stand-alone laws or policies on youth sexual and reproductive health. UNFPA in the region has supported countries, including by gathering data, in developing national strategies and action plans that are directed at the youth sector, such as in Bosnia and Herzegovina, Georgia, Kyrgyzstan and the Republic of Moldova. Moreover, UNFPA indicated that, in Bosnia and Herzegovina, Tajikistan and Uzbekistan, specific, actionable laws are in place that protect the sexual and reproductive health rights of young people.

22.3. Responsiveness of services to the needs of young people

Policies and laws should also ensure that services are responsive to the needs of all adolescents and youth so that they may fulfil their rights and choices. UNFPA described many impactful actions it has taken to improve the responsiveness of services to the needs of young people. It has developed training courses and guidelines to build capacity among providers and volunteers at health centres and in the community to provide family planning counselling. It has also developed online platforms directed specifically at youth that are accessible at any time. UNFPA has advocated and worked closely with governments to develop policy to increase access to contraceptives among vulnerable youth.



Action 23

Building capacity among providers to respond to the needs of young people

To meet young people's need for contraception, providers must have the capacity and commitment to do so. Very often, due to social norms and gender inequality, young people, especially girls, are restricted from exercising their full rights to make informed choices about their lives. To overcome these limitations, action 23 of the 25 recommended actions focuses on building capacity and commitment among service providers to deliver sexual and reproductive health services to youth that are responsive to their needs.

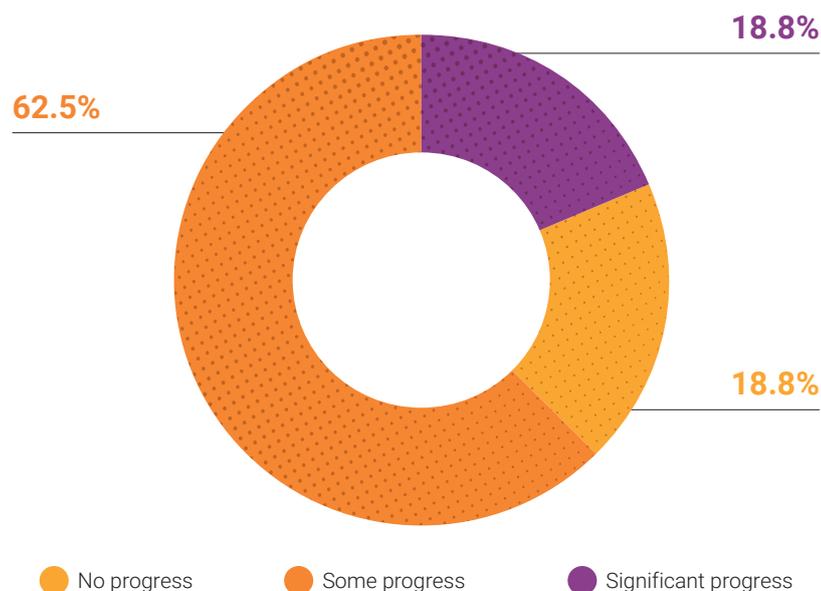
Action 23: *Build capacity and professional commitment of service providers to deliver rights-based information and services for sexual and reproductive health, particularly contraceptive services, responsive and relevant to the specific needs of adolescents and youth with attention to key and vulnerable populations and those living in humanitarian and fragile contexts.*

23.1. Improving service provider capacity to deliver rights-based information and services to adolescents and youth

Service providers must have specific education and clinical skills to deliver rights-based information and services for sexual and reproductive health, including contraceptive services, to adolescents and youth. Countries and territories reported whether there had been any improvement in service provider capacity in this area.



Since 2016, has there been any improvement in service providers' capability to deliver rights-based information and services for sexual and reproductive health, particularly contraceptive services, that respond to and are relevant to the specific needs of adolescents and youth?



Thirteen of sixteen countries and territories reporting indicated that there had been an improvement in service providers' capacity to deliver rights-based information and services that are relevant and responsive to the needs of young people. Three of the respondents reported significant improvement.

In the actions and activities UNFPA has undertaken to improve providers' capacity and professional commitment to deliver rights-based information and family planning services to adolescents and youth in the region, UNFPA has demonstrated significant engagement, advocacy and support at many levels and with a variety of partners.

