

## **Introduction**

### **1.1 Coordination and consultative process**

The process of commitments development and accountability mechanism in the frame of the FP2030 was implemented with participation of all stakeholders of the current process. The Family Planning Advisory Council (FPAC) ensured leadership and coordination. The MoH of the KR, United Nations Population Fund (UNFPA), focal points from civil society and the Government have played the leading role in the commitments development process and provided support throughout the entire process.

The implementation of FP2030 commitments processes will be country-led through the FPAC, which will have a Secretary responsible for coordination of this group and convening the meetings devoted to discussion of issues on achieving and implementing the FP2030 commitments. The FPAC consists of MoH experts (financial, procurement, drug supply, health promotion and health care departments etc), the Ministry of Finance, the Ministry of Education, the Mandatory Health Insurance Fund, civil society entities such as the Public Councils under the Ministry of Finance and the MoH (these are consultative and supervisory bodies established by sub law to interact with these ministries and publicly monitor their activities), the Public Foundation “Center for the Study of Democratic Processes”, the Public Association of the Disabled People of the Issyk-Kul region “Equality”, the FBO “Mutakalim”, the Public Association “Reproductive Health Alliance” and “Kyrgyz Family Planning Alliance”. The outcome of the Family Planning 2030 implementation processes will be the foundation for the reviews at the provincial (oblast) and country levels, given that the review will be primarily based on the national official data sources taking into account MoH data ( Health Management Information System (HMIC), National Statistical Committee and other platforms). Principles of inclusiveness will be embedded throughout the commitment development process, as well as in the accountability mechanisms tracking progress against the commitments moving forward. MoH of the KR with support from UNFPA and jointly with civil society, through the Family Planning Advisory Council (FPAC) will track the progress of implementing the FP2030 indicators, including implementation means and identify achievements, challenges, gaps and critical success factors. FPAC will be open, inclusive, participatory and transparent for other cross sectors and will support reporting to MoH of the KR.

### **1.2 Interconnection between the Costed implementation Plan(CIP) and Family Planning 2030 commitment (FP2030).**

The MoH with UNFPA and the FPAC will develop a Monitoring Framework of the FP2030 commitment, which will include a set of process indicators and a measurement agenda to assess progress towards the objectives of the FP2030 commitments taking into account the indicators of the 2023 FP Costed Implementation Plan (CIP). FP2030 indicators will be aligned with the indicators of the Kyrgyz Republic’s National Health and Health System Development Program for 2019-2030, “Healthy Person - Prosperous Country”<sup>1</sup> which is aligned with SDG indicators. Visibility and transparency will be promoted within the development and monitoring of commitments of the MOH of the KR. Based on technical reviews and an open consultative process, FP2030 indicators will be selected and integrated into several platforms of the electronic Health Management information centers (HMIC, Drug Supply and Medical Equipment Department).

### **1.3 Summary of the suggested goals of Kyrgyzstan’s FP2030 commitments was developed taking into account the indicators of 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”.**

Annual reviews will be systematically harmonized with the actions of the national health policy plan and will ensure the basis for mutual accountability. The MoH will use a mutual accountability

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<sup>1</sup> <http://zdrav2030.med.kg/index.php/en/about-program-en>

approach aligned with the National Health programme 2030 that fosters greater compliance among all stakeholders, to raise funds from international organizations to enable commitment-makers to achieve the FP commitments and the SDGs goals.

**Objective 1: Improving the quality of FP services through the development and implementation of clinical protocols/guidelines and providing quality postpartum and post abortion FP counselling and voluntary contraception to all clients, by involving private health facility organizations in this process by 2030.**

Enhancement of the quality of FP services will be attained through the development and implementation of (at least three) clinical protocols/guidelines on postpartum and postabortion Family Planning for both state and private sectors.

**Objective 2. Developing and increasing digital-data visibility of management of supply chain of contraceptives purchased from the state budget and ensuring territorial accessibility and economic affordability of various types of contraceptives for end users by 2030.**

In the Kyrgyz Republic, the contraceptive choice and availability of CSs for users will be expanded through inclusion of new contraception methods in the National Essential Medicines List (EML). Expansion of the CSs included into the EML will allow for the public procurement of various CSs types for vulnerable groups of women. Moreover, the list of CSs included into the additional drug package for meeting the family planning needs of insured women will also be expanded.

A digital information system for state-led management of supply chain of contraceptives will be developed by 2030.

The Kyrgyz Republic has refined the policy for ensuring secure, safe, accessible, effective, acceptable and affordable contraceptives procured by the state by configuring/reforming the state supply chain system to deliver safe healthcare commodities in an efficient and effective way by 2030. Introduction of national digital logistic management information systems (LMIS) and strengthening the existing electronic contraceptives supply chain management system.

