

**MINISTRY OF HEALTH OF THE KYRGYZ REPUBLIC**

**NATIONAL COSTED IMPLEMENTATION PLAN  
FOR FAMILY PLANNING**

**DECEMBER 2020**

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## ABBREVIATIONS

<b>SC</b>	Civil society
<b>FDG</b>	Family doctors group
<b>EECA</b>	Eastern Europe and Central Asia
<b>IUD</b>	Intrauterine device
<b>AP</b>	Additional package
<b>JK</b>	Jogorku Kenesh
<b>WRA</b>	Women of reproductive age
<b>HLS</b>	Healthy lifestyle
<b>LMIS</b>	Logistics management information system
<b>KSMIRAT</b>	Kyrgyz State Medical Institute for Retraining and Advanced Training
<b>KSMA</b>	Kyrgyz State Medical Academy
<b>COC</b>	Combined oral contraceptives
<b>FPU</b>	Family planning unit
<b>KR</b>	The Kyrgyz Republic
<b>Cs</b>	Contraceptives
<b>FPAB</b>	Family Planning Advisory Board
<b>HPU</b>	Health promotion unit
<b>DHS</b>	Demographic and health survey
<b>MoH</b>	Ministry of Health
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>M&amp;E</b>	Monitoring and Evaluation
<b>ICPD</b>	International Conference on Population and Development
<b>MOES</b>	Ministry of Education and Science
<b>MF</b>	Ministry of Finance
<b>CIP</b>	Costed Implementation Plan
<b>NSC</b>	National Statistical Committee

<b>HCO</b>	Health care organization
<b>MHI</b>	Mandatory health insurance
<b>UN</b>	The United Nations
<b>DCHR</b>	District Center for Human Reproduction
<b>EML</b>	Essential Medicines List
<b>PHC</b>	Primary health care
<b>FP</b>	Family planning
<b>SW</b>	Software
<b>RH</b>	Reproductive health
<b>VHC</b>	Village Health Committees
<b>MM</b>	Mass media
<b>FAP</b>	Feldsher-midwifery point
<b>MHIF</b>	Mandatory Health Insurance Fund
<b>GMPC</b>	General medical practice center
<b>FMC</b>	Family medicine center
<b>SDG</b>	Sustainable Development Goals

## **1. INTRODUCTION**

### **1.1. REVIEW**

National Costed Implementation Plan (hereinafter referred to as CIP) for family planning is a policy document reflecting the country's needs for reproductive health services and is intended for enhancing the role of public sector and consolidation of country efforts and investments of partners in family planning programs.

The goal of CIP is to formulate the national priorities, identify the resources and guide the implementation of FP programs on national and local levels in order to attain the expected results. CIP is a roadmap for all stakeholders (Government, Ministry of Health, development partners, civil society and private sector). It reflects the priority intervention areas for family planning programs. CIP is aligned with goals of FP2020 and includes costed implementation plan to ensure that the Government and partners could understand it and make their contribution into budget requirements of family planning programs over the next five years.

Thus, CIP serves as the tool for ensuring mobilization of donor resources and national budget to meet government commitments in the implementation of family planning programs.

For addressing the existing problems and identification of opportunities for empowering the population in terms of family planning issues in the country, CIP for 2020-2024 focuses on six thematic areas. These are strategic management, governance and partnerships; funding and sustainability; product safety; record-keeping and reporting; provision of family planning services; creating demand; youth issues.

### **1.2. RATIONALE AND USE OF NATIONAL COSTED IMPLEMENTATION PLAN FOR FAMILY PLANNING. PROCESS OF CIP DEVELOPMENT**

Ministry of Health of the KR has developed this CIP for 2020-2024 in line with the program of the Government of the Kyrgyz Republic on public health protection and health care system development for 2019-2030 "Healthy Person - Prosperous Country", which was endorsed by the Resolution of the Government of the KR # 600 dated December 20, 2018, taking into account the lessons learnt from the implementation of the National strategy for reproductive health protection in the Kyrgyz Republic to 2015 (Decree of President of the Kyrgyz Republic #387 as of July 15, 2006) and commitments on Family Planning 2020 in November 2018. These commitments are downloaded on FP2020 platform <https://www.familyplanning2020.org/kyrgyzstan> so that the internal and external stakeholders including development partners, civil and private sectors could track the progress of the Kyrgyz Republic towards achievement of goals set on behalf of women, girls, families and community in the Kyrgyz Republic.

The commitments history began on May 23, 2017, when the Committee on Population of the Jogorku Kenesh of the Kyrgyz Republic of VI convocation, Ministry of Health and Mandatory Health Insurance Fund of the Kyrgyz Republic, with support from UNFPA, held the first national round table: "Problems in access to family planning methods in the Kyrgyz Republic" to draw attention to family planning issues and access to contraceptives. The round table focused on

strengthening the commitment of public sector and encouraging public procurement of contraceptives for women from risk groups, which could contribute to prevention of unwanted pregnancies, prevention of pregnancy and childbirth related risks and reduction of maternal and infant mortality.

Owing to the round table, the participants adopted the Resolution on further improvement of family planning services and access to contraceptives. One of the key recommendations was to allocate budgetary funds for procurement of contraceptives for women from risk groups. Subsequent analysis and a few meetings of decision-makers (including MoH of KR, civil sector, Committee on social affairs, education, science, culture and health), taking into account the importance of issues raised in relation to family planning, has led to approval of Resolution based on the Decision #6-14687/17 dated June 22, 2017.

At the same time, in the context of commitment of the Parliament and the Ministry of Health, there was officially presented a letter of intent to London (Great Britain), on behalf of Jogorku Kenesh and MoH of KR as of July 5, 2017, and the Statement of Intent of the Kyrgyz Republic to join FP2020 initiative as one of 69 member-countries and increase government financing to meet the needs of 50% of women at high medical and social risks of maternal mortality by 2020 was announced on global Family Planning Summit.

On Nairobi Summit, held in November 2019 to mark the 25<sup>th</sup> anniversary of International Conference on Population and Development (hereinafter referred to as ICPD), representatives of MoH of KR, Parliament and civil society confirmed their commitment to implementation their obligations on FP2020, which were presented on this Summit, to meet the need in information and high quality family planning services, universal availability of safe and modern contraceptives.

In the frame of commitments taken, in April 2019 there was established Family Planning Advisory Board consisting of representatives from MoH of KR, Ministry of Finance, Ministry of Education and Science, State agency for youth affairs, physical culture and sports under the Government of KR, international organizations and non-governmental sector (including youth and religious organizations). Multisectoral approach for establishing the Advisory Board will enable successful implementation of family planning program, maintain political support and remove barriers, as well as contribute to increase of sustainable government funding of FP programs.

There was also established technical working group on FP, consisting of four representatives and various structures (public sector, international organization, NGO, including youth NGO), whose work is currently unregulated.

Following the decision of the second meeting of the Advisory Board, it was planned to develop CIP. CIP should ensure implementation of activities to achieve target indicators and respond to the short-term implementation challenges, simultaneously contributing to continuous improvement of long-term solutions on family planning.

Therefore, this plan will function as the tool for resource mobilization to meet donor and government commitments on family planning program, identification of funding gaps and informing about advocacy. In addition, there will be presented benchmarks and outcome

indicators, which the Government can use on annual basis, as well as progress towards meeting its goals, on different levels.

International commitments of the Kyrgyz Republic on achievement of SDGs and the recommended approach ensuring equal opportunities for all women and adolescents were taken into account in the development of CIP.

CIP development stage includes several major components: analysis of the current context of family planning at country and global levels, identification of key issues, strategic areas and relevant activities for achievement of results, as well as costing for their implementation.

The Plan will contribute to more successful implementation of obligations on family planning; it will serve as the roadmap; and will present an opportunity for monitoring and evaluation of interventions and utilized resources.

CIP covers five-year period, from 2020 to 2024. Midterm review will be held in 2022, on the third year of the 5-year plan. Midterm review aims at analyzing the extent, effectiveness of implemented activities and resources and feasibility of attaining the goals and results. CIP can be reviewed and adjusted taking into account the findings of the midterm review.

Implementation of CIP will cover a number of processes including monitoring of implementation and regular liaison between stakeholders for tracking the progress and barriers.

It is planned that the technical group will annually produce operational reviews, which will be presented to the Advisory Board for discussion. The review will include discussion of challenges and ways for overcoming the barriers in implementation of family planning CIP.

Assessment of CIP activities implementation and the progress in achieving the set goals and objectives will be held in the end of 2024.

CIP will serve as entry point for implementation of family planning activities in the KR and consideration of commitments related to the next Family Planning Strategy to 2030 and achievement of SDGs.

## **2. FAMILY PLANNING IN THE GLOBAL AND REGIONAL CONTEXTS**

At present, the majority of married couples in the world control childbirth through family planning methods. **Family planning means the ability of individual or couple to anticipate and attain their desired number of children and spacing and timing of their births.**<sup>1</sup> 50 years ago, in May 1968, the right of women and couples to decide freely and responsibly on the number and spacing of their children was acknowledged as one of the basic human rights at the International Conference on Human Rights in Teheran.

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<sup>1</sup> <https://www.who.int/ru/news-room/fact-sheets/detail/family-planning-contraception>

In WHO documents, it is noted that despite the multiplicity and significance of challenges faced by the healthcare, the issue of family planning services provision affects more human lives than any other medical problem<sup>2</sup>.

According to estimates of international organizations, 214 million women in the developing countries would like to postpone or exclude pregnancy, but they do not use any contraception method.

Some family planning methods (condoms) ensure prevention of HIV and other sexually transmitted infections.

Family planning/contraception helps to reduce the need for abortion, especially unsafe abortion.

Protecting against unwanted pregnancy, family planning methods or contraception prevent maternal and child mortality cases<sup>3</sup>.

Promoting the activities on family planning services will help attain objectives set in the Sustainable Development Goals, such as: reduce the global maternal mortality ratio (3.1); end preventable deaths of newborns and children under 5 years of age (3.2); ensure universal access to sexual and reproductive health-care services (3.7), including for family planning, information and education, and the integration of reproductive health into national strategies and programmes; achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all (3.8); achieve gender equality and empower all women and girls (5); ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences (5.6.).

As per estimates of the United Nations Population Division, in 2017, on the global level, 63% of married or in-union women of reproductive age were using some contraception method. This was 1,8 times higher than in 1970 (35%). In developing countries group, usage of contraceptives has increased up to 2,6 times compared to 1970, including the least developed countries – almost by 12 times. However, according to the same estimates, every tenth woman in the world has unmet need in family planning, that is to say, they want to stop or delay childbearing but are not using any method of contraception to prevent pregnancy<sup>4</sup>.

Usually, unmet need for family planning is higher where its prevalence is lower.

Only in EECA countries nearly 17 million women of reproductive age have unmet need for family planning.

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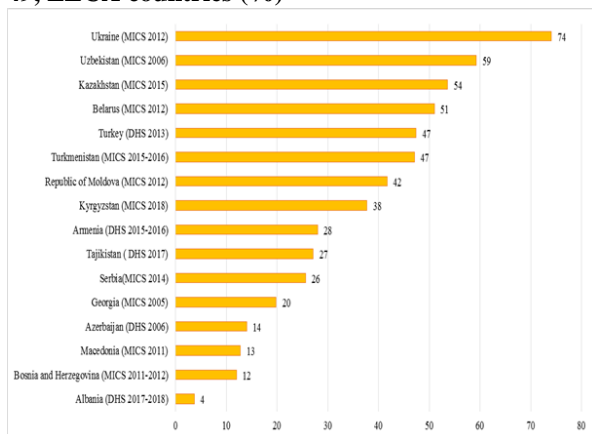
<sup>2</sup> WHO Department of Reproductive Health and Research and Johns Hopkins Bloomberg School of Public Health / Center for Communication Programs (CCP), Knowledge for Health Project. Family Planning: A Global Handbook for Providers (2018 update). Baltimore and Geneva: CCP and WHO, 2018

<sup>3</sup> <https://www.who.int/ru/news-room/fact-sheets/detail/family-planning-contraception>

<sup>4</sup> [https://www.un.org/en/development/desa/population/theme/family-planning/cp\\_model.asp](https://www.un.org/en/development/desa/population/theme/family-planning/cp_model.asp)



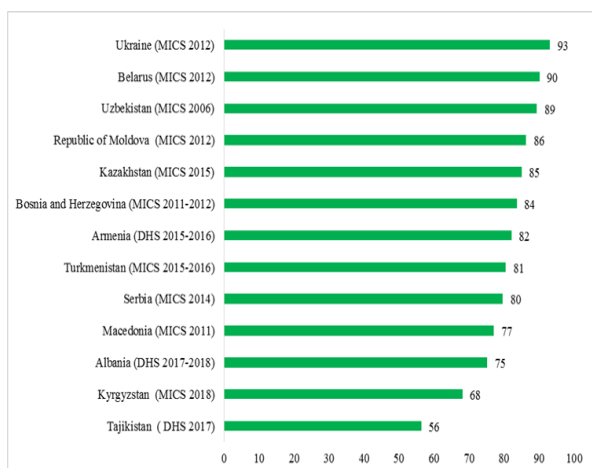
**Graph.1 Use of modern contraception methods by married women or those in an informal union, aged 15-49, EECA countries (%)<sup>5</sup>**



When comparing the situation on use of contraceptive methods by WRA, who are married or are in an informal union in EECA countries, Kyrgyzstan ranks as one of the lowest (39% of WRA use some contraceptive method, MICS 2018), but in terms of using modern contraceptive methods, it ranks as middle (38% of WRA use modern contraceptive methods), Graph 1.

Regarding the share of satisfied demand for any methods of contraception, Kyrgyzstan takes the penultimate place among EECA countries, Graph.2.