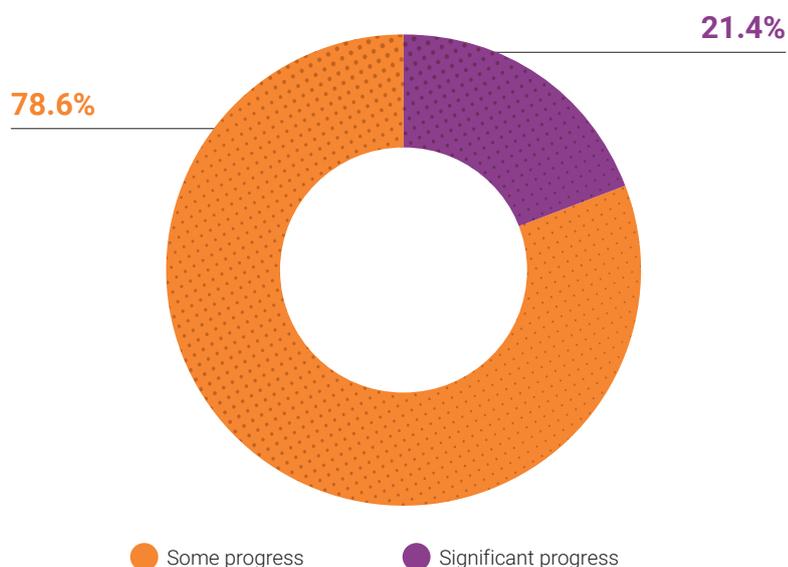
UNFPA has played key and supporting roles in drafting and updating evidence-based family planning guidelines for service providers to build the capacity of providers to deliver rights-based information and services to youth, including through the ViC online training platform. Countries have also demonstrated efforts to improve medical education with regard to preparing service providers to deliver rights-based services. UNFPA has supported the training of teaching and academic staff to instil in medical students, residents and all practising doctors facing youth, ranging from family doctors to gynaecologists, the importance of counselling in family planning and of clients' autonomy in choosing the most suitable contraceptive methods for themselves.

23.2. Improving service provider capacity to deliver rights-based information and services to adolescents and youth from key and vulnerable populations and those living in humanitarian and fragile contexts

Similarly, countries and territories reported on improving service provider capacity to deliver rights-based information and services, particularly contraceptive services, to adolescents and youth from key and vulnerable populations and those living in humanitarian and fragile contexts.



Since 2016, has there been improvement in service provider capacity to deliver rights-based information and services for sexual and reproductive health, particularly contraceptive services, that respond to and are relevant to the specific needs of adolescents and youth from key and vulnerable populations and those living in humanitarian and fragile contexts?



All countries and territories that responded indicated progress in this area: 11 indicated some progress, and 3 indicated significant progress. To achieve such progress, UNFPA worked with governments and partners and played key roles in reaching youth from key and vulnerable populations as well as those living in humanitarian and fragile contexts.

UNFPA supported training for providers and other professionals to meet the needs of these youth in a variety of effective ways. For example, in Bosnia and Herzegovina, North Macedonia and Serbia, UNFPA advocated for and supported MISP training for emergency preparedness and response and introductory training among providers at

primary health care centres and at youth-friendly health centres to ensure the delivery of evidence-based services to these populations. These trainings are developed and delivered in line with international standards, and in some cases they are developed and delivered in coordination with international agencies such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and UNAIDS, as in Albania and the Republic of Moldova. UNFPA also supported the development of online courses to build the capacity of medical and other providers and to deliver rights-based information and services to youth from key populations. For example, Georgia, in partnership with the Ministry of Health and the Tbilisi State Medical University, developed a ViC module on HIV prevention and sexual and reproductive health service standards for young key populations.

UNFPA also played a supporting and coordinating role in the region in developing and implementing national policies, guidelines and programmes to strengthen the institutional capacity to meet the sexual and reproductive health needs of youth from key and vulnerable populations and those living in humanitarian and fragile contexts. In North Macedonia, for example, UNFPA supported and advocated for the inclusion of MISP in the national preparedness and response plan. In the Republic of Moldova, UNFPA supported the development of a regulation that has a provision that aims to facilitate and improve the distribution of contraceptives to young people, including in public health emergencies. In Tajikistan, UNFPA supported the implementation of a programme, following a national decree related to adolescents and youth, to improve access to counselling, medical referrals and condoms for sex workers and for men who have sex with men, including among youth. All these efforts involved ensuring that service providers would be able to meet the needs of youth among key populations and those in humanitarian and fragile contexts.



CASE STUDY

PROVIDING RIGHTS-BASED INFORMATION AND SERVICES TO BOYS IN HUMANITARIAN AND FRAGILE CONTEXTS IN BOSNIA AND HERZEGOVINA

UNFPA Bosnia and Herzegovina



Applying the Boys on the Move methodology,³⁸ UNFPA in Bosnia and Herzegovina provided sexual and reproductive health education services to hundreds of unaccompanied and separated migrant boys in temporary reception centres in the country.