**Objective 3. Reducing the adolescent birth rate from 50 per 1,000 women to 40 per 1,000 women by focusing actions on sexually active adolescents aged 18-19 years through increasing access to Reproductive Health information and services by the end of 2030.**

Awareness of adolescents (aged 18-19) in the KR is increasing due to the development of Communication Plan on raising awareness of adolescents on FP issues, including SRH, prevention of early marriages, bride kidnapping for the purpose of marriage, adolescent pregnancy and STIs and their introduction into the curricula of secondary specialized educational institutions and higher educational institutions.

**Objective 4. Integrating minimum standards for sexual and reproductive health including family planning using MISP tool into preparedness/disaster risk national plan by the end of 2030.**

Minimum standards of SRH regulations in humanitarian settings will be introduced in Kyrgyzstan. Having a national plan in a humanitarian setting will contribute to the country's 2030 vision towards expanding access to family planning and reducing maternal mortality especially for populations affected by conflict, natural disasters, or outbreaks of infectious diseases.

**Financial Objective 5. Allocating and fully spending the state budget for Family Planning using advocacy and digital mechanism in order to increase the use of contraceptives by women of reproductive age from the list of high medical and social risk of maternal mortality to 60% by 2026 and to 70% by 2030.**

The MoH will annually allocate budgetary resources to family planning, primarily, for the purchase of contraceptive commodities to cover at least 60% of women of reproductive age from the list of high medical and social risk of maternal mortality by 2026 and at least 70% by 2030 and will track

the budget to assess whether the allocation for family planning is being implemented as per the approved budget and timelines.

#### **1.4 Coordination mechanism on FP2030 commitments will be implemented as follows:**

The Family Planning Advisory Council (FPAC) on promotion of FP2020 agenda is the authority consisting of representatives of public and international organizations, Mandatory Health Insurance Fund and civil society working in partnership to improve and expand access to FP services. The Advisory Council (FPAC) is the coordinating platform for intersectoral partnership, planning, financing, implementation and monitoring of FP2030 program.

Coordination of the implementation process and monitoring the fulfillment of FP2030 commitments will be carried out through joint actions of the Advisory Council that was established in the country and technical working group on FP. The MoH will design the accountability strategy on FP2030 commitments along with the monitoring framework, which will take into account the following elements:

- There will be a mutual accountability approach whereby the MoH and FPAC in collaboration with development partners, key stakeholders will implement the commitments they have made. Additionally the Public Health Council of the MoH with civil society, including youth-led organizations will galvanize to support the implementation of action plans and will engage to monitor progress towards achieving the FP2030 commitments jointly with the MoH.
- The MoH will develop and use the FP2030 Monitoring Framework with accountability structures, tracking progress and timeframe processes that span the full cycle of the commitments implementing. The MoH will consider extending mutual accountability approaches to subnational units (oblasts) with budgetary and implementation authority.

#### **VISION STATEMENT OF THE KR FOR 2030**

“By the end of 2030, the vision of the KR on family planning is creating the conditions that enable the population to exercise their SRH rights for enhancing the quality of their lives and meeting their FP needs”.

The current commitments on FP2030 is adapted by the MoH in line with the Kyrgyz Government's Public Health and Health System Development Programme 2020-2030 "Healthy People, Prosperous Country", with the National Action Plan (hereafter NAP) on Family Planning, taking into account the lessons learned in implementing the Family Planning 2020 commitment.

The current commitments on FP2030 are aligned by the MoH of the KR in accordance with the Program of the Government of the KR on population' health protection and healthcare system development for 2020-2030 “Healthy Person- Prosperous Country” and the Costed Implementation Plan on FP issues (hereinafter referred to as CIP on FP), taking into consideration the lessons learnt during the implementation of FP2020 commitments.

#### **COMMITMENT OBJECTIVES**

**OBJECTIVE 1. Improve the quality of FP services and provision of quality postpartum and postabortion FP counselling and voluntary contraception to all clients, involving private health facility organizations in this process by 2030.**

**1.1 OBJECTIVE STATEMENT:** The MoH of the KR commits to the development of (at least three) and implementation of (three) clinical protocols and clinical guidelines, especially related to the postpartum and postabortion family planning for the public and private sectors.

**1.2 TIMELINE: September 2022 – July 2030.**

**1.3 RATIONALE:** There is a sharp decrease in statistical data, the Contraceptive prevalence rate in 2020 reached 18% compared to 2018 (35%). The birth interval between the second and third child is much longer than between the first and the second child. As per MICS 2018, on average, there

were 0.77 induced abortions per woman aged 15-49 years old, and the induced abortion is still widely used as a birth control method and a method for maintaining desired family size.

#### **1.4 STRATEGIES:**

**Strategy 1:** Joint review (with Ministry of Education and Science of the KR) and introduction of new clinical protocols/guidelines on PPF in the curricula of medical colleges and medical institutions of the country, KSMIRAT (Kyrgyz State Medical Institute of retraining and advanced training).