**Graph.2 The share of satisfied demand for any methods of contraception, by EECA countries (%)<sup>6</sup>**



## 2.1. SOCIO-DEMOGRAPHIC SITUATION

Kyrgyzstan is located in northern-east of Central Asia and borders with Kazakhstan, Tajikistan, Uzbekistan and China. **Overall territory of the country is 199,9 thousands km<sup>2</sup>**, out of this, up to 90% is located 1500m above the sea level. More than three quarters of the territory consist of mountains. **Kyrgyzstan is divided into 9 administrative-territorial units:** 7 provinces and 2 large cities (in the North and in the South of the country).

As of early 2020, the population of Kyrgyzstan comprised 6523,5 thousand people, out of whom 1/3 lives in urban areas, and 2/3 – in rural areas. Annual population growth rate of the republic for the past years was nearly 2,0%.

<sup>5</sup><https://dhsprogram.com/Publications/Publications-by-Country.cfm>; <http://mics.unicef.org/sur>

<sup>6</sup> The percentage of satisfied demand for contraception is defined as the share of women who are currently married or live in the union with a man and use contraceptives, in relation to the total demand for contraception. The indicator of total demand for contraception includes the number of women with an unmet need for contraception and women who are currently using contraceptives (MICS Kyrgyzstan 2014).

In terms of demographics, the population of Kyrgyzstan is considered as young: over 1/3 of population are children and adolescents under 18 years, and nearly 60% - under 29 years old.

A little more than half of the population of the country are women, out of whom 50,0% - are women of reproductive age, and 16% - are adolescent girls aged 10-19 years old.

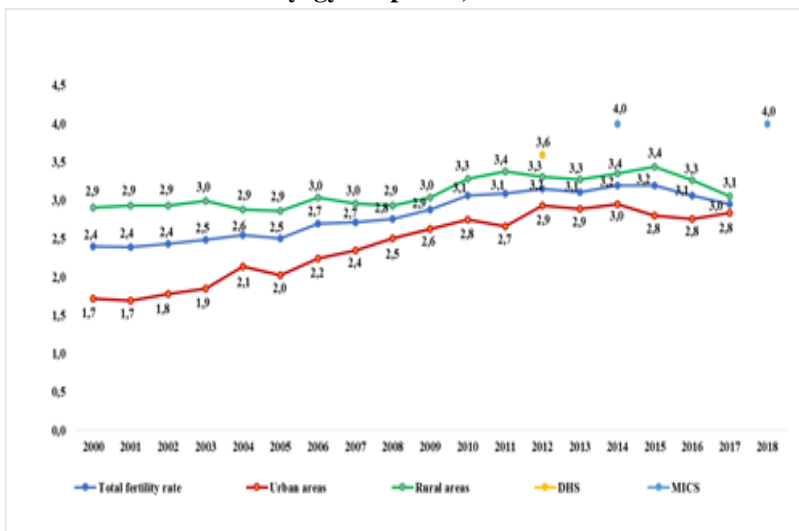
According to forecasts of the United Nations Department of Economic and Social Affairs, by 2050, the population of Kyrgyzstan will increase by 1,3 times and will comprise 8113,0 thousand people<sup>7</sup>.

The republic is characterized by a high intensity of migration processes, both inside and outside of the country, most of which is due to labour migration.

Birth rate in Kyrgyzstan is high: in 2019, the crude birth rate was 26, 6 per 1000 population. From 2000s up to 2014, there was an increase of birth rate in the country, and then up to 2017 there was a downward trend in the indicator, however in 2018 this indicator has increased again due to introduction of incentive payments for birth of a child.

As per official statistics, the total fertility rate for 2019 was 3,34. As per MICS data, the total fertility rate comprised 4,0 in 2014 and 2018 (Graph 3).

Graph.3 Total fertility rate, the Kyrgyz Republic, 2000-2018



Currently, there is a tendency for increase in the number of third-born children in the family, as well as the second-born. The percentage of first-born children is decreasing every year, which is due to the reduction in the number of women aged 20-24 years born in 1990s, when there was a decline in birthrate in the country. Average age of first-time mothers is approximately 24 years old.

Demographic and health surveys held in many countries revealed that short interval between birth of children is associated with increased mortality rate both for mother and a child, especially when spacing between births is less than 24 months. In accordance with DHS 2012 data, in Kyrgyzstan over the half of all births are in line with the recommended the recommended 36-months interval between births. Despite this, more than a quarter of births (26%) occur less than after 24 months after the previous birth (as per DHS 1997-30%).

<sup>7</sup> <https://population.un.org/wpp/Download/Standard/Population/>

One of the country’s challenges is adolescent pregnancy. In spite of the downward trend in the recent years, according to official statistics, nearly 1500 abortions and from 6 to 8 thousand births among 13-19 year-old adolescent girls are registered annually. As per MICS 2018, adolescent birth rate in rural areas is 2 times higher than in urban areas (64 compared to 32 children per 1000 population); every 11<sup>th</sup> adolescent girl aged 15-19 years old is currently married; approximately 13% of women aged 20–24 years old entered into official marriage or informal union for the first time before their 18<sup>th</sup> birthday.

Birth rate and the level of welfare are interconnected: as per MICS 2018, the lowest birth rate among 15-19-year old girls within the three years preceding the survey, was registered in the wealthiest quintile (12 per 1000 girls of this age group), whereas the birth rate among girls of other wealth quintiles comprised from 51 to 91 per 1000 girls in this age category.

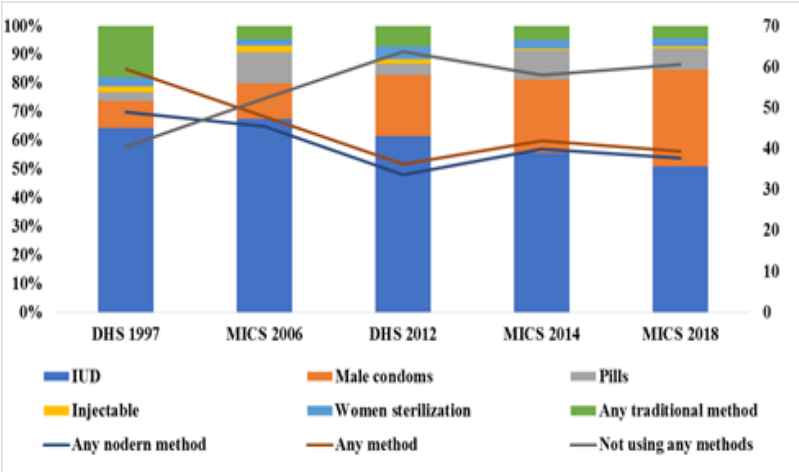
According to largescale research, if mothers are under 20 years old, then their children are prone to the increased risk of mortality both when they are under the age of one year and under 5 years old. In the structure of maternal mortality, for the past years the share of persons under 20 years old has been between 2,7% (2012) and 11,5% (2018).

**2.2. CURRENT SITUATION WITH FAMILY PLANNING**

As per MICS 2018, the percentage of married women or those in an informal union, aged 15-49 years old, using any contraception method was 39,4%, which is lower than the level of 1997 by 33,8% (DHS 1997 – share of women aged 15-49 using any contraceptive method, comprised 59,5%), Graph 4.

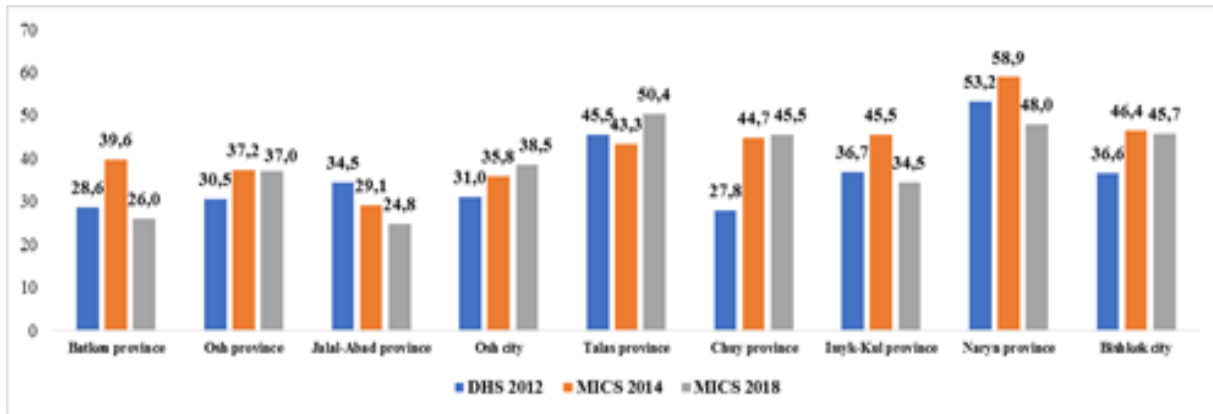
In 2018, the share of women using modern methods of contraception was 37,7% (1997.–48,9%; -22,9%).

**Graph.4 Use of various contraceptive methods by married women or those in an informal union, aged 15-49 years old (%)**



The most popular birth control methods are IUDs (MICS 2018 -19,9%), male condoms (13,2%), hormonal pills (2,9%). For a period of 21 years, there is a decrease in the use of all types of contraception, except for condoms (an increase by 2,3 times) and pills (an increase by 1,7 times),

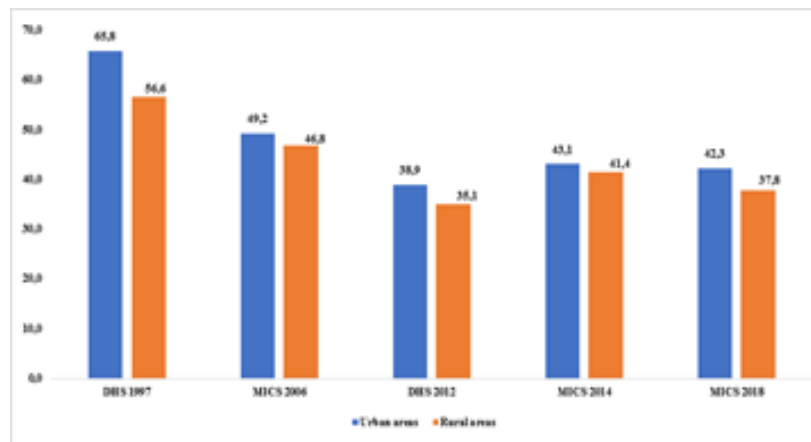
Graph 5. Use of contraception methods by married women or those in an informal union, aged 15-49, by regions (%)



Graph 4.

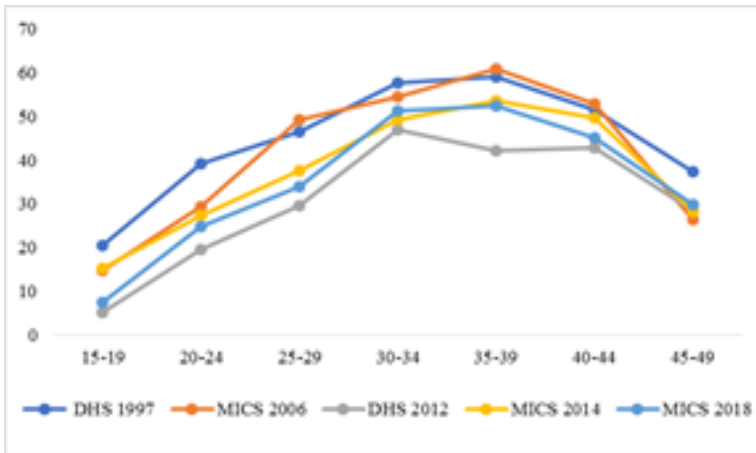
Married women in rural areas use contraceptive methods to a lesser extent than in urban areas, but this difference is not significant (as per MICS 2018 - 42, 3 and 37,8%, respectively), however, it should be mentioned that if in 1997 the difference between the percentage of urban and rural women using contraceptive methods was nearly 14%, in 2014 it has decreased to 4%, and in 2018 the difference increased almost by 11% (Graph 6).

Graph 6. Use of contraceptive methods by married women or those in an informal union, aged 15-49, by urban/rural areas (%)



There is an interdependency between the level of using contraceptive methods and the age of women, their education level, welfare level and the number of children in the family. The lowest level of using contraception methods is among 15-24-year old women.

Graph 7. Use of contraceptive methods by married women or those in an informal union, aged 15-49, by age groups (%)

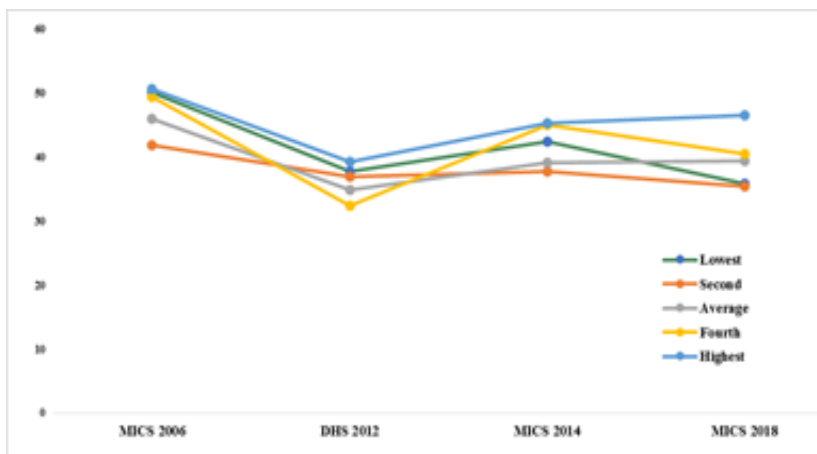


Compared to 1997, the share of married women or those in an informal union who use contraception, has declined in all age categories, but to a greater extent among 15-19-year old women (by 2,8 times; from 20,5% as per DHS 1997 to 7,3% as per MICS 2018.), 20-24-year old women (by 1,6 times; from 39,% to 24,9%), 25-29-year old women (by 1,4 times; from 46,5% to 33,9%), Graph 7.