UNFPA supported the creation of dedicated centres for boys within the temporary reception centres where Boys on the Move sessions were carried out. These centres came to be seen as safe spaces for boys to express themselves openly. The creation of these safe spaces enabled the country to identify cases of gender-based violence among boys.

Importantly, these boys came to recognize and rely on UNFPA as a group that is working especially for their health and well-being.

38 Boys on the Move works to provide potentially life-saving information and build competencies in boys and young men experiencing changing and challenging circumstances. The programme is based on a non-formal curriculum designed for unaccompanied and separated male adolescents displaced by conflict, poverty or related causes. It is delivered over ten sessions that each address various issues that they face during their migration journeys, including topics such as sexuality education, money, emotions and managing healthy relationships. For more information, see UNFPA Eastern Europe and Central Asia Regional Office and UNICEF, "Boys on the Move: A life skills programme for unaccompanied adolescent male migrants and refugees", December 2019; and the second edition of the Boys on the Move participant book: UNFPA Eastern Europe and Central Asia Regional Office and UNICEF, *Boys on the Move for Older Boys and Young Men: A Life Skills Programme for Unaccompanied Male Adolescents and Young Men*, 2nd ed. (Istanbul, 2019).

BACKGROUND

In 2017–2018, the government of Bosnia and Herzegovina opened temporary reception centres for migrants. UNFPA engaged in efforts to respond to the migrant crisis and initially implemented a rapid assessment for gender-based violence in the context of mixed migration. UNFPA based its further activities on the assessment's recommendations and opened safe centres for women and girls at the temporary reception centres, which offered psychosocial support and various empowerment activities, including reliable information and services in the area of sexual and reproductive health and gender-based violence. Soon, however, it became clear that many migrants reaching the temporary reception centres were unaccompanied children, very often boys who were at high risk of abuse and who were survivors of gender-based violence. Since no sexual and reproductive health services were available for this group, UNFPA worked to ensure that the boys got the health education and services they needed.

CHALLENGES AND ACTIONS

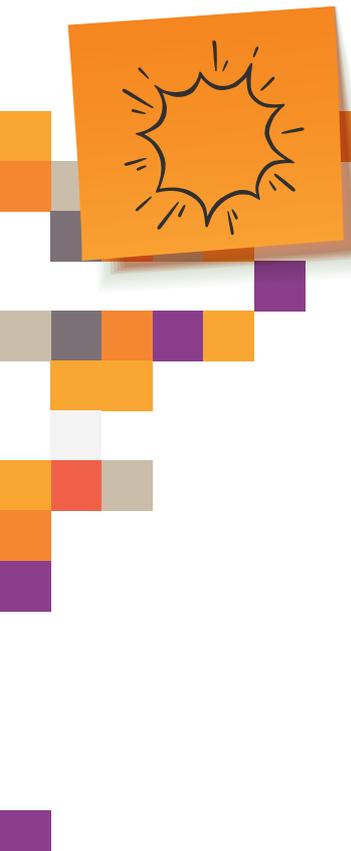
Things moved and changed very quickly at the temporary reception centres. For example, the categories of people welcomed by the reception centres changed quickly—from women and girls, to families, to men and boys. UNFPA and its partners faced a challenge in adjusting their activities very quickly and followed trends to make sure to be present where the needs were greater and their services would be most useful.

The need for condoms was clear when this effort began. While working on strengthening local capacities for procuring quality-assured condoms, UNFPA worked with its implementing partner, Association XY, to distribute among migrants. Later, UNFPA made a one-off local procurement of 10,000 high-quality condoms (with prior authorization of the UNFPA Procurement Services branch). The condoms were distributed across several temporary reception centres to top up the quantities provided by other humanitarian partners.

LESSONS LEARNED AND RECOMMENDATIONS

- **Evidence-based activities.** An initial assessment and continuous monitoring are crucial to adapting activities in line with constantly changing situations and for the activities to continue responding best to the needs of target populations.
- **Be creative about sharing information about services to beneficiaries.** To avoid discouraging boys from attending Boys on the Move sessions, UNFPA focused on creative social activities rather than announcing up front that they would be talking about sexual and reproductive health and condoms. Informal activities, such as social activities or sports, before introducing Boys on the Move sessions helped make a comfortable transition in the discussions.