#### **Activities:**

- Review the existing and develop new clinical protocols/recommendations and SOP (progestin-only injectable contraceptives), condoms, voluntary surgical contraception, postpartum and postabortion contraception);
- Develop traditional and online courses on new clinical protocols/guidelines centered around evidence-based medicine and include postpartum and postabortion contraception in the pre-service midwifery curriculum and undergraduate educational system;
- Work with the private health sector to expand access to postpartum and postabortion FP services in private health facilities (building capacity of health care providers on clinical guidelines and clinical protocols on PPF);
- Address the needs of postpartum and postabortion care clients facing gender-based violence through training health care providers on how to identify survivors of intimate partner violence/GBV and respond to their needs, in addition to provision of the required clinical care;
- Continuous training for health workers on new clinical protocols and guidelines, particularly on postpartum and postabortion FP in the frame of evidence-based medicine;
- Monitoring of implementing clinical protocols/guidelines on postpartum and postabortion FP.

**OBJECTIVE 2: Ensure the territorial accessibility and economic affordability of various types of contraceptives for end users, as well as developing and increasing digital-data visibility of management of supply chain of contraceptives purchased from the state budget by 2030.**

**2.1. OBJECTIVE STATEMENT: The MoH of the KR commits to inclusion of new contraception methods into the National Essential Medicines List (EML) and develop a digital information system for state-led management of supply chain of contraceptives.**

**2.2 TIMELINE: September 2021 - July 2030.**

**2.3 RATIONALE:** The limited list of contraceptives are available in the country according to statistics (only IUD, condoms, COC) to prevent an unintended pregnancies and to promote good health outcomes for women of childbearing age as well as safe delivery of healthy children in the Kyrgyz Republic.

The reproductive choice and availability of CSs for users will be expanded through inclusion of new contraception methods into the National Essential Medicines List. Expansion of the CSs included into the EML will allow for the public procurement of various CSs types for vulnerable groups of women. Moreover, the list of CSs included into the additional drug package under the Mandatory Health insurance for meeting the family planning needs of insured women will also be expanded.

Introduction of national digital logistic management information systems (LMIS) and strengthening the existing electronic contraceptives supply chain management systems.

#### **2.4 STRATEGIES:**

**Strategy 1. Advocate for the revision of the National EML to include new contraceptive methods.**

**Activities:**

- Conduct a broad-based public discussion on the list of recommended contraceptives for inclusion into the National List of Essential Medicines (EML);
- Develop and approve standards for progestin-only contraception and condoms for prevention of unintended pregnancies.

**Strategy 2: Develop a digital information system for state-led management of supply chain of contraceptives.****Activities:**

- Develop SOP that will allow regulating tracking and movement of contraceptives in the KR and adopting an electronic logistics management information system to ensure the visibility of the entire supply chain;
- Accelerate implementation mechanisms to allow government procurement of contraceptives via international organizations (UN agencies) as third party procurement;
- Introduction of Standard operating procedures (SOP) on contraceptives supply chain management at all the primary health level;
- Reduce entry barriers for contraceptive suppliers (registration of CSs and reduction of customs fees for contraceptives VAT);

**2. Programmatic:**

- Create and maintain effective state-led supply chain management;
- Introduce in health facilities the digital systems for record keeping and movement of CSs, using a successful pilot project in FMCs;
- Train medical workers and IT specialist in health facilities to work with a digital system for record keeping of contraceptives using the state budget;
- Establish a working group to develop mechanisms for supply chain management of CSs procured via international organizations and public sector.

**3. Financial:**

- The working group will regularly advocate for the introduction and use of digital public supply chain management of CSs;
- The working group will advocate for the inclusion of funds in the MoH of KR budget to scale up a digital system programme for record keeping of contraceptives in the healthcare system and for training medical workers on supply chain management;
- Supporting the national electronic logistics management information system and strengthening the existing electronic supply chain management system for CSs.

**OBJECTIVE 3: By the end of 2030, reduce the adolescent birth rate from 50 per 1,000 women to 40 per 1,000 women.****3.1. OBJECTIVE STATEMENT: Reduce birth rate in adolescents aged 18-19 years old through increasing access to Reproductive Health information and services.****3.2 TIMELINE: September 2021 – July 2030.**

**3.3 RATIONALE:** One of the challenges for the country is adolescent pregnancy, particularly among girls aged 18-19. Despite the declining trend over the past years, official statistics show an estimated 1,500 abortions every year, with 90 % of these occurring among girls aged 18-19, and 80% of the approximately 9,000 births by adolescent girls are from the 18-19 years old cohort.