The percentage of women using contraception is growing along with increase of income levels. A higher level of contraception use by women in the poorest wealth quintile for the past years may indicate that this group of women received contraceptives from humanitarian relief supplies distributed by health workers from health care organizations (Graph 8). Thus, we can expect positive impact from of increased assistance to the population with family planning issues through improved access to contraceptives for women from socially vulnerable groups.

Significant difference between use of contraceptives by married women and those in an informal union who are aged 15-49 occurs depending on the number of children they have. The more children a woman has, the greater the proportion of those who use contraception, which demonstrates that contraception is used as birth control method.

Graph 8. Use of contraceptive methods by married women or those in an informal union, aged 15-49, by welfare levels



The share of pregnancies that ended with artificial abortion, can serve as indirect evidence on the use of contraceptives. In Kyrgyzstan, from 1997 to 2012, as per DHS, the percentage of such pregnancies has dropped by 2,1 times which can indicate the more effective use of contraceptives, however, artificial abortion is still used as birth control method as evidenced by the increase in the level of abortions when women are getting older and consecutive number of pregnancy.

In 42, 1% cases, women decided to make abortion because of their health condition (DHS 2012). One of serious post abortion complications is death of a woman. Since 2000, 1 to 4 maternal deaths caused by abortion are registered annually in the country.

The issue of sexually transmitted infections is still acute (as per DHS 2012, almost 10% of women were infected and had STI symptoms after sexual contacts within the last 12 months preceding the survey). The first case of HIV infection in Kyrgyzstan was registered in 1996. From 2000 to 2019, the incidence of HIV infection has increased by more than 40 times, and from 2013, the spread of this infection has reached the general population, i.e. the main route of transmission was the sexual transmission. Vertical transmission of HIV infection from mother to child comprises 2 to 4% out of total number of newly detected cases of HIV infections.

The share of extragenital pathology in the structure of maternal mortality causes is growing, and for the past years, it comprised nearly 30% of cases.

Given the above, it was important to include not only social, but also medical criteria for vulnerability of reproductive-age women when obtaining contraceptives procured from national budget.

Due to the need for targeted provision of contraceptives, the Ministry of Health has developed and approved the List of categories of people belonging to the medical-social risk group (see Annex 1).

Reproductive health and family planning services in the Kyrgyz Republic are implemented in the frame of multi- level system. At primary health care level (PHC), the services are provided by specialists from Family doctors group (FDG) and Feldsher-midwifery points (FAP), which are structural divisions of provincial and district Family medicine centers (FMC) and General medical practice centers (GMPC). Moreover, on the provincial level of some regions there function District Centers for Human Reproduction (DCHR) that coordinate the implementation of family planning programs.

Before 2019, within the structure of FMC/GMPC there were Family planning units (FPU) that were managed by district coordinators on family planning. At a later stage, FPUs were abolished, and functional duties on family planning were delegated to family doctors, which affected the quality of family programs implementation.

For many years, in large FMCs and DCHRs there functioned units offering youth-friendly services which have proved their effectiveness, however, upon completion of project activities, their work was suspended due to the lack of public funding and reforming the system for provision of health care to population. Lack of sufficient knowledge and experience among PHC medical workers on reproductive health services for adolescents and youth affected the quality of services provided by them. Currently, there is an acute need in enhancing the capacity of PHC specialists on provision

of good quality services on counseling services for adolescents and young people, taking into account their rights and maintaining confidentiality.

Kyrgyz State Medical Institute for Retraining and Advanced Training (KSMIRAT) holds regular workshops on family planning issues for medical workers of all levels. Training programs are based on the national clinical protocols/guidelines, which were developed under technical support from UNFPA.

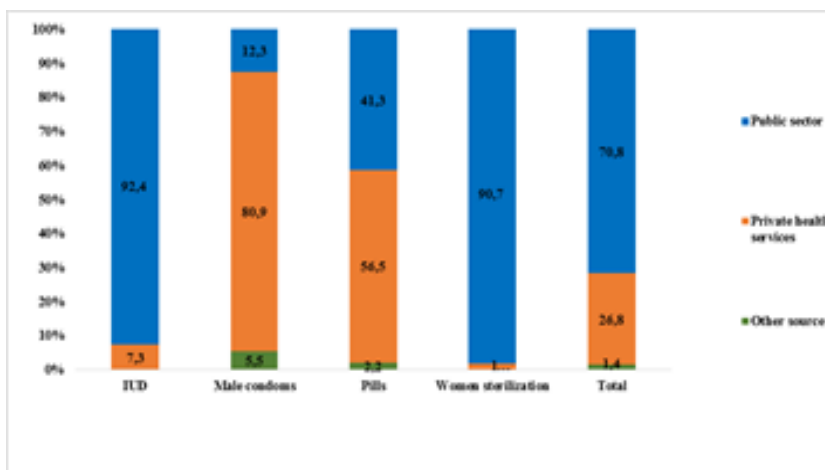
There is a system for record-keeping and reporting in the country, but there are some issues with the quality and completeness of data, automated information systems in health sector are at the stage of formation and development. The existing health information systems do not allow tracking the actual need in contraceptives by WRA from medical and social risk group, as well as targeted provision of contraceptives procured from public funds.

At present, on country's pharmaceutical market there are some restraints for supply of contraceptives and the list of contraceptives due to the current legislation.

Before 2018, the Kyrgyz Republic did not get any budgetary funds for targeted financing of centralized procurement of modern contraceptives. Up to 2015, the country was provided with contraceptives in the frame of humanitarian aid from international organizations (UNFPA, Global Fund, and USAID) that were mainly intended for socially vulnerable groups of population. These contraceptives were distributed via network of PHC level organizations such as Family medicine centers, Family doctors groups and Feldsher-midwifery points.

Inclusion of contraceptives (levonorgestrel 0,03mg+ ethinylestradiol 0,15mg; levonorgestrel 0,05; 0,075; 0,125mg+ ethinylestradiol 0,03;0,04mg; medroxyprogesterone acetate 500mg; copper-containing IUD) into Additional program under Mandatory Health Insurance turned out not to be as effective as expected. Prescriptions for contraceptives are rarely provided by PHC level doctors due to the restricted

Graph 9. Source for provision of modern contraceptives, DHS 2012.



selection of contraceptives and quite high level of compensation payments for contraceptives for women from vulnerable groups of population. Additional program under the Mandatory Health Insurance on provision of medicines to insured citizens at the outpatient level does not envisage subsidized pharmaceutical provision for extracurricular youth and adolescents, since they are not insured. In line with this Program, if insured citizens having prescription from family doctor or feldsher from FAP can buy contraceptives in pharmacies paying up to 30-50% of their cost, then



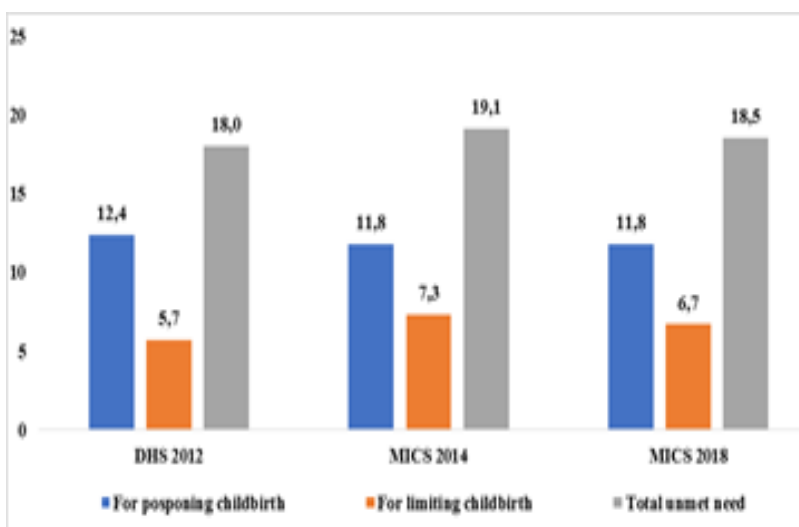
the adolescents should buy contraceptives from their parents' money, which in turn is an obstacle in case of early sexual activity<sup>8</sup>. Hereupon, taking into consideration shortage of affordable contraceptives in the country, this may result in the increase in the occurrence of unplanned pregnancies, criminal abortions, and, respectively, to an increase in maternal and child mortality rates among adolescents.

In accordance with DHS 2012, key sources for provision of modern contraceptives is public sector– 70,8%, and such contraceptive methods as IUD – 92,4%, women sterilization – 90,7%, pills – 41,3% (Graph 9).

Supply of contraceptives by UNFPA stopped in 2015, since as per World Bank estimates, Kyrgyzstan is no longer among the countries that are most in need and is capable of independent solution of reproductive health and family planning issues.

In 2017, the Ministry of Health initiated targeted public procurement of contraceptives, which was supported by the Government. From 2018, there were three cases of centralized procurement of combined oral contraceptives (COC) from public funds.

Graph 10. Unmet family planning needs of married women or those in an informal union, aged 15-49 years old



One of vital indicators required for development of reproductive health programs is unmet need for family planning. Unmet need for family planning relates to women of reproductive age who do not use contraception but would like to postpone birth of their next child or to stop childbirth. According to the findings of recent research, there is still high level of unmet need for family planning in the country, comprising 18-19% (Graph 10). Approximately 12% of women would like to postpone childbirth, and around 6-7% would like to limit childbirth.

One of indicators set for assessment of SDGs is “proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods” (indicator 3.7.1). Compared to 2012, in 2018 in Kyrgyzstan the share of such women has increased by 8% (DHS 2012- 62,0%, MICS 2018 -67,4%), however there is still a pressing issue on ensuring a more targeted provision of modern contraceptives to women from medical and social risk group.

<sup>8</sup>Research “Analysis of early marriage and early maternity in Kyrgyzstan”, “Human rights movement: BirDuino - Kyrgyzstan” with financial support from the Norwegian Helsinki Committee, 2013.



In 2017, on global Family Planning Summit in London, the Kyrgyz Republic expressed “the intention to undertake a commitment” for accelerating the progress in family planning and securing the right of every citizen to reproductive choice. In line with “Family planning 2020” initiative, the Ministry of Health for the first time has included into its Supply Plan the procurement of contraceptives for the amount of 3,2 million Kyrgyz Soms in the frame of national budget for 2018. Public funding for procurement of contraceptives for 2019-2020 was increased to 4,2 and 5,2 million Kyrgyz Soms respectively, in line with country’s commitments. Family planning issues are incorporated into the state program on health development for 2019- 2030 “Healthy Person-Prosperous Country”.

### 3. PROBLEMS AND CHALLENGES OF THE CURRENT SITUATION

#### 3.1. STRATEGIC MANAGEMENT, GOVERNANCE AND PARTNERSHIPS

Family planning activities are supported on the state level. The Ministry of Health bears overall responsibility for governance and management of family planning programs with support from other ministries and agencies, international and non-governmental organizations.

Effective management and regulatory framework are the essential mechanisms enabling the achievement of the CIP goals.

#### **Challenges in the area of strategic management, governance and partnerships**

#	Key challenges	Details
1.	Insufficient political and financial commitment and support of FP issues	Lack of program and/or strategic documents on FP
2.	Functioning of the Advisory Board and the technical working group on FP is not institutionalized	Regulatory legal acts for functioning of the Advisory Board and technical group on FP are not developed
		Work plans for the Advisory Board and technical group on FP are not developed
3.	Insufficient coordination of FP programs implementation on regional levels	Job descriptions for regional level FP coordinators are not developed

#### 3.2. FUNDING AND SUSTAINABILITY

Family planning is an effective investment that saves the resources of health system for the treatment of WRA. From 2018, the Ministry of Health started allocation of funds for procurement of contraceptives and MHIF also partly covers the expenses of WRA on purchase of contraceptives but there are some challenges in terms of FP funding which are presented below.

#### **Funding challenges**

#	Key challenges	Details
1.	Limited funding for public procurement of contraceptives does not allow for ensuring access and the right to contraceptive choice to WRA from medical and social risk group	Currently, health care organizations have only 1 type of IUD procured from SWAP <sup>9</sup> funds and one type of oral contraceptives procured from public funds in limited amount
2.	Poor implementation of program budgeting and lack of separate budget line for family planning activities in the budgets of MoH and MHIF	<p>In the budgets of MoH and MHIF there are no budget lines for family planning, therefore it is difficult to identify the extent of meeting the need for contraceptives</p> <p>For more than 20 years, contraceptives have been supplied by donors and in 2015, the supply has stopped</p> <p>In line with meeting the commitments taken in the frame of “FP2020”, from 2018, MoH of KR allocates public funds for procurement of contraceptives for satisfying the needs of WRA from medical and social risk group</p> <p>MHIF covers partial payment of MHI prescriptions for purchase of contraceptives and is difficult to forecast the dynamics of financing</p>

### 3.3. PRODUCT SAFETY

Reliable supply of high quality modern contraceptive products is of great importance for ensuring meeting the family planning needs at all levels of health care. Effective supply system implies adherence to six “rights”: right contraceptives in the right quantities and in the right condition are delivered to the right place at the right time for the right cost<sup>10</sup>.

#### Product safety challenges

<sup>9</sup> A sector-wide approach, funded by the World Bank, the Swiss Cooperation Office and the German Development Bank.