- **Engage cultural mediators.** While it is important to communicate with migrants in their own languages, it is also important to relate around cultural issues. Cultural mediators, including bidirectional cultural mediators, are essential to providing quality services.
- **Recognize the connection between psychological well-being, sexual and reproductive health and gender-based violence.** Be sure to not approach people's health needs in silos. While a person may be fine physically, they may have underlying issues. Work to present types of services as a package so that beneficiaries understand what is available.
- **Maintain organized files for individual beneficiaries.** Migrants leave and return to temporary reception centres, and UNFPA worked to maintain monitoring reports for individual beneficiaries and to follow up cases. If a person left the camp and moved to another part of the country, UNFPA worked to contact local providers to update them on the case and needs in order to prevent the person from being retraumatized. This work was done while maintaining data confidentiality.
- **The need for raising awareness of the fact that boys need sexual and reproductive health services.** UNFPA observed that there is little awareness in the international NGO and humanitarian arena of boys' needs in the area of sexual and reproductive health. Awareness should be raised among international humanitarian actors to respond to the full spectrum of needs in humanitarian and fragile contexts.



Action 24

Multisectoral response to holistically address the needs of adolescents and youth

A multisectoral approach can reach new partners, build synergies and move forward new, more robust approaches to addressing the needs of all adolescents and youth. Reproductive health services are often exclusively available in the health sector, but a broader set of actors, such as civil society and ministries of planning and finance, are necessary for contraceptive security and to address the needs of adolescents and youth holistically. Action 24 is targeted at engaging a multisectoral response.

Action 24: *Facilitate a multisectoral response to address holistically the needs of adolescents and youth including key populations with a specific focus on in- and out-of-school comprehensive sexuality education and creating information and referral networks between sectors.*

24.1. Multisectoral approach to comprehensive sexuality education

UNFPA in the region of Eastern Europe and Central Asia described actions it had taken to facilitate a multisectoral response in developing in- and out-of-school comprehensive sexuality education that holistically addresses the needs of adolescents and youth, including key populations. UNFPA has succeeded in reaching very broadly across sectors to bring partners together to meet young people's needs in this area.

Countries and territories reported having worked with diverse actors, beyond the health sector, to develop and deliver comprehensive sexuality education in and out of school. These actors included:

- media
- NGOs and non-profit organizations (youth, education)
- local government offices (education, health)
- national ministries (sport, demography, population, foreign affairs)
- other UN agencies (UNESCO, WHO) and UN youth working groups

UNFPA has played pivotal roles in coordinating, supporting and facilitating activities between multisectoral partners to develop and deliver comprehensive sexuality education in and out of school.

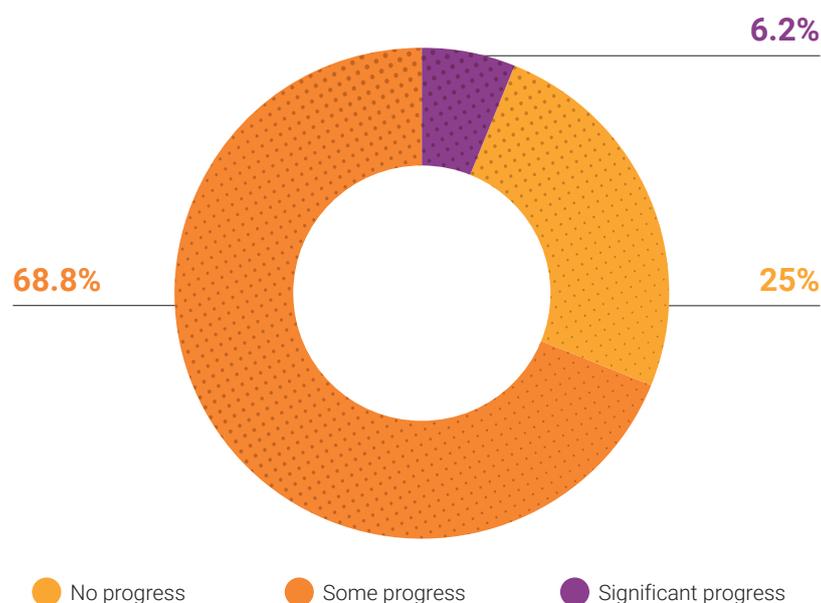
UNFPA has relied on a multisectoral approach to raise awareness of, promote and deliver comprehensive sexuality education. This has included serving on committees, engaging various local and national government offices, and also the media, as in Albania and Tajikistan, as well as organizing events, such as health fairs, which UNFPA in Bosnia and Herzegovina organizes in cooperation with medical student associations and NGOs. UNFPA worked closely with and supported a multisectoral response to organize awareness-raising activities and deliver comprehensive sexuality education during related occasions, such as events around World AIDS Day, as organized in Bosnia and Herzegovina, and events organized in the lead-up to the Nairobi Summit in 2019, as UNFPA in Serbia did.