### **Strategy 1:**

**Develop Communication Plan on raising awareness of adolescents (especially aged 18-19) and married women on FP, including SRH, prevention of early marriages, bride kidnapping for the purpose of marriage, adolescent pregnancy and STIs (2023).**

#### **Activity 1:**

- Establish an intersectoral working group (MoH, MoSD, MoES, State Agency for Youth Affairs, Culture and Sports, Local Government, public authorities) to develop a Communication Plan on raising awareness of adolescents (especially aged 18-19) on FP, SRH issues, prevention of early marriages, bride kidnapping for the purpose of marriage, adolescent pregnancy and STIs (2023).

### **Strategy 2:**

- Increase awareness of adolescents (aged 18-19) through the development and introduction of an educational computer program/software on FP including SRH into the curricula of secondary specialized educational institutions and higher educational institutions, with a subsequent evaluation of automated testing, including the issues of early marriages prevention, bride kidnapping for the purpose of marriage, adolescent pregnancy and STIs (2026).

#### **Activity 2:**

#### **Programmatic:**

- Develop and introduce clinical guideline on counselling adolescents on FP and SRHR (2023);
- Build capacity on counselling adolescents (especially for those aged 18-19) on FP and SRHR in postgraduate training institute;
- Improve FP data collection among adolescents aged 18-19 through making amendments in the existing record keeping and reporting forms (emergency contraception, use of condoms by males and others (2023);
- Raise awareness among adolescents aged 18-19 on modern contraceptives (2022-2027);
- Assess the demand satisfied for contraceptives among adolescents aged 18-19 (2022-2027).

### **3. Financial:**

- An Intersectoral working group (MoH, MoSD, MoES, State Agency for Youth Affairs, Physical Culture and Sports, LSG, public authorities) to develop Communication Plan;
- Activities with mass media and community mobilization;
- Working group to develop clinical guidelines on adolescents' counseling on FP and SRHR and building capacity;
- Enhancing capacity on adolescents' counseling on FP and SRHR in graduate training institute;
- A Health management information Center (HMIS) working group to develop, test record keeping and reporting forms among adolescents aged 18-19 (emergency contraception, use of condoms by males and others (2023);
- Communication and information campaigns that go beyond the provision of information and address specific barriers among adolescents aged 18-19 in order to foster social and behavior change in a manner that is compelling.

**OBJECTIVE 4: By the end of 2030, the MoH commits to integrate minimum standards for sexual and reproductive health including family planning into the national plan.**

**4.1. OBJECTIVE STATEMENT: Minimum standards using the tool for "Minimum Initial Service Package" (MISP) for sexual and reproductive health including family planning is**

**included into government regulations, the national health contingency plan and the disaster risk reduction strategy.**

#### **4.2 TIMELINE: September 2021 - July 2030.**

**4.3 RATIONALE:** Kyrgyzstan lacks minimum standards of SRH regulations in humanitarian settings and clear information about national policies for the provision of FP services in emergencies should be available to the full extent of legal regulation at the onset of an emergency and when planning for comprehensive SRH service delivery, including FP. Having a national plan in a humanitarian setting will contribute to the country's 2030 vision towards expanding access to Family planning and reducing maternal mortality especially for populations affected by conflict, natural disasters, or outbreaks of infectious diseases.

**Strategy 1: Integrate minimum standards into disaster risk management or healthcare emergency plans.**

#### **Activities:**

#### **Programmatic:**

- Identify and build the capacity of the Health Information System of the Ministries of health and Emergency if the existing system fails;
- Strengthen the national human resource capacity to manage SRH commodities including contraceptive supplies in the event of an emergency;
- Integrate emergency supplies (including contraceptives) into logistics management information systems;
- Enhance the coordination mechanisms across partners to improve the functioning of the supply chain during an emergency.

#### **3. Financial:**

- Working group to develop minimum standards to be integrated into disaster risk management or healthcare emergency plans;
- Advocate and strengthen the capacity on the Minimum Initial Service Package for SRH (MISP);
- Working group to review and develop disaggregated data—to aid in preparedness efforts and the monitoring and evaluation of response efforts in the Health Management information Center of the MoH and the Ministry of Emergency situations.

**FINANCIAL OBJECTIVE 5: Increase the use of contraceptives by women of reproductive age from the list of high medical and social risk of maternal mortality to 60% by 2026 and to 70% by 2030.**

**5.1. OBJECTIVE STATEMENT:** The MoH of the KR will endorse the regulation on digital mechanisms for projecting the needs for financing, oversight of contraceptives procurement and monitoring of the budget execution. Since 2020, the MoH has started to routinely collect data on CPR of the medico-social group, which amounts to 38% in this group. The MoH will continue to commit budgetary resources to family planning, primarily for the purchase of contraceptive commodities to cover at least 60% of women of reproductive age from the list of high medical and social risk of maternal mortality in 2026 and 70% in 2030 and will track the budget to assess whether the allocation for family planning is being implemented as per the approved budget and timelines.