<sup>10</sup> MSH. ‘Pocket Guide to Managing Contraceptive Supplies’. <http://www.cdc.gov/reproductivehealth/Products&Pubs/PocketGuide.htm> accessed 10 September 2016.; K4Health. ‘Contraceptive Security’. <https://www.k4health.org/topics/contraceptive-security>

#	Key challenges	Details
1.	Limited access to contraceptives	<p>Complicated and lengthy certification procedure by DMPME (Department of Medicine Provision and Medical Equipment) limits the range of commodities imported to the country</p> <p>The list of contraceptives procured from public funds is limited due to insufficient financing and limited list of contraceptives in EML (essential medicines list)</p> <p>Difficulties with inclusion of contraceptives in the EML of the country lead to restrictions associated with expanding the list of contraceptives which are reimbursed in line with additional program of MHI (mandatory health insurance)</p> <p>Obtaining prescription contraception was not widely used due to the limited selection of contraceptives, as well as due to expensiveness of contraceptives for WRA from medical and social risk group even provided the 50% of product cost</p> <p>At present, part of sexually active population (extracurricular adolescents and unemployed youth) remains uninsured and does not have access to medicines in the frame of additional program of MHI, including contraceptives</p> <p>Widespread introduction of postpartum and post placental IUD insertion is limited because distributors/suppliers of medical equipment are not interested in supply of Kelly forceps due to the high cost and small volume of imported goods</p> <p>The legislation of KR on procurement does not envisage opportunities for procurement of contraceptives via the UN agencies and/or procurement agents at a very low cost, which limits the access and coverage of WRA from medical and social risk group</p> <p>Principles of minimum and maximum stock levels of contraceptives are not observed due to the limited public procurement</p>
2.	Problems with storage of contraceptives	Lack or insufficient equipment in storage facilities in some regions
3.	Problems with transportation of contraceptives	There is no organized system for delivery of medicines and medical supplies to health care organizations, including contraceptives

Addressing the above-mentioned issues with ensuring product safety will help enhance the access to good quality modern types of contraceptives through review and development of separate legal regulatory acts and improvement of supply chain and storage of contraceptives.

### 3.4. RECORD-KEEPING AND REPORTING

Effective supplies, use, availability of the required stock of contraceptives, estimating the needs for contraceptives for WRA from medical and social risk group require the availability of strong, mobile logistics system, which is one of the essential elements of product safety system. Strong logistics system requires the availability of quality record-keeping and reporting system related to the flow and use of contraceptives, integrated into unified logistics information management system (LMIS).

#### Challenges related to Contraceptive Logistics Management Information System

#	Key challenges	Details
1.	Contraceptive and Family Planning Logistics Management Information System requires improvement	The existing information system currently does not allow for accurate identification of contraceptive needs of WRA from medical and social risk group
		Current difficulties with the quality of maintaining the primary record-keeping documents, compilation of consolidated statistical reports (district, province), needs assessment and preparation of request for supply of contraceptives are associated with inactivation of FPU (family planning unit) at district level, outflow of health personnel and insufficient knowledge of service providers in this area
		Lack of automated system for keeping track of WRA from risk group, estimation of their contraception needs and stock management of medicines and medical supplies at storage facilities

### 3.5. PROVISION OF FAMILY PLANNING SERVICES

For satisfying the WRA needs in quality family planning services it is crucial to ensure availability of trained specialists at all levels of medical care. However, in the country there are some challenges that need to be solved.

#### Challenges in family planning services

#	Key challenges	Details
1.	Unequal distribution of specialists	Oversupply of medical personnel in large cities and their shortage in remote districts

2.	Insufficient number of suppliers trained on family planning services provision in the remote areas	High work load of working family doctors due to shortage of human resources. In some regions, instead of the established work load of 1500-2000 of mixed population, family doctors serve up to 5000-10000 population, with low involvement of nursing staff in the provision of FP services
3.	Insufficient knowledge and skills of medical workers on new FP methods and types	Training is mainly theoretical, little time is devoted to practical skills and counseling skills, especially in nursing departments
		Low computer literacy of health workers and lack of stable internet connection in the regions prevent large-scale dissemination of online learning courses
		There was no training on the use of contraceptive implants. Only a few specialists were trained in postpartum and postabortion insertion of IUD

### 3.6. YOUTH

Considering low awareness, fear of stigmatization, limited access of youth to reproductive health services, rates of adolescent pregnancy and related complications, activities on awareness raising and ensuring access of youth to reproductive health and family planning services are of great importance.

#### Youth-related challenges

#	Key challenges	Details
1.	Special characteristics of adolescents and youth are not sufficiently taken into consideration in the provision of RH and FP services	There are only a few specialists at all levels of health care (doctors, psychologists, social workers) trained to work with adolescents
		Medical professionals of health care organizations are not trained on special aspects of psychological communication with adolescents, they do not pay due attention to maintaining confidentiality, amiability and empathy
		Lack of training programs on adolescent medicine in the frame of continuing professional education for medical workers
2.	Low awareness of youth on RH and HLS (healthy lifestyle) issues	Inadequate training on RH and HLS issues at all levels of education system
		Lack of trained teachers, programs and training manuals on RH and HLS
		Discussion of RH and FP issues is a taboo subject in the families

### 3.7. DEMAND

Women underuse modern contraceptive methods due to low awareness and myths among the population, low quality counselling and high cost and limited choice of contraceptives.

#### Challenges in creating demand

#	Key challenges	Details
1.	Poor awareness of population on FP issues	Insufficient informing of WRA including those from medical and social risk group on FP issues by medical workers  Lack of motivation and interest of mass media representatives regarding provision of information on FP related matters. There arise problems with access to information on RH and FP due to possible stigmatization and discrimination of vulnerable population in the society
2.	Influence of religious and cultural traditions on RH and FP issues	Some religious prejudice have negative impact on demand and use of RH and FP services. Such traditional practices as bride kidnapping and early or forced marriages still occur

Family planning services include the whole range of activities on creating demand for individual citizens and couples via increasing their access to relevant information and training in the area of sexual and reproductive health.

## 4. NATIONAL COSTED IMPLEMENTATION PLAN FOR FAMILY PLANNING PROGRAMS

### GOAL

The goal is to enhance use of modern contraceptive methods by women of reproductive age from 18, 8 % in 2019 to 30% before 2023.

### STRATEGIC PRIORITIES

Strategic priorities were defined at the consultative meetings with the Government and stakeholders, and established based on the country's commitment for implementation of FP2020 program.

**Priority #1.** Development and adoption of policy program documents on FP and women, newborn, child and adolescent health for 2019- 2030

**Priority #2.** Raising awareness of population on FP issues

**Priority #3.** Enhancing access of WRA to FP programs

**Priority #4.** Improving access to contraceptives and quality FP services including for WRA from medical and social risk group and youth

Thematic areas, objectives and activities were defined for implementation of the above strategic priorities.

	<b>Thematic area</b>	<b>Objective</b>
1.	Strategic management, governance and partnerships	Strengthening the strategic management and creating favorable environment for implementation of CIP on FP
2.	Funding and sustainability	Increasing the funding for FP programs
3.	Product safety	Improving access of WRA to modern contraceptives including women from medical and social risk group
4.	Record-keeping and reporting	Refining the quality of maintaining primary medical documentation and collection of statistical data on FP
5.	Provision of services	Advancing the quality of FP services provision
6.	Youth	Increasing awareness of adolescents and youth on RH and HLS issues
7.	Creating demand	Increasing satisfied demand for FP

#### **4.1. STRATEGIC MANAGEMENT, GOVERNANCE AND PARTNERSHIPS**

Outcome: Effective system for management and coordination of FP programs is created

Effective interdepartmental management of FP programs and partnerships between ministries, agencies, health care organizations and partners at all levels are paramount mechanisms enabling achievement of CIP.

##### ***Strategic activities***

1. Development of initial strategic document on FP - CIP
2. Development and endorsement of legal regulatory acts for effective work of the Advisory Board, technical group and provincial and district FP coordinators
3. Development of working plan and ensuring regular meetings of the Advisory Board with support from specialized technical group on FP

#### **4.2. FUNDING AND SUSTAINABILITY**

Outcome: Steadily growing volume of funding for FP activities from budgets of MoH, MHIF and development partners

In order to achieve this result, it will be required to allocate, as priority ones, the budget lines in the program, budgets of MoH and MHIF, and to envisage gradual expansion of contraceptives list in the EML and additional program of MHI.

#### *Strategic activities*

1. Incorporation of separate budget lines for FP programs into the program budgets of MoH and MHIF
2. Expanding contraceptives options and the size of public procurement

### **4.3. PRODUCT SAFETY**

Outcome: Increasing the proportion of WRA using modern contraceptives including women from medical and social risk group

Product safety activities will help ensure uninterrupted timely supply of contraceptives to all regions of the country and enhance the availability and coverage of WRA including women from medical and social risk group with modern good quality contraceptives.

#### *Strategic activities*

1. Improving access to contraceptives due to:
  - Liberalization of certification and registration procedures by DMPME
  - Expanding contraceptives list in the EML and the list of contraceptives reimbursed in line with additional program of MHI
  - Promotion of medicines and medical supplies procurement via the UN agencies and/or procurement agents
2. Establishing the effective, organized system for transportation of medicines and medical supplies to health care organizations

### **4.4. RECORD-KEEPING AND REPORTING**

Outcome: Availability of qualitative data on WRA using contraceptives including those from medical and social risk group

Enhancement of LMIS will help obtain qualitative data for assessment of contraceptive needs of WRA from medical and social risk group and prepare good quality requests, ensure effective use of contraceptives and have complete, high quality data for monitoring and situation assessment.

#### *Strategic activities*

1. Establishing automated information system for tracking WRA from medical and social risk group including those using contraceptives
2. Building capacity of medical services providers on contraceptives logistics at all levels
3. Creating warehouse management system through introduction of automation



#### **4.5. PROVISION OF FAMILY PLANNING SERVICES**

Outcome: Increased coverage of WRA including from medical and social group with FP programs

For meeting the family planning needs of services providers, it is essential to supply health care organizations with health personnel having sufficient knowledge and skills on implementation of FP programs. Along with profound knowledge of modern contraceptive methods, service providers should have sufficient skills on good quality counselling and skills for insertion of contraceptive implants and IUD.

##### *Strategic activities*

1. Distribution of human resources according to needs
2. Improving the capacity of health workers on FP issues including the nursing staff
3. Introduction of new FP methods and types of FP services

#### **4.6. YOUTH**

Outcome: Awareness and access of youth to quality FP services is enhanced

In the frame of this thematic area, the actions will be oriented towards enhancing awareness of adolescents and youth, and training of medical workers on special aspects related to provision of RH and FP services to youth and adolescents taking into consideration their rights and maintaining confidentiality.

##### *Strategic activities*

1. Capacity building of medical specialists with regard to specifics of providing services to adolescents and youth
2. Raising awareness of adolescents and youth on HLS and RH issues

#### **4.7. CREATING DEMAND**

Outcome: The population and WRA from medical and social risk group have information about modern contraceptives and are able to realize their right to choice

Ensuring demand will be implemented through counselling by medical specialists, dissemination of unbiased information via awareness-raising activities.

##### *Strategic activities*

1. Development of communication strategy on FP issues
2. Awareness raising on FP issues for representatives of various communities

### **5. RESOURCES REQUIRED FOR FP AND RH**

#### **5.1. ESTIMATION AND FORECAST OF DEMAND FOR CONTRACEPTIVES**

Forecast of demand for supply of contraceptives was made based on the estimated need for covering the needs of all WRA from medical and social risk group in various types of contraceptives. Preferences for a certain type of contraceptives were derived from the general population of WRA and applied, during assessment, to WRA from medical and social risk group. Prices for contraceptives are estimated for 2020 and are fixed for the entire forecast period in US dollars.

<b>Need for funding of contraceptives, US dollars</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
IUD*	-	-	-	-	134175,63
Oral contraceptives	213675,75	215628,14	217413,32	219331,64	221753,80
Injectable contraceptives	7736,94	7807,63	7872,27	7941,73	8029,43
Contraceptive implants**	-	-	-	37817,76	38235,39
Condoms	5344,63	5393,46	5438,11	5486,10	5546,68
<b>Total:</b>	<b>226757,31</b>	<b>228829,23</b>	<b>230723,70</b>	<b>270577,22</b>	<b>407740,94</b>

\* Quantity of procured IUDs is sufficient till 2024;

\*\*Implants will be imported to the country starting from 2023.

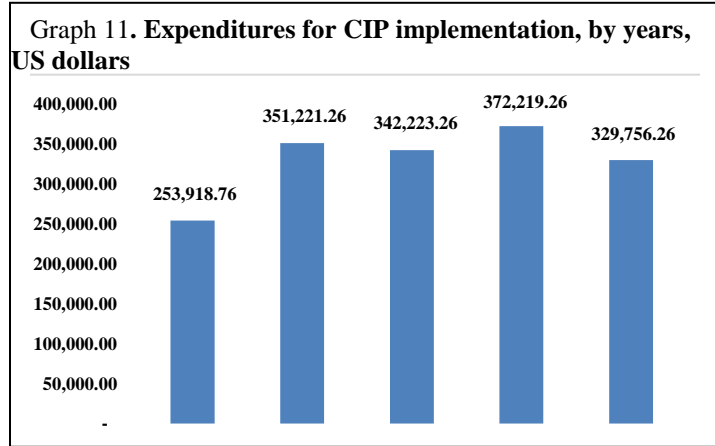
However, in view of the fact that Kyrgyzstan is currently at the transition phase, shifting from humanitarian supplies of contraceptives to their procurement from the state budget, this CIP is not intended to cover 100% contraceptives need of all WRA from medical and social risk group. Provision of this group with contraceptives, along with the increase in the share of contraceptives coverage and simultaneous expansion of choice options and availability of contraceptives, will be implemented due to gradual increase of public funding for procurement of contraceptives and other CIP activities.

## **5.2. ASSESSMENT OF CIP FUNDING**

Cost analysis represents estimation of resources required for CIP implementation. Assessment reveals the demand for resources for 2020-2024, which will be attracted from various sources: the Government, development partners and other stakeholders.