Multisectoral engagement has been effective in coordinating peer-to-peer networks for comprehensive sexuality education in and out of school. In Uzbekistan, UNFPA supported ministries of health, public education, and higher and vocational education to launch a pilot project for adolescent girls through peer-to-peer methodologies. In Georgia, UNFPA has supported the implementation of peer-to-peer education in cooperation with education resource centres. In the Republic of Moldova, UNFPA has had success developing a national peer-to-peer educator network through Y-PEER, a youth peer education network, with support from partners in the health sector and coordination by the Ministry of Education, Culture and Research.

UNFPA has facilitated multisectoral action to provide comprehensive sexuality education particularly for adolescents and young key populations. This has involved coordinating between ministries from different sectors to advocate for the comprehensive sexuality needs of youth in humanitarian settings, as in Azerbaijan. In Albania, UNFPA plays an important role in the Global Fund's interventions among vulnerable youth aimed at providing sexuality education in an effort to reduce the HIV infection rate. In North Macedonia, UNFPA has supported a programme to develop comprehensive sexuality education for people with autism spectrum disorder.

A multisectoral response to addressing the needs of all adolescents and youth provides greater opportunity to address their needs holistically. Countries reported on the effectiveness of comprehensive sexuality education to holistically address the needs of adolescents and youth, including key populations.

Has there been progress in how comprehensive and holistic sexuality education has been in addressing the needs of adolescents and youth since 2016, including key populations?



Only 4 of the 16 countries and territories responding indicated no progress. One respondent indicated significant progress, and 11 indicated progress on the ability of comprehensive sexuality education to holistically address the needs of all adolescents and youth. In countries and territories reporting progress in this area, comprehensive sexuality education not only educates but also empowers youth to choose healthy behaviours and a healthy lifestyle, including around contraceptives. Through multisectoral action, engaging partners from a wide range of sectors at every level, UNFPA has played a significant role in improving comprehensive sexuality education so that it holistically addresses the needs of all adolescents and youth.

24.2. Strengthening referral networks

A multisectoral response to meeting young people's family planning needs also involves creating information and referral networks between sectors to reach as many youth as possible and as necessary. UNFPA in the region has worked to build connections between actors across sectors to make sure the sexual and reproductive health and family planning needs of youth are met.

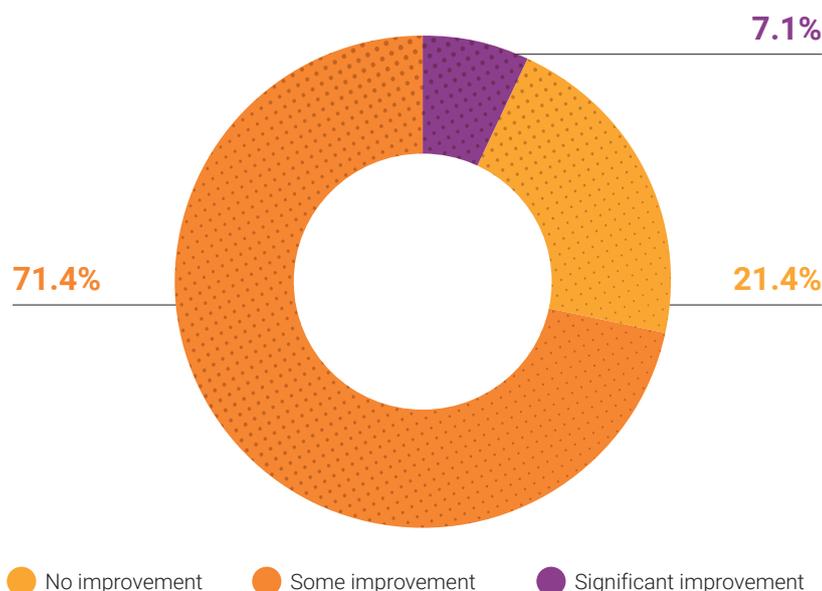
UNFPA's active participation in the region as a member or coordinator of multisectoral committees and working groups aimed at addressing the sexual and reproductive health needs of adolescents and youth has served to build relationships between organizations across sectors to facilitate the creation of information and referral networks between

sectors. Where UNFPA has supported or delivered training, that training has served to strengthen collaboration between NGOs, health care providers and other actors, which ultimately strengthens referral networks. Moreover, even where no formal referral networks exist, UNFPA maintains close contacts with organizations across sectors to monitor the needs of youth and to make referrals where necessary.

Countries reported whether the ability of information and referral networks to address holistically the needs of adolescents and youth, including key populations, had been improved since 2016.



Since 2016, has there been any improvement in the ability of information and referral networks to address holistically the needs of adolescents and youth, including key populations?