#### **5.2 TIMELINE: September 2021 – July 2030.**

**5.3 RATIONALE:** The slow progress in projecting the funding needs for contraception among women from social and medical risk groups hinders the adequate planning for the procurement and

distribution of contraceptives purchased from the republican budget. Therefore, there is a need to improve and automate the mechanisms ensuring the transparency and accountability of the processes of forecasting, procurement and distribution of contraceptives procured from the republican budget and other sources to women from medical and social risk groups.

### **Strategy 1:**

- By the end of 2023, the MoH of the KR will endorse and introduce a digital package of tools for monitoring and oversight of projections, procurement, and distribution of contraceptives purchased from the state budget for vulnerable women from social and medical risk groups and for monitoring of the budget execution.

### **Activities:**

- Information campaigns and advocacy for policy change on funding for women of medical social risk groups and develop the further 6 year plan for 2024-2030 to gradually increase state funding to meet the needs of 60% of women from high medical and social risk of maternal mortality in 2026 and 70% in 2030;

- The MoH of the KR will endorse and introduce a digital package of tools for monitoring and oversight of projections, procurement and distribution of contraceptives purchased from the state budget;

- By the end of 2024, the MoH and the Ministry of Finance will develop and present for approval by the Government the Regulation on digital mechanisms for projecting the needs for financing, oversight of contraceptives procurement and monitoring of the budget execution;

- By mid-2024, MoH and the Mandatory Health Insurance Fund (MHIF) will approve digital integrated forms for projections and allocation of contraceptives for vulnerable women from social and medical risk groups and will ensure participation of women from risk groups;

- By 2030, The MoH will track health budget to assess whether the budget for family planning is being implemented as per the approved budget and timelines;

- MoH will adopt a total market approach to family planning by targeting government expenditure/subsidies for low-income population or, in more mature health financing systems, including insurance programs and engaging the private sector to expand access to Family Planning services and increasing expenditures for FP by those who are able to pay.

- By 2022, the MoH will develop investment case on evidence-based programming by prioritizing high impact interventions, drawing on evidence of Family Planning programs that have cost-effectiveness assessment. Make a more compelling case for investment by setting out the evidence of how investments in family planning will ultimately be generated by 2027.

## **COMMITMENT ACCOUNTABILITY APPROACH**

**The MoH will develop an accountability strategy on the FP2030 commitment with a Monitoring Framework that takes into consideration the following elements:**

A mutual accountability approach where the MoH and FPAC in collaboration with development partners, key stakeholders, are obliged to deliver on the commitments they have made, and Public Health Council with civil society, including youth-led organizations is galvanized to support the implementation of action plans and engaged to monitor progress towards achieving the FP2030 commitments jointly with the MoH. The MoH will develop and use the FP2030 Monitoring Framework with accountability structures, tracking progress and timeframe processes that span the full cycle of the commitments implementing. The MoH will consider extending mutual accountability approaches to subnational units (oblasts) with budgetary and implementation authority.



**The MoH will use the existing platforms in the KR for tracking the progress** in relation to fulfillment of obligation on FP2030 commitment:

1. The official website of the Ministry of Health to track policy commitment and quality of care standards: <http://med.kg/index.php/en/>;
2. Portal of public procurement of the Ministry of Finance of the KR to track allocation state funds and procurement contraceptives using the state funds - [www.zakupki.gov.kg](http://www.zakupki.gov.kg/);
3. Digital health database of the E- health information Center to track health data, health services, including obligations on managing the supply chains of contraceptives procured from the state budget, etc. -<http://cez.med.kg/>;
4. Open Data Portal of the Kyrgyz Republic to track transparency data on FP and for avoiding fiduciary risks;
5. The Mandatory health insurance Fund to track health insurance benefits packages on Family Planning and national health account on Family Planning - <http://foms.kg/>;
6. The Republican Centre for Health Promotion (RCHP) to track principles of outreach and promote public health policy on Family Planning through collaboration with other sectors-<https://saksalamat.kg/glavnaya/o-nas/>;
7. In the structure of the Ministry of Health, it is also advisable to track contraceptives supplies availability (<http://pharm.kg/>) and registration (<http://212.112.103.101/reestr>) through the unit responsible for coordination and monitoring of availability of Department of Drug Provision and Medical Equipment;
8. National Statistical Committee of the Kyrgyz Republic -<http://www.stat.kg/en/>.

#### **Policy level:**

**For the first time, the MoH will consider integrating 4 new indicators into E-HIC:**

1. Total annual public sector recurrent expenditures on procurement commodities using the state budget. This includes expenditures by a) procurement of the MoH – the Government; b) decentralized procurement of emergency contraception by health facilities at the primary health care level (Data source: HMIS MoH);
2. % of women from medical and social risk group using contraceptives purchased from the state budget(Data source: HMIS MoH) ;
3. Postpartum and Post abortion Family planning( Intraoperative insertion of intrauterine contraceptive device at cesarean section and Immediate PPFPP >48 hours at the secondary health care ; PPFPP 3 days - 6 weeks; post abortion family planning) (Data source: HMIS MoH);
4. Logistic Management information System of contraceptives indicators ( to track contraceptive stock levels procured from the state budget, stock out) (Data source: HMIS MoH).