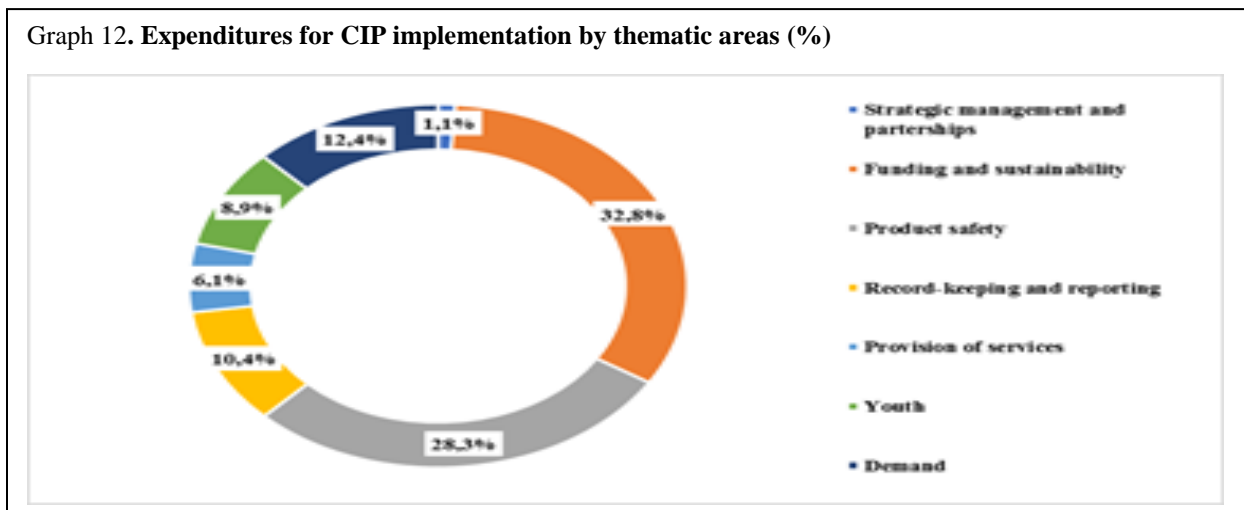
The CIP budget includes cost estimates for implementation of planned activities (Annex 2).

Expenses for CIP activities for 2020-2024 are presented on Graph 11.



Allocation of expenditures by thematic areas is presented in the following table:

Thematic area	2020	2021	2022	2023	2024	Total:
Strategic management, governance and partnerships	4000,00	10950,00	1150,00	1150,00	1150,00	<b>18400,00</b>
Funding and sustainability	108275,00	98805,00	92307,00	124003,00	117940,00	<b>541330,00</b>
Product safety	86483,76	105983,76	91483,76	96983,76	86483,76	<b>467418,80</b>
Record-keeping and reporting	42100,00	52800,00	23100,00	29400,00	24000,00	<b>171400,00</b>
Provision of services	13060,00	9900,00	37900,00	19900,00	19900,00	<b>100660,00</b>
Youth	-	16845,00	47845,00	49845,00	31845,00	<b>146380,00</b>
Demand	-	55937,50	48437,50	50937,50	48437,50	<b>203750,00</b>
<b>Total, US dollars:</b>	<b>253918,76</b>	<b>351221,26</b>	<b>342223,26</b>	<b>372219,26</b>	<b>329756,26</b>	<b>1649338,80</b>



Graph 12 shows that such thematic areas as funding and sustainability and product safety required the major part of funding (33 and 28%, respectively) out of the total cost of CIP.

### 5.3. FUNDING GAP

Analysis of funding gap focuses on identification of the available resources for coverage of expenses required for CIP implementation. The available resources are presented in the table below:

	2020	2021	2022	2023	2024	Total:
Procurement of contraceptives by MoH, US dollars	66600,00	79480,00	92307,00	105128,00	117940,00	<b>461455,00</b>
MHI prescriptions, US dollars	86483,76	86483,76	86483,76	86483,76	86483,76	<b>432418,80</b>
Salary of FP coordinators, US dollars	1800,00					
Contribution of UNFPA, US dollars	46860,00	4900,00	4900,00	4900,00	4900,00	<b>66460,00</b>
<b>Total, US dollars:</b>	<b>201743,76</b>	<b>170863,76</b>	<b>183690,76</b>	<b>196511,76</b>	<b>209323,76</b>	<b>960333,80</b>

Based on calculations, presented above, funding gap for coverage of needs for CIP implementation comprises over 689 thousand US dollars for 2020-2024. Data on funding gap for every year of CIP is presented in the following table:

	2020	2021	2022	2023	2024	Total:
Total funding need, US dollars	253918,76	351221,26	342223,26	372219,26	329756,26	<b>1649338,80</b>
Total available resources, US dollars	201743,76	170863,76	183690,76	196511,76	209323,76	<b>960333,80</b>
<b>Gap, US dollars</b>	<b>52175,00</b>	<b>180357,50</b>	<b>158532,50</b>	<b>175707,50</b>	<b>120432,50</b>	<b>689005,00</b>

### 5.4. BENEFITS OF COSTED IMPLEMENTATION PLAN DELIVERY

Impact of FP programs and contraception use can prevent such negative effects as abortions, labour complications, frequent pregnancies (without adherence to birth spacing for full postpartum recovery), labour among pluripara women, number of C-sections, and cases of maternal, perinatal and infant mortality.

	2020	2021	2022	2023	2024	Total
Number of births among pluripara women	34 203	35 374	36 546	37 717	38 888	<b>182 729</b>
Number of pregnancy interruptions, before 12 weeks	15 241	14 658	14 097	13 558	13 039	<b>70 592</b>
Number of abortions for medical reasons	1 454	1 482	1 508	1 533	1 557	<b>7 533</b>
Number of abortions for social reasons	95	82	69	57	45	<b>348</b>

Owing to FP programs and contraceptives use for 5 years of CIP implementation, it could have been possible to prevent births among 183 thousand of pluripara women, almost 71 thousand abortions at early stages and nearly 8 thousand of pregnancy terminations for medical and social reasons at late stages of pregnancy. Having converted the number of the above-mentioned cases into cost input, one can see that within 5 years it could have been feasible to save public funds for more than 24 million US dollars, which is 14 times higher than the cost of CIP itself.

	2020	2021	2022	2023	2024	Total
Number of births among pluripara women	273 624 800	282 995 200	292 365 600	301 736 000	311 106 400	<b>1 461 828 000</b>
Number of abortions for medical reasons	8 124 883	8 279 701	8 426 796	8 566 167	8 697 814	<b>42 095 360</b>
Number of abortions for social reasons	532 224	457 221	385 707	317 373	251 948	<b>1 944 474</b>
Number of pregnancy interruptions, before 12 weeks	85 164 225	81 906 732	78 773 837	75 760 774	72 862 959	<b>394 468 527</b>
<b>TOTAL, KGS:</b>	<b>367 446 131</b>	<b>373 638 854</b>	<b>379 951 940</b>	<b>386 380 314</b>	<b>392 919 121</b>	<b>1 900 336 361</b>
<b>Total, US dollars:</b>	<b>4 651 217</b>	<b>4 729 606</b>	<b>4 809 518</b>	<b>4 890 890</b>	<b>4 973 660</b>	<b>24 054 891</b>

## 6. INSTITUTIONAL MECHANISMS OF IMPLEMENTATION

CIP is a unified plan for all stakeholders participating in FP programs implementation. CIP implementation will cover 5 years, from 2020 to 2024 inclusive.

The objective of this section is to describe institutional mechanisms for practical use of CIP and delegating the implementation of certain activities, taking into account organizational authority and activity areas of stakeholders.

### 6.1. LEADERSHIP AND MANAGEMENT

CIP will be implemented by a wide range of stakeholders, including other ministries and agencies, development partners, civil society organizations, professional associations, youth and religious communities and private sector.

#### Roles and responsibilities of key actors:

##### The Government of KR

The Government of KR bears responsibility for ensuring universal access to health care services, including RH and FP services.

The Government of KR, having taken country's commitment in the frame of FP2020 initiative, will assist MoH of KR and Advisory Board in the implementation of CIP on FP.

### **Jogorku Kenesh (JK) of KR**

Dedicated committees of JK will support CIP implementation through advocacy of activities on increase of budget and allocations for healthcare, including attracting investments for FP programs.

### **Ministry of Health (MoH of KR)**

MoH of KR is a key implementing partner responsible and accountable for implementation of activities in the frame of CIP through engaging a wide range of stakeholders including key ministries/agencies, development partners, civil society organizations, private sector and communities.

MoH of KR ensures access to FP services via:

- Enhancing the quality of provided services;
- Ensuring access to contraceptives for WRA (procurement of contraceptives for WRA from medical and social risk group from public funds with annual increase of funding, expansion of the right to choice of contraceptives for insured women and expansion of contraceptives range at country's market), with subsequent monitoring of efficiency of contraceptive use on the local level;
- Raising awareness of population on FP issues.

**Mandatory Health Insurance Fund (MHIF) under the Government of KR** implements state policy in the area of basic state and mandatory medical insurance of citizens, as well as programs for subsidized provision of pharmaceuticals at the outpatient level. MoH of KR will be closely collaborating with MHIF under Government of KR to ensure provision of insured WRA with subsidized contraceptives.

**National Statistical Committee (NSC of KR)** is responsible for collection of country-level statistical data, which are used for evaluating the effectiveness of national programs implementation; NSC of KR data will be also used for assessment of CIP implementation.

**Ministry of Finance (MF of KR)** is responsible for development of national budget with participation of all other sectors and bears liability for allocation of resources for different sectors, in line with the national priorities. According to its mandate, MoH of KR will work in close partnership with MF of KR for budget planning, timely allocation of resources, increase the share of expenditures for contraceptives as per commitments of the Government.

**Ministry of education and science (MOES of KR)** bears overall responsibility for education and science sector, ensuring access to education and its quality in accordance with constitutional rights of citizens. MoH of KR will collaborate with MOES to ensure incorporation of updated materials on HLS and RH into curriculum of educational organizations.

**State agency for youth affairs, physical culture and sports under the Government of KR** develops and implements national policy on youth, physical culture and sports. MoH of KR will cooperate with SAYAPCS to create favorable conditions and engaging youth into development of policy and implementation of RH and FP services.

### **Academic institutions and scientific community**

Academic institutions will integrate FP issues into wide range of programs. Research institutions will be involved for introduction of new scientific evidence, which will help to improve the quality of provided FP services.

### **Professional associations**

Various professional associations will assist the MoH of KR to track the observance of laws and the established standards. In addition, they will support implementation of CIP in the area of developing training programs and supervision/mentorship.

### **Development partners**

Development partners and the UN agencies are they key actors for successful implementation of CIP since they provide financial resources, technical expertise and material resources. MoH of KR will work in close cooperation with development partners and the UN agencies for more effective allocation and utilization of financial resources in a coordinated manner.

### **Civil society and non-governmental organizations**

Civil society will support implementation of CIP in all aspects and areas, including awareness-raising activities, demand creation activities and provision of services. Through awareness raising, civil organizations will ensure accountability and transparency of resources allocated for implementation of FP programs.

### **Private sector**

MoH of KR will closely coordinate with private sector for ensuring a wide variety of FP supplies and provision of FP services in line with CIP.

**Mass media** will be involved for addressing the issues related to awareness raising and mobilization of population regarding FP matters.

## **6.2 COORDINATION OF NATIONAL CIP DELIVERY**

For implementing the commitments taken, in the Kyrgyz Republic there was established Advisory Board on promotion of Global Family Planning Initiative FP2020 (FPAB).

**Family Planning Advisory Board for promotion of FP2020 (FPAB)** is the authority consisting of representatives from governmental entities, international organizations, MHIF and civil society working together to improve and expand access to FP services. Advisory Board is a coordination platform for intersectoral partnership, planning, funding, implementation and monitoring of CIP.

Coordination of CIP delivery and monitoring will be undertaken through collaborative efforts of the country's Advisory Board and technical working group on FP.

Legal regulatory acts governing the work of the Advisory Board and technical working group will be developed and endorsed in the frame of this CIP. It is planned to hold meetings of the Advisory Board on a quarterly basis.

Technical group on FP includes representatives of MoH of KR, UNFPA, civil society, and its composition was approved and endorsed in 2019. The leading role in the technical group is assigned to representative of MoH of KR. This composition of the technical group prepares and presents materials for FPAB meetings and is responsible for monitoring of CIP implementation.

### **6.3 MONITORING AND EVALUATION**

Monitoring is the process for collection and analysis of information for tracking the progress towards implementation of planned activities and verification of compliance with established standards that is carried out continuously, on a regular basis. The outcome result of monitoring is improved performance of a project or program.

CIP defined seven (7) major dimensions/thematic areas which, based on the set goals, cover particular results: strategic management, governance and partnerships, funding and sustainability, product safety, record-keeping and reporting, provision of FP services, youth and demand.

Indicators are used for evaluation of progress in achieving of goals and outcomes.