Of 14 countries and territories reporting, 11 reported improvement in the ability of information and referral networks to holistically address the needs of adolescents and youth, one of which reported significant improvement. To improve information and referral networks, UNFPA has included their improvement as part of its capacity-building for service providers. In Ukraine, UNFPA has developed an online database of trained “friendly doctors” for key populations.³⁹ Finally, peer-to-peer networks serve as important information networks, and UNFPA continues to support and coordinate such networks

³⁹ The database includes programmes to develop networks of so-called friendly doctors among general practitioners that service people living with HIV, men who have sex with men, people who use drugs, sex workers and transgender people in Ukraine. These are a priori service delivery programmes but have strong human rights elements built into them, including training of health workers on human rights and medical ethics.



CASE STUDY

PEER NETWORKS EMPOWER GIRLS FOR THEIR HEALTH AND RIGHTS IN UZBEKISTAN

UNFPA Kazakhstan



In late 2019, UNFPA launched a pilot programme in Uzbekistan designed to increase awareness among teenage girls about healthy lifestyles, reproductive health issues and their rights. The programme created a network of peer educators among girls, and in less than six months the pilot programme reached around 15,000 girls, including girls in often difficult-to-reach rural areas. The programme served as a tool that educated and trained girls and empowered them to develop their own initiative around youth sexuality education. The girls who were trainers in the programme went on to develop and implement their own training for their boy peers and reached 200–300 of them. The success of this pilot programme led to its inclusion in the government's five-year plan. It has become an important stepping stone in advancing UNFPA strategy in Uzbekistan for comprehensive sexuality education to be included on the agenda of the Ministry of Public Education, in cooperation with the Ministry of Health.

BACKGROUND

The restructuring of the primary health care system in Uzbekistan resulted in the integration of women's counselling services into existing clinics, and the Ministry of Health issued an order that these centres should have an office dedicated to adolescent girls' health. The order was aimed at improving not only the quality of services but also young girls' understanding of issues they should be aware of regarding their health. It also was directed at organizing teams of volunteers within these centres to raise awareness among their peers of reproductive health topics. In this context, the Ministry of Health requested that UNFPA pilot a project in which

girl activists would be trained to deliver sexuality education to their peers in schools. In late 2019, and in the spirit of the “leave no one behind” principle⁴⁰ underpinning the implementation of the 2030 Agenda in Uzbekistan, the pilot was launched in a rural area of the country where services are not readily available. UNFPA developed a manual and curriculum for peer educators and conducted training among girls who would be peer educators and medical staff who would serve as their mentors. Cooperation among the Ministry of Health, the Ministry of Public Education and the Ministry of Higher and Vocational Education, with UNFPA support, was crucial for the launch and success of this pilot programme.

CHALLENGES AND ACTIONS

Concerns arose at the initiation of the project because, under Uzbekistan law, adults are prohibited from speaking to an underage person without parental consent, which is very difficult to obtain when the topic is sexual and reproductive health. In order to move forward with the project, UNFPA organized an effort to get approval from parents before approaching the girls.

UNFPA also faced the challenge of moving the project forward while respecting sensitivity around the topic. Because of cultural and religious sensitivities, UNFPA, in consultation with relevant ministries and government officials, decided that manuals would not include issues of sexuality because it is a sensitive topic. However, national partners are supportive of the general idea, and another series of training courses is being planned.

The COVID-19 pandemic posed a challenge, particularly in rural areas. Because in-person meetings could not take place, alternative ways of delivering peer education were necessary. While alternatives were possible in urban areas, they were not readily available in rural areas, where access to the internet and mobile data are unreliable.

The programme was a great success and garnered a lot of attention. Due to this success, localities across the country have expressed to UNFPA an interest in launching their own pilot with UNFPA support. However, the question of quickly scaling up the programme—locating resources and handling logistics—poses a major challenge.

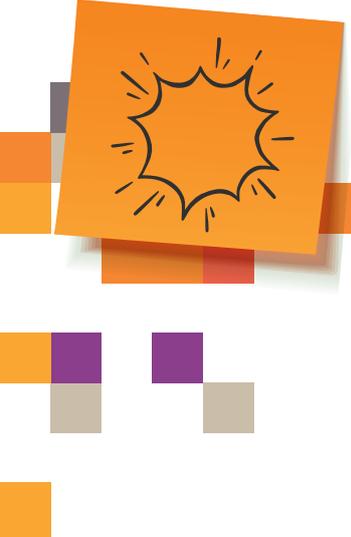
LESSONS LEARNED AND RECOMMENDATIONS

- **Maintain a detailed reporting tool.** UNFPA initiated the pilot project and the plan for its implementation with the cooperation of national partners who were responsible for monitoring and evaluation of the impact; however, the monitoring and evaluation tools have not been effective. While quick output assessments have been possible, they lack the detail needed to provide certainty about the information and services that peer educators provide. In this regard, it is important

40 Nenad Rava and Lisa Kurbiel, “Leave No One Behind”, Joint SDG Fund website, 14 February 2020.

to have foresight about what detailed and substantive information is needed for evaluation and how to collect it. Adolescents may not be able to report on their own due to a lack of internet access and devices, and the relevant ministry should be involved in developing these tools.