For the purpose of transparency and accountability, the Kyrgyz Republic will annually present information to the public on the territorial accessibility and economic affordability of contraceptives for the population. To elevate the role of civil society partners, the MoH will engage them at all stages of managing the supply chain of contraceptives, which will contribute to an open and transparent exchange of information. It is crucial to integrate health care reporting systems into the national information systems, for example the “Tunduk” system.<sup>2</sup>

The Ministry of Health will use the Health Management Information Center platform (e-HMIC) and National Statistical Committee to track progress based on commitments through:

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<sup>2</sup> <https://kg.tunduk.gov.kg/wp-content/uploads/2019/03/%D0%B0%D0%BD%D0%B3%D0%BB-%D0%91%D1%80%D0%BE%D1%88%D1%8E%D1%80%D0%B0.pdf>

1. Routine reporting of the MoH of the KR (such as maternal mortality ratio (MMR), ANC, birth spacing, etc ( Data source: HMIS MoH):

- Clinical information form (CIF) for inpatient and outpatient care (Data source: HMIS MoH) ;
- Automated database of medical certificates and registered population (Data source: Electronic National Population Register System);
- Database: contraceptive prevalence rate (CPR), “Report on the number of women of reproductive age using contraceptives” (the share of women using modern contraception methods (by each method) (Data source: HMIS MoH).

2. Holding surveys (MICS and DHS: the latest 2018 MICS and the latest 2012 DHS and forthcoming MICS 2023).

**Programmatic level: The MoH will develop the new indicators in the Health management information center (HMIC):**

**Development of LMIS for contraceptives using the state budget:**

1.1. MoH will finalize the development of DHIS2 (integration of digital reporting form 12/2 on contraceptives in health facilities, the Republican Health Promotion Center, district health information centers, E-health center of the MoH of KR) and in partnership with HMIS will develop and complete the development of digital system for record keeping/reporting on CSs based on DHIS2 platform for tracking CS use), The MoH will integrate new LMIS indicators using state budget:

- Distribution and use of CSs procured by personnel based on LMIS (logistic management information system);
- Percentage of service delivery points of middle and higher levels where modern PPFPP contraception methods are available. This indicator takes into account methods (such as IUDs, injectable CSs), but not products (such as the 3-monthly or 6-monthly injectable contraceptives);
- Share of facilities experiencing a shortage of contraception methods;
- Proportion of facilities that receive the requested quantities of products from the budget;
- Percentage of facilities supporting/maintaining acceptable storage conditions;
- Percentage difference between consumption forecasts and actual consumption;
- Indicators for evaluating the warehouse and inventory management;
- Average delivery time.

1.2. Include the recommended postpartum FP indicators into information center of E-Health Management information Center: the share of women who deliver in a facility and initiate or leave with a modern contraception method prior to their discharge from the facility;

1.3. The proportion of women who deliver in a second healthcare level facility and who received counselling on FP prior to their discharge from the facility;

1.4. The number of births among adolescent females aged 15-19, that occurred within this reporting period, per 1,000 adolescent females, as well as development and integration of new indicator: total number of contraception related visits of clients under 18-19 years of age;

1.5. Develop and integrate new indicators into E-HMIC, using monitoring tool to identify effectiveness of CSs use including those procured from state budget for population from medical and social risk groups and monitoring tool for implementation of the law “On reproductive rights of the citizens of the Kyrgyz Republic and guarantees for their realization”.

**MoH will support the development of platform for undergraduate education system:**

**1. Develop and integrate new indicators: Data source – report of MoES, digital platform of KSMICT - Kyrgyz State Medical Institute of continuous training or other postgraduate training institute).**

- % of health workers with improved knowledge and/competencies: the number of medical workers who participated in FP training and who demonstrated a high level of knowledge at least 70% and more of correct answers; (Data source – report of the medical institutions);

- The number of developed curricula/training programs on modern contraception and online-courses on Family Planning Data source – report of the medical institutions);

- The number of reviewed training programs/curricula; the number of clinical protocols/recommendations introduced into training plans of medical colleges and medical institutions of the country (Data source – report of the medical institutions);

- The number of trained persons (students, health workers in health facilities) on modern contraception issues; addition (Data source – report of MoES, digital platform of MoH, KSMIRAT).