Thematic area	Goal	Outcome	Indicator	Data source	Frequency of data collection	Notes
<b>1. Strategic management, partnerships and leadership</b>	Strengthening strategic management and creation of favorable environment for implementation of CIP on FP	Effective system for management and coordination of FP is created				
	1.1. Development of initial strategic document on FP - CIP		1. Availability of approved CIP on FP	Legal regulatory acts/decrees/instructions	Once	<b>For 2020</b>
	1.2. Development and endorsement of legal regulatory acts for effective work of the Advisory Board, technical group and provincial and district FP coordinators		1. Availability of endorsed legal regulatory acts governing the work of Advisory Board and technical working group	Legal regulatory acts/decrees/instructions	Once	<b>For 2021</b>
			2. Availability of approved work plans for Advisory Board and technical working group	Legal regulatory acts/decrees/instructions	Annually	<b>For 2020-2024</b>
			3. Meetings of Advisory Boards are held regularly (4 times a year)	Reports of Advisory Board	Annually	<b>For 2020-2024, frequency- 4 times per year</b>
			4. Availability of regulation on FP coordinators	Legal regulatory acts/decrees/instructions	Once	<b>For 2021</b>
			5. Availability of FP coordinators on provincial and district levels	Reports of coordinators	Once	<b>For 2021-2022</b>
<b>2. Funding and sustainability</b>	Increasing the funding for FP programs	Steadily growing volume of funding for FP activities from budgets of MoH, MHIF and development partners				
	2.1. Incorporation of separate budget lines for FP programs into the program budgets of MoH and MHIF		1. Availability of training materials package on program budgeting	Report on development and approval of training	Once	<b>2020 Done</b>

				materials package		
			2. The number of conducted online trainings on program budgeting	Report on training	Once	<b>Three trainings Done</b>
			3. Estimate for MoH and MHIF budgets is discussed and approved	Legal regulatory acts/decrees/instructions	Annually	<b>For 2020-2021</b>
			4. Workshop on the development of advocacy strategy on FP is held 5. Number of specialists trained to develop advocacy strategy on FP	Report on workshop	Once	<b>For 2020 Done</b>
			6. Number of arranged communication campaigns on promotion of FP budget lines	Report on campaigns	Once	<b>Two communication campaigns For 2020-2021</b>
	2.2. Expanding contraceptives options and the size of public procurement		1. Volume of annual increase for the size of public procurement of contraceptives	Budget review	Annually	Funding of public procurement should be annually increased by 1 million Kyrgyz Soms <b>For 2020-2024</b>
<b>3. Product safety</b>	Improving access of WRA to modern contraceptives including women from medical and social risk group	Increasing the proportion of WRA using modern contraceptives including women from medical and social risk group				
	3.1. Improving access of all consumers to modern contraceptives		1. Number of advocacy events arranged together with suppliers	Reports on events	Annually	<b>For 2021, 2023</b>
			2. Number of new types and range of contraceptives that	Reports of DMPME/sur	Annually	<b>For 2020-2023</b>

			entered the domestic market during the reporting period  Number of suppliers of contraceptives is increasing	vey of customers		
			3. Certification and registration procedure by DMPME is simplified	Normative documents/survey suppliers of contraceptives	Once	<b>For 2021-2022</b>
			4. Number of the contraceptives list, included into EML	Legal regulatory acts/decrees/instructions Report on EML	Annually	<b>For 2021-2023</b>
			5. Number of contraceptives list reimbursed/subsidized in line with additional program of MHI	Legal regulatory acts/decrees/instructions List of EML	Annually	<b>For 2021-2023</b>
			6. Procurement of contraceptives is done via the UN agency and or/procurement agents	Report of the UN agency and/or procurement agents	Annually	<b>For 2021-2022</b>
	3.2. Establishing the effective, organized system for transportation of medicines and medical supplies to health care organizations		1. Mechanism for effective, organized system for transportation of medicines and medical supplies to health care organizations is developed	Legal regulatory acts/decrees/instructions	Once	<b>For 2021-2022</b>
<b>4. Record-keeping and reporting</b>	Refining the quality of maintaining primary medical documentation and collection of statistical data on FP	Availability of qualitative data on WRA using contraceptives including				

		those from medical and social risk group				
	4.1. Establishing automated information system for tracking WRA from medical and social risk group including those using contraceptives		1. Automated information system for tracking WRA from medical and social risk group is developed	Legal regulatory acts/decrees/instructions	Once	<b>For 2020</b>
			2. Share of health care organizations using DHIS2 software at PHC level	Work reports	Annually	<b>For 2020-2022</b>
			3. Database on “Registered population” is finalized	Work reports	Once	<b>For 2021</b>
	4.2. Building capacity of medical services providers on contraceptives logistics at all levels		1. Instructions for health personnel and M&E tool are developed and endorsed by the decree of MoH of KR	Legal regulatory acts/decrees/instructions	Once	<b>For 2020</b>
			2. Medical services providers for health care organizations are trained on FP logistics at all levels	Training reports	Annually	<b>For 2021-2022</b>
			3. Analysis and situation assessment on FP and contraceptives logistics is conducted annually on provincial and national levels	Monitoring reports	Annually	<b>For 2021-2024</b>
	4.3. Creating warehouse management system through introduction of automation		1. Automated system for stock management of medicines and medical goods at warehouses is developed	Report about the work of DMPME	Once	<b>For 2023</b>
			2. Proportion of health care organizations using software for management of medicines and medical goods at warehouses	Work reports	Annually	<b>For 2023-2024</b>
<b>5.Provision of services</b>	Advancing the quality of FP services provision	Increased coverage of WRA including from medical and social group with FP programs				
	5.1. Distribution of human resources according to needs		1. Increasing places for budget-funded training of doctors in clinical residency		Annually	<b>For 2021-2022</b>

			2. Percentage of graduates of clinical residence program who left to work in the remote areas	Report of MoH, medical institutions, KSMIRAT		
	5.2. Improving the capacity of health workers on FP issues including the nursing staff		3. Availability of updated and approved training program on FP	Work report	Once	<b>For 2020 Done (UNFPA)</b>
			4. Share of KSMIRAT teachers trained using updated training program on FP	Training report	Once	<b>For 2020 Done (UNFPA)</b>
			4. Number of medical workers who underwent training in line with updated training program on FP	Training report	Annually	<b>For 2020 9 trainings are in the process</b>
			5. Proportion of health workers having skills for postpartum and postabortion insertion of IUD	Training report	Annually	<b>For 2020-2024</b>
	5.3. Introduction of new FP methods and types of FP services		1. MHIF experts are trained to calculate and analyze indicators of clinical guideline on use of contraceptive implants and injectable contraceptives	Training report	Once	<b>For 2020 Done</b>
			2. Number of national trainers trained to insert and remove contraceptive implants	Training report	Once	<b>For 2021</b>
			3. Percentage of health professionals trained to insert and remove contraceptive implants	Training report	Annually	<b>For 2022-2024</b>
<b>6. Youth</b>	Increasing awareness of adolescents and youth on RH and HLS issues	Awareness and access of youth to quality FP services is enhanced				
	6.1. Capacity building of medical specialists with regard to specifics of providing services to adolescents and youth		1. Training program on adolescent medicine is developed and endorsed	Report on development	Once	<b>For 2022</b>
			2. Share of medical workers trained on the special aspects for	Training report	Annually	<b>For 2022-2024</b>

			provision of services to adolescents and youth			
	6.2. Raising awareness of adolescents and youth on HLS and RH issues		1. Informational materials for development of educational computer programs on HLS and RH issues are produced and approved	Report on development	Annually	<b>For 2022</b>
			2. Educational computer program on HLS and RH issues is developed and is being introduced	Work report		<b>For 2022-2024</b>
			3. Number of conducted informational campaigns in the frame of “peer-to-peer” format	Report on activities	Annually	<b>For 2021-2024</b>
<b>7. Creating demand</b>	Increasing satisfied demand for FP	The population and WRA from medical and social risk group have information about modern contraceptives and are able to realize their right to choice				
	7.1. Development of communication strategy on FP issues		1. Communication strategy on FP is developed	Report on development	Once	<b>For 2021</b>
			2. Number of community leaders, VHC and HPU trained on FP issues based on communication strategy	Report on activities	Annually	<b>For 2022</b>
	7.2. Awareness raising on FP issues for representatives of various communities		1. Number of arranged activities on awareness raising on FP issues within the reporting year	Report	Annually	<b>For 2021-2024</b>
			2. Two (2) Public Service Announcements (PSAs) on FP issues were produced	Report		<b>1 PSA per year for 2021, 2023</b>
			3. Number of people covered with awareness raising campaigns	Report	Annually	<b>3 thousand per year For 2020-2024</b>

			4. Number of conducted trainings on FP issues for religious leaders and workers of culture 5. Number of religious leaders and workers of culture trained on FP issues	Report		<b>For 2020-2024</b>
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## 7. ANNEXES

### ANNEX 7. 1.

#### ACTIVITY PLAN

THEMATIC AREA: STRATEGIC MANAGEMENT, GOVERNANCE AND PARTNERSHIPS							
OUTCOME: Effective system for management and coordination of FP is created							
GOAL: Strengthening strategic management and creation of favorable environment for implementation of CIP on FP							
Strategic interventions	Expected results	Key activities	Sub-activities	Indicator	Year	Amount, \$	Responsible parties
<b>1. Development of initial strategic document on FP - CIP</b>	Development of CIP on FP will contribute to improvement of FP programs implementation coordination	1.1. Development and approval of CIP on FP	2.1.1. Holding working meetings, presentation at Advisory Board, approval by the decree of MoH of KR	Availability of approved CIP on FP	2020	4000,0	MoH of KR, MHIF, CS
<b>2. Development and endorsement of legal regulatory acts for effective work of the Advisory Board, technical group and provincial and district FP coordinators</b>	Development of regulatory legal acts will enable improvement of FP programs implementation coordination	2.1. Development of endorsed legal regulatory acts governing the work of Advisory Board and technical working group	2.1.1 Establishing the working group for development of regulatory legal acts for Advisory Board and technical working group	Availability of endorsed legal regulatory acts governing the work of Advisory Board and technical working group	2021	5000,0	MoH of KR, CS, UNFPA
		2.2. Development of work plans for Advisory Board and technical working group	2.2.1. Establishing the working group for development of work plans for Advisory Board and technical working group	Availability of approved work plans for Advisory Board and technical working group.	2021		MoH of KR, CS, UNFPA
		2.3. Regular meetings of the Advisory Board are held	2.3.1. Intersectoral meetings for coordination of CIP implementation are held	Meetings of Advisory Boards are held regularly (4 times a year)	2021-2024	4600,0	MoH of KR, CS, UNFPA
		2.4. Development and introduction of regulations on FP coordinators of district and provincial levels	2.4.1 Establishment of working group for development of regulation on FP coordinators	Regulations on FP coordinators are developed and approved by the decree of the MoH of	2021	3000,0	MoH of KR



				KR			
			2.4.2 Implementation of developed regulations	Regulations on FP coordinators of district and provincial levels are implemented	2021	1800,0	MoH of KR

<b>THEMATIC AREA: FUNDING AND SUSTAINABILITY</b>							
<b>OUTCOME: <u>Steadily growing volume of funding for FP activities from budgets of MoH, MHIF and development partners</u></b>							
<b>GOAL: Increasing the funding for FP programs</b>							
<b>Strategic interventions</b>	<b>Expected results</b>	<b>Key activities</b>	<b>Sub-activities</b>	<b>Indicator</b>	<b>Year</b>	<b>Amount, \$</b>	<b>Responsible parties</b>
<b>1. Incorporation of separate budget lines for FP programs into the program budgets of MoH and MHIF</b>	Separate budget lines are allocated for the budgets of MoH of KR and MHIF	1.1. Introduction of program budgeting in the MoF of KR and MHIF	1.1.1. Development of training materials package on program budgeting	Availability of training materials package on program budgeting	2020	7000,0	MF, UNFPA
			1.1.2. Conducting three (3) online trainings on program budgeting for MoH of KR staff and officials	The number of conducted trainings on program budgeting	2020	15350,0	MF, MoH of KR, CS, UNFPA,
			1.1.3. Conducting meetings with MF, MoH, MHIF to discuss budget estimate for procurement	Estimate for MoH and MHIF budgets is discussed and approved	2020-2021	900,0	MoH of KR, MHIF, UNFPA
			1.1.4. Workshops on the development of advocacy strategy on FP	1. Workshops on the development of advocacy strategy are held 2. Number of specialists trained to develop advocacy strategy on FP	2020, 2021, 2023	31125,0	MoH of KR, CS, UNFPA

			1.1.5. Arranging two (2) communication campaigns on promotion of FP budget lines	Communication campaigns on promotion of FP budget lines are held	2020, 2021, 2023	25500,0	MoH of KR, CS, UNFPA
<b>2. Expanding contraceptive options and the size of public procurement</b>	Public funding for procurement of contraceptives ensures meeting the needs of WRA from medical and social risk group and enables implementation of their right to choice	2.1. Annual increase of public funding for procurement of contraceptives		Funding of public procurement is annually increasing by 1 million Kyrgyz Soms	2020-2024	461 455,0	MoH of KR, MF

<b>THEMATIC AREA: PRODUCT SAFETY</b>							
<b>OUTCOME: <u>Increasing the proportion of WRA using modern contraceptives including women from medical and social risk group</u></b>							
<b>GOAL: Improving access of WRA to modern contraceptives including women from medical and social risk group</b>							
<b>Strategic interventions</b>	<b>Expected results</b>	<b>Key activities</b>	<b>Sub-activities</b>	<b>Indicator</b>	<b>Year</b>	<b>Amount, \$</b>	<b>Responsible parties</b>
<b>1. Improving access of all consumers to modern contraceptives</b>	Increase in the share of WRA with satisfied need for FP	1.1 Expansion of contraceptives range on domestic market	1.1.1 Advocacy activities with suppliers of contraceptives	1. Number of advocacy events arranged together with suppliers 2. Number of new types and range of contraceptives that entered the domestic market 3. Number of suppliers of contraceptives is increasing	2021, 2023	11 000,0	MoH of KR, CS, UNFPA
			1.1.2. Advocacy events with decision-makers regarding liberalization of certification and registration procedures by DMPME	Certification and registration procedure by DMPME is simplified	2021, 2023		MoH of KR, CS, UNFPA