- **Measure long-term effects.** Indicators should be developed to measure the changes in behaviour of rural adolescents and to determine whether they substantially change their behaviour and have influence on their peers. Indicators such as these can only be measured by in-depth analysis, and this should be planned for.
- **Use peer-to-peer methodology.** The peer-to-peer methodology is very useful for training on not only health information but also soft skills. Interactive training is important for young people, and training on soft skills will help young people participate in social life and apply lessons learned to assert their rights.
- **Plan for sustainability.** Projects should align with the government agenda, especially when schools are involved, as they have capacity for official coordination. The NGO sector is also very important for sustainability when trying to get informal groups to participate and to maintain their participation.
- **Be aware of potential cultural and political barriers.** Before eagerly embarking on a project like this one, understanding the cultural and political landscape is necessary to avoid setbacks. Conduct surveys to better understand what topics may be sensitive, including among government officials, and become familiar with the applicable law. Peer-to-peer education is less effective during a pandemic, when adolescents are cut off from their peers and, in the case of rural areas, cut off from communication tools.



Action 25

Generate good-quality disaggregated data on the sexual and reproductive health and rights of adolescents and youth

Good-quality data provides an avenue to assess needs, health-seeking patterns, the use of services, the quality of services and the use of a human rights–based approach in all settings. When data are disaggregated, it provides insight into inequalities and into the needs of specific groups of vulnerable or particularly disadvantaged people. This final action of the 25 recommended actions for ending unmet need by 2030 aims to ensure that these data are available for adolescents and youth, including very young adolescents, so that UNFPA may respond appropriately.

Action 25: *Generate good quality disaggregated data on adolescents and youth sexual and reproductive health and rights including very young adolescents aged 10-14 to better understand their needs, health-seeking patterns and use of services, as well as the quality of service provision and use of a human rights-based approach in all settings, applying participatory and innovative data-collection methods and integrated into existing data-collection platforms.*

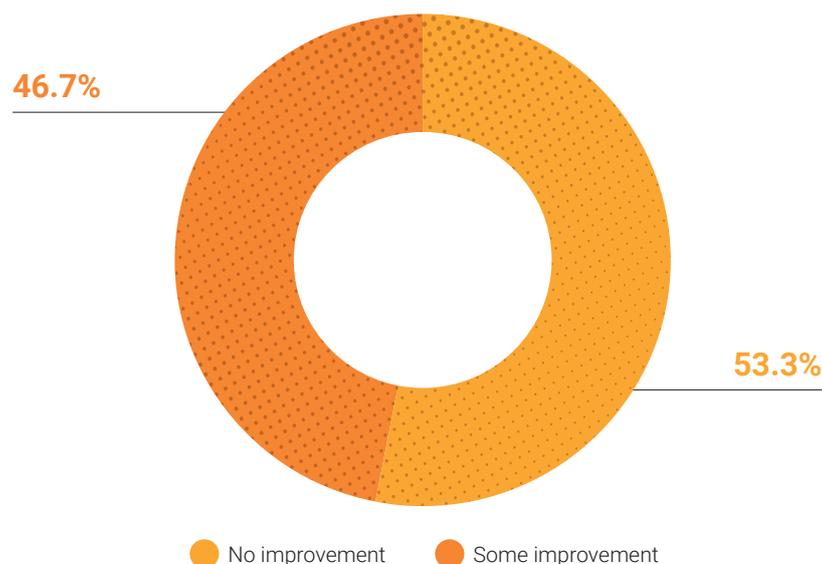
25.1. Disaggregation of data on the sexual and reproductive health and rights of adolescents and youth

In order to understand the unmet family planning needs of vulnerable and disadvantaged adolescents and youth, countries and territories must have the necessary data on hand to do so. This requires the broad collection of evidence on family planning needs and the disaggregation of that data to get a clear view of the needs, health-seeking behaviour and utilization and perceived quality of service provision among this population, as well as the application of a human rights–based approach in all settings.

Countries and territories reported whether there had been any improvement in the disaggregation of data on the sexual and reproductive health and rights of adolescents and youth in order to understand adolescent needs, including those of very young adolescents aged 10–14.



Since 2016, has there been any improvement in the disaggregation of data on adolescents and youth sexual and reproductive health and rights to understand adolescent (including very young adolescents aged 10–14) needs, health-seeking patterns, access to and use of services, quality of services and ability to exercise their rights in all settings?