**The website of the MoH will include the following indicators:**

1. The number of reviewed clinical protocols/guidelines (Data source – report of the evidence-based medicine department under the MoH);

2. The developed clinical protocols/guidelines on transdermal patch, voluntary surgical contraception for both males and females, preconception care (Data source – report of the evidence-based medicine department under the MoH);

3. The relevant institutes under the MoH ( Kyrgyz pre- post graduated institutes, professional associations, health facilities) will create a page on their website devoted to counselling on health issues and will develop and integrate the following indicators:

- The number of meetings conducted, discussions on FP with health community (health workers, professional health associations, etc.); (Data source – minutes of discussions of health council);

- The number of monitoring visits of MoH and health council and professional healthcare associations to health facilities and the number of recommendations on monitoring visits (Data source – monitoring report);

- The number of printed or digitized copies of clinical protocols/guidelines (from state budget and parallel financing);

The Republican Health Promotion Center (RHPC):

4. The number of community trained on FP methods issues by personnel of HPUs (health promotion units); (Data source – report of RHPC);

5. The share of women who received FP information within the past 12 months after communication with healthcare specialist or health worker (village health committee) at the local level;

6. The percentage of women currently using family planning whose decision to use it was mainly made on their own or with their husband/partner (assessment);

7. The number of women using FP methods who have ever paid and are willing to pay for FP services in the public and private sectors (assessment or survey).

**Describe the country process for annually (or more frequently) reviewing data on progress and sharing that data with partners.**

The Family Planning Advisory Council (FPAC) was established in 2019 and approved the Costed implementation plan (CIP) on family planning. For the past 2 years, the FPAC held 6 meetings to facilitate exchange of information, share evidence and knowledge and monitor the implementation of project activities, including those which had been reprogrammed due to COVID-19. Such

meetings provided a good opportunity for advocacy purposes, to involve FPAC members in project implementation and enable FP partners in the Kyrgyz Republic to quickly, efficiently and practically coordinate FP-related activities. The FPAC consists of influencers from a variety of institutions committed to community development, especially in the provision of family planning information, services and/or supplies. It includes experts from the MoH (financial, procurement, drug supply health promotion and health care departments, the Department for the development of social services for persons with disabilities, health information unit), the Ministry of Finance, the Ministry of Education, the Mandatory Health Insurance Fund, civil society entities such as the Public Councils of the Ministry of Finance and the MoH (these are consultative and supervisory bodies established by law to interact with these ministries and publicly monitor their activities), the Public Foundation “Center for the Study of Democratic Processes”, the Public Association of the Disabled People of the Issyk-Kul region “Equality”, the FBO “Mutakalim”, the Public Association “Reproductive Health Alliance” and “Kyrgyz Family planning Alliance”.

The implementation of FP2030 commitments processes will be country-led through the FPAC. It is anticipated that a Secretary will coordinate this group and convene meetings to discuss progress on the implementation of the commitments. The outcomes of FP2030 implementation processes will be the foundation for the reviews at the provincial (oblast) and country levels, given that the review will be primarily based on national official data sources taking into account MoH data (e-HIC, National Statistics Committee and other platforms). Principles of inclusiveness will be embedded throughout the commitment development process, as well as in the accountability mechanisms tracking progress against the commitments moving forward.

The MoH with UNFPA and FPAC will develop a Monitoring Framework of the FP2030 commitment, which will include a set of process indicators and a measurement agenda to assess progress towards the objectives of the FP 2030 commitments taking into account the indicators of the CIP on FP. FP2030 indicators will be aligned with the indicators of the Kyrgyz Republic’s National Health and Health System Development Program for 2019-2030, Healthy Person - Prosperous Country that is aligned with SDG indicators. Visibility and transparency will be promoted within the development and monitoring of commitments by the FPAC. Based on technical reviews and an open consultative process, FP2030 indicators will be selected and integrated into several platforms of the Health management information centers (HMIC, Drug Supply and Medical Equipment Department, pre and post graduate education institutions and health promotion units).

The MoH and civil society through the Family Planning Advisory Council will track progress in implementing FP2030 indicators, including implementation of national commitment and will identify achievements, challenges, gaps and critical success factors. The Family Planning Advisory Council will be open, inclusive, participatory and transparent for other cross sectors and will support reporting to the MoH. The FPAC will build on existing platforms and processes, where these exist, avoid duplication and respond to national circumstances, capacities, needs and priorities.