		1.2. Expansion of contraceptives list in the EML and contraceptives list in the additional package of MHI	1.2.1. Working group on incorporation of other contraceptives in the EML and contraceptive list into additional package of MHI	1. Number of the contraceptives list, included into EML 2. Number of contraceptives list reimbursed/subsidized in line with additional program of MHI	2021, 2023	10 000,0	MoH of KR, MHIF, CS, UNFPA
			1.2.2. Prescription of contraceptives through additional package of MHI (on preferential terms)	1. Number of prescriptions made through additional package of MHI	2020-2024	432 418,8	MHIF
			1.2.3. Arranging advocacy events on promotion of procurement of medicines and medical supplies via the UN agencies and/or procurement agents	Procurement of contraceptives is done via the UN agency and or/procurement agents	2021-2022	10 000,0	MoH of KR
<b>2. Establishing the effective, organized system for transportation of medicines and medical supplies to health care organizations</b>	Transportation of medicines and medical supplies is implemented in line with requirements	2.1. Development of mechanism for organized system for transportation of medicines and medical supplies to health care organizations	2.1.1. Establishment of working group on analysis of situation with transportation of medicines and medical supplies to health care organizations and development of mechanisms for optimization of this process	Mechanism for effective, organized system for transportation of medicines and medical supplies to health care organizations is developed	2021	4000,0	MoH of KR, DMPME, international organizations

<b>THEMATIC AREA: RECORD-KEEPING AND REPORTING</b>							
<b>OUTCOME: <u>Availability of qualitative data on WRA using contraceptives including those from medical and social risk group</u></b>							
<b>GOAL: Refining the quality of maintaining primary medical documentation and collection of statistical data on FP</b>							
<b>Strategic interventions</b>	<b>Expected results</b>	<b>Key activities</b>	<b>Sub-activities</b>	<b>Indicator</b>	<b>Year</b>	<b>Amount, \$</b>	<b>Responsible parties</b>

<b>1. Establishing automated information system for tracking WRA from medical and social risk group including those using contraceptives</b>	Increase in the share of WRA from medical and social risk group covered by contraceptives within 1 year; 2 years and more	1.1. Identification of actual contraceptive needs of WRA from medical and social risk group	1.1.1. Finalization of software based on DHIS2 for automated tracking of WRA from medical and social risk group including those using contraceptives	Automated information system for tracking WRA from medical and social risk group is developed	2020	8000,0	MoH of KR
			1.1.2. Introduction of software based on DHIS2 in all regions	Share of health care organizations using DHIS2 software at PHC level	2021-2022	56 800,0	MoH of KR
			1.1.2. Finalization of database on “Registered population” for automated generation of list of WRA from medical and social risk group for integration with DHIS2 based software	Database on “Registered population” is finalized	2021	1 300,0	MoH of KR
<b>2. Building capacity of medical services providers on contraceptives logistics at all levels</b>	Knowledge of medical services providers on contraceptives logistics is enhanced	2.1. Development of instructions for health personnel on tracking, identification of WRA from medical and social risk group and reporting on their contraception use and M&E tool for assessment of contraceptive use effectiveness by women of this category	2.1.1. Creation of working group on the development of instructions for health personnel and M&E tool	Instructions for health personnel and M&E tool are developed and endorsed by the decree of MoH of KR	2020	3 000,0	MoH of KR, MHIF
		2.2. Training medical services providers from health care organizations on contraceptives logistics at all levels	2.2.1. Training medical services providers on contraceptives logistics as per the approved documents (instructions for health workers and M&E tool)	Medical services providers for health care organizations are trained on FP logistics at all levels	2021-2022	40 800,0	MoH of KR
		2.3. Analysis and situation assessment on FP issues and contraceptives logistics on provincial and national levels		Analysis and situation assessment on FP and contraceptives logistics is conducted annually on provincial and national levels	2021-2024	13500,0	MoH of KR, FP coordinators

<b>3. Creating warehouse management system through introduction of automation</b>	Warehouse management system is automated	2.4. Development of software for management of medicines and medical supplies at warehouses	2.4.1. Formation of working group for development of software on management of medicines and medical supplies at warehouses	Automated system for stock management of medicines and medical goods at warehouses is developed	2023	5400,0	MoH of KR
			2.4.2. Introduction of software on management of medicines and medical supplies at warehouses across all regions	Proportion of health care organizations using software for management of medicines and medical goods at warehouses	2023-2024	42600,0	MoH of KR

<b>THEMATIC AREA: PROVISION OF SERVICES</b>							
<b>OUTCOME: <u>Increased coverage of WRA including from medical and social group with FP programs</u></b>							
<b>GOAL: Advancing the quality of FP services provision</b>							
<b>Strategic interventions</b>	<b>Expected results</b>	<b>Key activities</b>	<b>Sub-activities</b>	<b>Indicator</b>	<b>Year</b>	<b>Amount, \$</b>	<b>Responsible parties</b>
<b>1. Distribution of human resources according to needs</b>	Sufficient human resources at regional level	1.1. Increasing budgetary financing of clinical residency programs for doctors for ensuring rational distribution of health specialists to remote regions of the country	1.1.1. Creating the working group for analyzing the situation with allocation of funds for human resources programs and development of mechanism for optimization of financial resources for increasing budget-funded training of doctors in clinical residency	1. Increasing places for budget-funded training of doctors in clinical residency 2. Percentage of graduates of clinical residence program who left to work in the remote areas	2022	3000,0	MoH of KR, KSMIRAT, MSMA, MOES
<b>2. Improving the capacity of health workers on FP issues including the nursing staff</b>	Improving the quality FP services	2. 1. Training services providers on FP issues	2.1.1. Revision of FP training programs and development of training materials package at postgraduate and continuing professional education levels.	Availability of updated and approved training program on FP.	2020	5000,0	MoH of KR, KSMIRAT

			2.1.2. Arranging online trainings for KSMIRAT teachers using the revised training program	Share of KSMIRAT teachers trained using updated training program on FP	2020	3000,0	MoH of KR, KSMIRAT
			2.1.3. Conducting trainings using the revised FP training program for health workers of PHC level, including nursing staff	Number of medical workers who underwent training in line with updated training program on FP	2020-2024	24500,0	MoH of KR, KSMIRAT
			2.1.4. Further introduction of module on postpartum and postabortion insertion of IUD for medical workers of all levels, including online format	Proportion of health workers having skills for postpartum and postabortion insertion of IUD	2021-2022	10000,0	MoH of KR, KSMIRAT, professional associations
<b>3. Introduction of new FP methods and types of FP services</b>	Expanding the range of FP services	3.1. Introduction of clinical guideline on use of contraceptive implants and injectable contraceptives	3.1.1. Arranging online workshop for MHIF experts on indicators of clinical guideline on use of contraceptive implants and injectable contraceptives	MHIF experts are trained to calculate and analyze indicators of clinical guideline on use of contraceptive implants and injectable contraceptives	2020	160,0	MoH of KR, KSMIRAT
			3.1.2. Conducting ToT for national experts on insertion and removal of contraceptive implants	Number of national trainers trained to insert and remove contraceptive implants	2022	5000,0	MoH of KR, KSMIRAT, professional associations
			3.1.3. Holding workshops for medical specialists on insertion and removal of contraceptive implants	Percentage of health professionals trained to insert and remove contraceptive implants.	2022-2024	50 000,0	MoH of KR, KSMIRAT, professional associations

<b>THEMATIC AREA: YOUTH</b>							
<b>OUTCOME: Awareness and access of youth to quality FP services is enhanced</b>							
<b>GOAL: Increasing awareness of adolescents and youth on RH and HLS issues</b>							
<b>Strategic interventions</b>	<b>Expected results</b>	<b>Key activities</b>	<b>Sub-activities</b>	<b>Indicator</b>	<b>Year</b>	<b>Amount, \$</b>	<b>Responsible parties</b>
<b>1. Capacity building of medical specialists with regard to specifics of providing services to adolescents and youth</b>	Adolescents and youth have access to quality FP services	1.1. Training medical workers on counselling adolescents on RH and FP issues	1.1.1. Development and approval of continuing professional education training programs on adolescent medicine for medical workers	Training program on adolescent medicine is developed and endorsed	2022	6000,0	MoH of KR, KSMIRAT
			1.1.2. Training health workers using the approved training program on adolescent medicine (in online format)	Share of medical workers trained on the special aspects for provision of services to adolescents and youth	2022-2024	45000,0	MoH of KR, KSMIRAT
<b>2. Raising awareness of adolescents and youth on HLS and RH issues</b>	Adolescents and youth have access to reliable and high quality information on HLS and RH issues	2.1 Strengthening preventive work among adolescents and youth	2.1.1. Establishing the working group on development of information materials on HLS and RH issues for their introduction in the curriculum of schools, secondary education establishments and higher education institutions	Informational materials for development of educational computer programs on HLS and RH issues are produced and approved	2022	10000,0	MoH of KR, KSMIRAT, MOES, State agency for youth affairs, physical culture and sports, CS
			2.1.2. Development and introduction of educational computer program using information materials on HLS and RH issues	Educational computer program on HLS and RH issues is developed and is being introduced	2023	18000,0	MoH of KR, KSMIRAT, MOES
			2.2 Promote participation of adolescents and youth in informational campaigns on HLS and RH issues	2.2.1 Involving and training youth leaders on awareness raising in the frame of “peer-to-peer” format	Number of conducted informational campaigns in the frame of “peer-to-peer” format	2021-2024	67380,0

<b>THEMATIC AREA: CREATING DEMAND</b>							
<b>OUTCOME: The population and WRA from medical and social risk group have information about modern contraceptives and are able to realize their right to choice</b>							
<b>GOAL: Increasing satisfied demand for FP</b>							
<b>Strategic interventions</b>	<b>Expected results</b>	<b>Key activities</b>	<b>Sub-activities</b>	<b>Indicator</b>	<b>Year</b>	<b>Amount, \$</b>	<b>Responsible parties</b>
<b>1.Development of communication strategy on FP issues</b>	Increasing demand of population through introduction of communication strategy on FP	1.1. Development and introduction of communication strategy on FP	1.1.1. Establishment of working group for development of communication strategy on FP	Communication strategy on FP is developed	2021	5000,0	MoH of KR, FPAB
			1.1.2 Arranging awareness raising events based on the developed FP communication strategy for community leaders, VHC and HPU	Number of community leaders, VHC and HPU trained on FP issues based on communication strategy	2021-2024	67375,0	MoH of KR, RHPC&MC, CS
<b>2.Awareness raising on FP issues for representatives of various communities</b>	Representatives of various communities are informed about FP issues	2.1. Arranging social mobilization activities	2.1.1. Arranging activities (promotions, contests) that contribute to raising awareness on FP, involving a wide range of partners, including parents, young people, medical specialists	Number of arranged activities on awareness raising on FP issues within the reporting year	2021-2024	19000, 0	MoH of KR, CS
			2.1.2. Production of Public Service Announcements (PSAs) on FP	Two (2) Public Service Announcements (PSAs) on FP issues were produced	2021, 2023	5 000,0	MoH of KR, RHPC&MC, CS
			2.1.3.Promotions and awareness raising activities in the frame of respective dates (World Contraception Day, International Safe Abortion Day, International Condom Day)	Number of people covered with awareness raising campaigns (3 thousand per year)	2020-2024	40 000,0	MoH of KR, RHPC&MC, CS
			2.1.4. Conducting training on FP for religious leaders and workers of culture	Number of conducted trainings on FP issues for religious leaders and workers of	2020-2024	67375,0	MoH of KR, RHPC&MC, CS, UNFPA



				culture Number of religious leaders and workers of culture trained on FP issues			
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## BUDGET FOR IMPLEMENTATION OF PLAN

## STRATEGIC MANAGEMENT, GOVERNANCE AND PARTNERSHIPS

	Heading	People/ events	Days	Price per unit	Total amount in \$	2020 \$	2021 \$	2022 \$	2023 \$	2024 \$
<b>1</b>	<b>Development of initial strategic document on FP - CIP</b>									
1.1	Fee for WG (working group) for development and approval of CIP on FP	8	10	100,00	4000,00	4000,00				
	<b>Sub-total</b>				<b>4000,00</b>	<b>4000,00</b>				
<b>2</b>	<b>Development and endorsement of legal regulatory acts for effective work of the Advisory Board, technical group and provincial and district FP coordinators</b>									
2.1	Fee for development of legal regulatory acts governing the work of Advisory Board and technical working group	5	10	100,00	5000,00		5000,00			
	<b>Sub-total</b>				<b>5000,00</b>		<b>5000,00</b>			
<b>2.3</b>	<b>Intersectoral meetings for coordination of CIP delivery</b>									
	Rent of venue	1	4	200,00	800,00					
	Fee of expert	1	4	100,00	400,00					
	Lunch, coffee-break	30	4	25,00	3000,00					
	Fee of logistician	1	8	50,00	400,00					
	<b>Sub-total</b>				<b>4600,0 0</b>		<b>1150,0 0</b>	<b>1150</b>	<b>1150</b>	<b>1150</b>
<b>2.4</b>	<b>Development of regulation on FP coordinators</b>									
	Fee for development of regulation on FP coordinators	3	10	100,00	3000,00		3000,00			
	<b>Sub-total</b>				<b>3000,0 0</b>		<b>3000,0 0</b>			
<b>2.5</b>	<b>Introduction of developed of regulations on FP coordinators</b>									
	Introduction of developed of regulations on FP coordinators	9	1	200,00	1800,00		1800,00			
	<b>Sub-total</b>				<b>1800,0 0</b>		<b>1800,0 0</b>			
	<b>Total amount</b>				<b>18400,0 0</b>	<b>4000,0 0</b>	<b>10950,0 0</b>	<b>1150,0 0</b>	<b>1150,0 0</b>	<b>1150,0 0</b>