Seven of 15 countries and territories responding indicated improvement in the disaggregation of data, while eight countries indicated no improvement.

In Albania and Kyrgyzstan, UNFPA reported having collected and disaggregated data on adolescents and youth in the following areas:

- gender
- age
- residence
- education
- income level
- socio-economic status

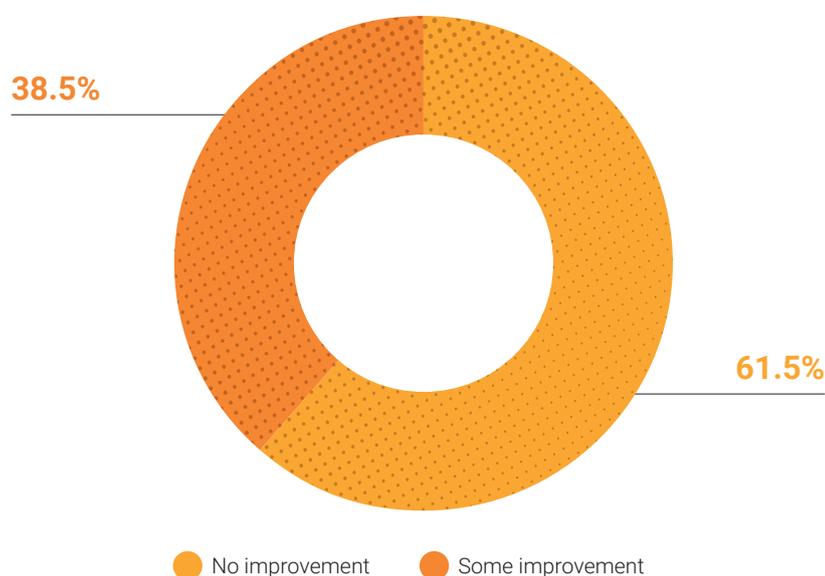
UNFPA supports countries' data collection activities carried out in the context of periodic national surveys and national strategies. These national efforts and strategies range from those aimed at collecting data from the entire population to those targeted narrowly at gathering data from youth, including the World Health Organization's health behaviour in school-aged children survey. In addition to supporting data collection, countries have also advocated for and recommended that countries disaggregate data.

25.2. Use of participatory and innovative data collection methods

To collect data that are most reflective of and responsive to adolescents and youth, participatory and innovative methods should be used. These methods may be integrated into existing data collection platforms to make for more robust data collection.



Since 2016, has there been any improvement in the participatory and/or innovative data collection methods used to generate data on the reproductive health and rights of adolescents and youth, including very young adolescents aged 10–14?



Of 15 countries and territories responding, 7 indicated improvement in using participatory and innovative data collection methods.

In the Republic of Moldova, UNFPA supported carrying out a comprehensive qualitative study on adolescent pregnancy. The study included focus groups, interviews with girls who had experienced pregnancy and interviews with their parents and male partners. In Uzbekistan, data are collected in a participatory manner and is integrated into existing data collection platforms through the U-report platform, which collects data through messaging applications and text messages, and the data are available online publicly. In Uzbekistan, UNFPA cooperates to develop survey questions related to sexual and reproductive health and rights.

Conclusion

UNFPA has engaged in broad actions at all levels, from within and alongside communities to working with governments to make progress in this area. UNFPA has implemented innovative programmes, such as web and mobile platforms and peer-to-peer education networks, to improve access to information. It has worked with governments in varying capacities to develop both broad and narrow laws and policies to address and protect the sexual and reproductive health of youth. Finally, countries have taken steps at the service level to make sure that services are responsive to all adolescents and youth so that they might fulfil their rights and choices.

By providing policy advocacy and support, implementing programmes, delivering training and conducting other activities in communities and at the national level, UNFPA in Eastern Europe and Central Asia has been able to build the capacity of service providers to deliver rights-based information and services for sexual and reproductive health, including contraceptive services. The progress described in this area has the potential to meet all young people's sexual and reproductive health and family planning needs.

UNFPA has made great efforts to reach a broad set of actors to address the needs of youth holistically, including to provide comprehensive sexuality education in and out of school as well as to create strong information and referral networks between sectors. These efforts contribute to multisectoral approaches that will facilitate collaboration with new partners and lead to approaches, within and beyond the health sector, that respond more directly to the needs of all adolescents and youth.

With regard to generating good-quality disaggregated data on the sexual and reproductive health and rights of adolescents and youth, including very young adolescents aged 10–14, through participatory and innovative data collection methods, most countries in the region have not improved significantly since 2016. Countries that reported progress have, however, supported the collection of some disaggregated data among this group and have used participatory and innovative data collection methods, including integrating them into existing data collection platforms.