#### **4.3. Describe remedial actions to be taken at the country level if there is lack of progress or if there are outright violations of sexual and reproductive health and rights in approximately 200 words:**

- The MoH, FPAC, the national Public Council including civil society will conduct annual review the FP2030 implementation process through monitoring processes using the Monitoring Framework by involving multiple stakeholders. The FP2030 Monitoring Framework with country-specific indicators and measures will be a key entry point to assess progress and performance, and will influence priority setting and resource allocation. The FPAC will be responsible to lead implementation and monitoring. Such annual reviews will be systematically linked to actions of the national health policy plan and provide the basis for mutual accountability;

- The Monitoring Framework will specify the data sources and the frequency of data collection. These will be costed and linked to the overall costed plan of the national health information system. The MoH will align FP2030 investments and the Monitoring Framework investments will also be closely linked to the national plan of health information center of the MoH;

- In case of lack of progress in fulfilling the commitments identified during the annual short-term review, a plan of remedial actions will be drafted at the local or country level with indication of activities and persons responsible for their implementation and timelines;
- If additional funding will be required for remedial actions, every effort will be made to identify additional financing sources;
- Mid-term review on fulfillment of commitments should be held every three years. For instance, in case of lack of progress or disruptions in the supply chain management at any stage of the supply of contraceptives purchased from the state budget, it is required to analyze the situation, identify issues at each stage and develop recommendations to address these problems. If FP activities have changed, indicators of the Monitoring Framework should be reviewed to see if they are still relevant and revisions should be made as appropriate. The underlying data needs to be accurate, complete and timely. Quality will be essential, both in terms of validity and reliability.

#### **4.4. Describe how the above accountability approach will be funded:**

- The MoH will use a mutual accountability approach aligned with the National Health programme 2030 that fosters greater compliance among all stakeholders, to raise funds from international organizations to enable commitment-makers to achieve the FP commitments and the SDGs goals. The MoH with UNFPA support will develop mapping of stakeholders to have a clearer picture of accountability issues through three dimensions of accountability: 1) to control the use and misuse of resources aligned with the FP2030 Monitoring Framework; b) to provide assurance that resources are used and authority is exercised according to appropriate standards (health professional, legal, finance etc); c) to support an improved Monitoring Framework through feedback and learning. The Monitoring Framework with indicators and review plan will be costed and funded by the MOH and will require parallel funding from: development partners (WB, UN agencies (WHO, UNDP, UNAIDS), GIZ, USAID, Soros Foundation, etc).
- Additional financing will be required for large-scale research and the MoH will request funds from the international organizations (UNFPA, WHO and others);
- Setting up of an interagency reporting system within several platforms (Republican Health Promotion Center, Health Management information Center, etc) requires additional funding, which will be raised from international agencies.

#### **5. Please define technical assistance needed to fully implement the above accountability approach:**

##### **Technical assistance needed at the Policy Level:**

1. Analyze expenditures for investments into evidence-based programming by prioritizing high-impact, cost-effective interventions, drawing on evidence of programs;
2. TA in developing document for advocacy by tracking family planning budget allocations, spending, needs, and gaps, as well as by estimating the health, economic, and social benefits of greater government investment in FP in coordination with a wide, diverse, and inclusive group of civil society during key entry points in the annual budget cycle.
3. Analyze the market segmentation analysis of contraceptives;
4. Technical assistance towards Family Planning public planning, budgeting, monitoring and reporting. The technical assistance is to address some of the weaknesses in achieving outcomes as by the program budgeting on FP, and to support the formulation of robust expenditure policy decisions within MOH;
5. Research will be required and TA is needed to support landscape assessments and gather evidence about how digital health can support health financing initiatives on FP commitments designed to increase access to FP, improve service efficiency/cost effectiveness, promote financial

sustainability, track quality of care and quality improvement efforts. It might be expected that TA will provide on how to contribute to FP internal digital literacy initiatives – helping to transform the organization by integrating platforms and building staff capacity on FP data. There is a need to provide TA to review the List of Indicators of the Monitoring Framework of Family Planning 2030 commitments in term of Measure of policy environment and state funded procurement of contraceptives, Family Planning Service including supply chain management and humanitarian settings, demand for Family Planning.

**Technical assistance needed at the Programmatic Level:**

1. Technical expertise both to establish and to monitor quality of care standards on Family Planning: issues should include the appropriateness of standards, capacity for standard setting and monitoring; technical expert support of international expert for peer review of the clinical protocols/guidelines on transdermal patch, including PPF; (UNFPA); peer review of clinical protocol on counseling for adolescents;
2. TA is needed in setting up digital FP tools and digital accountability of FP2030 commitment, by creating dashboards and automated data visualization options. Technical assistance will be required on the development and improvement or modernization of the existing platforms, specifically digital job aids, digital communication tools on Family Planning commitment, digital and e- training (for instance, creation of electronic educational platforms for secondary special education institutions and higher educational institutions on FP and SRH issues);
3. TA in development accountability system on Family Planning in the Republican Health Promotion Center for community mobilization;
4. Digital supply chain management/LMIS: technical assistance will be required on the improvement of data collection on public contraceptives, monitoring and control of forecasting, procurement and distribution of contraceptives, etc. There is a need to involve consultants to assist with the preparation of a supply chain management strategy using the state budget including costing of equipment for logistics centers and warehouses of healthcare organizations involved in supply chains, transportation with last-mile commodity distribution, and waste management.