## FUNDING AND SUSTAINABILITY

	Heading	People/ events	Days	Price per unit	Total amount in \$	2020 \$	2021 \$	2022 \$	2023 \$	2024 \$
<b>1</b>	<b>Incorporation of separate budget lines for FP programs into the program budgets of MoH and MHIF</b>									
	Fee for WG for development of training materials package on program budgeting	7	10	100,00	7000,00	7000,00				
	Conducting three (3) trainings on program budgeting for MoH of KR staff and officials	3	1	5116,00	15350,00	15350,00				
	Conducting meetings with MF, MoH, MHIF to discuss budget estimate for procurement	1	2	450	900,00	450,00	450,00			
	Workshops on the development of advocacy strategy on FP				31125,00	10375,00	10375,00		10375,00	
	Arranging two (2) communication campaigns on promotion of FP budget lines				25500,00	8500,00	8500,00		8500,00	
	<b>Sub-total</b>				<b>79875,00</b>	<b>41675,00</b>	<b>19325,00</b>	<b>0,00</b>	<b>18875,00</b>	
<b>2</b>	<b>Expanding contraceptives options and the size of public procurement</b>									
	Annual increase of public funding for procurement of contraceptives				461455,00	66600,00	79480,00	92307,00	105128,00	117940,00
	<b>Sub-total</b>				<b>461455,00</b>	<b>66600,00</b>	<b>79480,00</b>	<b>92307,00</b>	<b>105128,00</b>	<b>117940,00</b>
	<b>Total amount</b>				<b>541330,00</b>	<b>108275,00</b>	<b>98805,00</b>	<b>92307,00</b>	<b>124003,00</b>	<b>117940,00</b>

**PRODUCT SAFETY**

#	Activities	People	Days	Price per unit	Total amount (\$)	2020	2021	2022	2023	2024
<b>1.</b>	<b>Improving access of all consumers to modern contraceptives</b>									
1.1.	<b>Advocacy activities with suppliers of contraceptives</b>									
	Production of Public Service Announcements (PSA) on FP methods				5000,00		2500,00		2500,00	
	Arranging promotions and contests among journalists, bloggers and youth				6000,00		3000,00		3000,00	
	Fee of the WG for incorporation of other contraceptives in the EML and contraceptive list into additional package of MHI	5	10	100	10000,00		5000,00		5000,00	
	Prescription of contraceptives through additional package of MHI (on preferential terms)				432418,8	86483,76	86483,76	86483,76	86483,76	86483,76
	Fee for WG for developing the plan of advocacy events on promotion of procurement of medicines and medical supplies via the UN agencies and/or procurement agents	5	10	100	10000,00		5000,00	5000,00		
	<b>Sub-total</b>				<b>463418,80</b>	<b>86483,76</b>	<b>101983,76</b>	<b>91483,76</b>	<b>96983,76</b>	<b>86483,76</b>
<b>2</b>	<b>Establishing the effective system for transportation of medicines and medical supplies to health care organizations</b>									
	Fee for WG for analysis of situation with transportation of medicines and medical supplies to health care organizations and development of mechanisms for optimization of this process	4	10	100,00	4000,00		4000,00			
	<b>Sub-total</b>				<b>4000,00</b>		<b>4000,00</b>			
	<b>Total amount</b>				<b>467418,80</b>	<b>86483,76</b>	<b>105983,76</b>	<b>91483,76</b>	<b>96983,76</b>	<b>86483,76</b>

**RECORD-KEEPING AND REPORTING**

#	Activities	People	Days	Price per unit	Total amount (\$)	2020	2021	2022	2023	2024
<b>1.</b>	<b>1. Establishing automated information system for tracking WRA from medical and social risk group including those using contraceptives</b>									
	<b>Advocacy events with suppliers of contraceptives</b>									
	Fee for IT-specialists (IT-specialist from e-Health Center-analyst) for finalization of software based on DHIS2 for automated tracking of WRA from medical and social risk group including those using contraceptives	2	20	200,00	8000,00	4000,00	4000,00			
	Transportation expenses for training of specialists of health care organizations in the field/locally	2	71	100,00	14200,00	7100,00	7100,00			
	Daily subsistence allowance for trainers (accommodation/meals)	3	71	100,00	21300,00	10650,00	10 650			
	Fee for training	3	71	100,00	21300,00	10650,00	10650,00			
	<b>Sub-total</b>				<b>64800,00</b>	<b>32400,00</b>	<b>32400,00</b>			
	Fee for IT-specialist for finalization of database on “Registered population” for automated generation of list of WRA from medical and social risk group	1	7	100,00	700,00		700,00			
	Fee for accompanying experts	2	3	100,00	600,00		600,00			
	<b>Sub-total</b>				<b>1300,00</b>		<b>1300,00</b>			
<b>2</b>	<b>Building capacity of medical services providers on contraceptives logistics at all levels</b>									
	Fee for experts for development of instructions for health personnel and M&E tool	5	6	100,00	3000,00	3000,00				
	Fee for experts for analysis and situation assessment related to FP and contraceptives logistics	9	15	100,00	13500,00	2700,00	2700,00	2700,00	2700,00	2700,00
	Training medical services providers on contraceptives logistics as per the approved documents (instructions for health workers and M&E tool)	100	12	34,00	40800,00		20400,00	20400,00		
	<b>Sub-total</b>				<b>57300,00</b>	<b>5700,00</b>	<b>23100,00</b>	<b>23100,00</b>	<b>2700,00</b>	<b>2700,00</b>

3 Creating warehouse management system through introduction of automation										
	Fee for experts for development of software for management of medicines and medical supplies at warehouses	3	10	100,00	3000,00				3000,00	
	Fee for IT-specialists for development of software for management of medicines and medical supplies at warehouses	1	60	40,00	2400,00				2400,00	
	Fee for IT-specialists (IT-specialist from e-Health Center-analyst) for introduction of software for management of medicines and medical supplies at warehouses	2	71	100,00	14200,00				7100,00	7100,00
	ОЗ на местах Transportation expenses of trainers and IT-specialist for training of specialists	2	71	100,00	14200,00				7100,00	7100,00
	Daily subsistence allowance for trainers and IT-specialist (accommodation/meals)	2	71	100,00	14200,00				7100,00	7100,00
	<b>Sub-total</b>				<b>48000,00</b>	<b>0,00</b>	<b>0,00</b>	<b>0,00</b>	<b>26700,00</b>	<b>21300,00</b>
	<b>Total amount</b>				<b>171400,00</b>	<b>38100,00</b>	<b>56800,00</b>	<b>23100,00</b>	<b>29400,00</b>	<b>24000,00</b>

**PROVISION OF SERVICES**

#	Activities	People/ events	Days	Price per unit	Total amount (\$)	2020	2021	2022	2023	2024
<b>1.</b>	<b>Distribution of human resources according to needs</b>									
	Fee for WG for analyzing the situation with allocation of funds for human resources programs and development of mechanism for optimization of financial resources for increasing budget-funded training of doctors in clinical residency and inclusion of other contraceptives into EML and contraceptives list into additional program of MHI	3	10	100	3000,00			3000,00		
	<b>Sub-total</b>				<b>3000,00</b>			<b>3000,00</b>		
<b>2</b>	<b>Improving the capacity of health workers on FP issues including the nursing staff</b>									
	Fee for WG for revision of FP training programs and development of training materials package at postgraduate and continuing professional education levels	5	10	100	5000,00	5000,00				
	Arranging online trainings for KSMIRAT teachers using the revised training program				3000,00	3000,00				
	Conducting trainings using the revised FP training program for health workers of PHC level, including nursing staff				24500,00	4900,00	4900,00	4900,00	4900,00	4900,00
	Further introduction of module on postpartum and postabortion insertion of IUD for medical workers of all levels, including online format				10000,00		5000,00	5000,00		
	<b>Sub-total</b>				<b>42500,00</b>	<b>12900,00</b>	<b>9900,00</b>	<b>9900,00</b>	<b>4900,00</b>	<b>4900,00</b>
	<b>Introduction of new FP methods and types of FP services</b>									
	Arranging online workshop for MHIF experts on indicators of clinical guideline on use of implants and injectable contraceptives				160,00	160,00				
	Conducting ToT for national experts on insertion and removal of contraceptive implants				5000,00			5000,00		
	Holding workshops for medical specialists on insertion and removal of contraceptive implants				50000,00			20000,00	15000,00	15000,00
	<b>Sub-total</b>				<b>55160,00</b>	<b>160,00</b>	<b>0,00</b>	<b>25000,00</b>	<b>15000,00</b>	<b>15000,00</b>
	<b>Total amount</b>				<b>100660,00</b>	<b>13060,00</b>	<b>9900,00</b>	<b>37900,00</b>	<b>19900,00</b>	<b>19900,00</b>

## YOUTH

	Heading	People/ events	Days	Price per unit	Total amount in \$	2020 \$	2021 \$	2022 \$	2023 \$	2024 \$
<b>1</b>	<b>Capacity building of medical specialists with regard to specifics of providing services to adolescents and youth</b>									
1.1	Fee for experts for Development and approval of continuing professional education training programs on adolescent medicine for medical workers	6	10	100,00	6000,00			6000,00		
1.2	Training health workers using the approved training program on adolescent medicine	6	75	100,00	45000,00			15000,00	15000,00	15000,00
	<b>Sub-total</b>				<b>51000,00</b>			<b>21000,00</b>	<b>15000,00</b>	<b>15000,00</b>
<b>2</b>	<b>Raising awareness of adolescents and youth on HLS and RH issues</b>									
2.2	Fee for experts for development of information materials on HLS and RH issues for their introduction in the curriculum of schools, secondary education establishments and higher education institutions	10	10	100,00	<b>10000,00</b>			<b>10000,00</b>		
	Fee for experts for development and introduction of educational computer program using information materials on HLS and RH issues	6	30	100,00	<b>18000,00</b>				18000,00	
	Workshops for youth leaders on awareness raising in the frame of “peer-to-peer” format	175	1	385,00	<b>67380,00</b>		16845,00	16845,00	16845,00	16845,00
	<b>Sub-total</b>				<b>95380,00</b>	<b>0,00</b>	<b>16845,00</b>	<b>26845,00</b>	<b>34845,00</b>	<b>16845,00</b>
	<b>Total amount</b>				<b>146 380,00</b>		<b>16 845,00</b>	<b>47845,00</b>	<b>49845,00</b>	<b>31845,00</b>



**DEMAND**

	Heading	People/ events	Days	Price per unit	Total amount in \$	2020 \$	2021 \$	2022 \$	2023 \$	2024 \$
<b>1</b>	<b>Development of communication strategy on FP issues</b>									
1.1	Fee for experts for development of communication strategy on FP issues	5	10	100,00	5000,00		5000,00			
1.2	Arranging awareness raising events based on the developed FP communication strategy for community leaders, VHC and HPU	175	1	385,00	67375,00		16843,75	16843,75	16843,75	16843,75
	<b>Sub-total</b>				<b>72375,00</b>		<b>21843,750</b>	<b>16843,75</b>	<b>16843,75</b>	<b>16843,75</b>
	<b>Awareness raising on FP issues for representatives of various communities</b>									
	Promotions and contests that contribute to raising awareness on FP, involving a wide range of partners, including parents, young people, medical specialists	4	1	3 000,00	12000,00		3000,00	3000,00	3000,00	3000,00
	Prize fund for participants with starts	14	5	100,00	7000,00		1750,00	1750,00	1750,00	1750,00
	Production of Public Service Announcements (PSAs) on FP	2	1	2500,00	5000,00		2500,00		2500,00	
	Conducting training on FP for religious leaders and workers of culture	175	5	385,00	67375,00		16843,75	16843,75	16843,75	16843,75
	World Contraception Day	1	4	5 000,00	20 000,00		5000,00	5000,00	5000,00	5000,00
	World Mother's Day and World's Children's Day	1	4	5 000,00	20 000,00		5000,00	5000,00	5000,00	5000,00
	<b>Sub-total</b>				<b>131 375,00</b>		<b>34 093,75</b>	<b>31 593,75</b>	<b>34 093,75</b>	<b>31 593,75</b>
	<b>Total amount</b>				<b>203 750,00</b>		<b>55 937,50</b>	<b>48437,50</b>	<b>50937,50</b>	<b>48437,50</b>

**COORDINATION OF CIP DELIVERY**

Heading	People/ events	Days	Price per unit	Total amount in \$	2020 \$	2021 \$	2022 \$	2023 \$	2024 \$
<b>Technical support to FPAB</b>									
Technical Assistant of FPAB	1	8	100,00	<b>800,00</b>					
Technical working group (focal points)	4	30	100,00	<b>12000,00</b>					
Stationery	1	4	200,00	<b>800,00</b>					
Field trainings on building the capacity of FPAB	30	4	385	<b>46200,00</b>					
<b>Sub-total</b>				<b>59000,00</b>					
<b>Total amount</b>				<b>118800,0 0</b>					

**M& E**

Heading	People/ events	Days	Price per unit	Total amount in \$	2020 \$	2021 \$	2022 \$	2023 \$	2024 \$
<b>Monitoring of CIP implementation</b>									
Monitoring visits	1	8	100,00	<b>800,00</b>					
Daily subsistence allowance for experts	4	30	100,00	<b>12000,00</b>					
Transportation expenses of experts	1	4	200,00	<b>800,00</b>					
Fee of experts	30	4	385	<b>46200,00</b>					
Fee of experts	30	4	385	<b>46200,00</b>					
<b>Sub-total</b>				<b>59000,00</b>					
<b>Total amount</b>				<b>118800,0 0</b>					

**List of categories of medical and social risk groups**

<b>I. Medical reasons risk group</b>
Epilepsy
Mental disorders
Coronary heart disease
Group of persons with organ dysfunction/failure
Respiratory diseases with ventilatory depression
Cirrhosis
Connective tissue disorders
Aplastic anemia
Diabetes mellitus
Oncological disorders
Tuberculosis
Alcohol addiction
Drug addiction
HIV/AIDS
Glomerulonephritis
<b>II. Social reasons risk group</b>
Persons disabled since childhood of I, II, III groups
Persons disabled since childhood of I, II, III groups without the right to pension provision
Disabled children (under 18 years old)
Low-income families
<b>III. Multi-child families – with 5 and more children in the family</b>