IPPF International Planned Parenthood Federation

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Strategic Planning on Contraception

I. Introduction

In recent years (after 2009), the Eastern Europe and Central Asia region has demonstrated a pattern of decline in the Family Planning Effort Index, which measures across time the types and levels of effort of national family planning programmes worldwide, including each of four components (policies, services, evaluation, access to contraceptive methods) (1). Between 2000 and 2010, the availability of funding for family planning programmes in Eastern Europe and Central Asia decreased, as donors' assistance for such programmes in the region declined by 50 per cent or more. (2) A strategic framework for developing innovative, region-tailored approaches to advance contraceptive choices and supplies for universal access to family planning is necessary and timely. To succeed in achieving universal access to family planning, a programme needs an uninterrupted supply of a variety of contraceptives so that clients can choose and use their preferred method without interruption. Successful programmes provide contraceptive security—that is, they ensure that people are able to choose, obtain, and use high-quality modern contraceptives whenever they want them. Offering a full range of contraceptive options is also important. Contraceptive security requires planning and commitment on several levels to ensure that the necessary contraceptives, equipment, and other supplies are always available. These are crucial components and are necessary for a successful family planning programme ('No Product? No Program!' (3).

» **Reasons to support family planning and contraceptive security**

Modern contraception has been hailed as one of the great public-health achievements of the last century, and worldwide acceptance has risen to 60 per cent of exposed couples. (4, 5) However, in some countries, uptake of modern contraception is constrained by limited access, misconceptions, and weak service delivery. There are several compelling reasons to support increased access to modern contraception in the Eastern Europe and Central Asia region. Ensuring access to preferred contraceptive methods for women and couples is essential to securing the well-being and autonomy of women, while supporting the health and development of communities. (6)

» **Family planning is a human right**

Abania is signatory to major human-rights declarations and international consensus documents, including the right of women to have access to adequate health-care facilities, including information, counselling, and services in family planning; the right of a child to be born wanted and healthy; and the right of couples to decide freely and responsibly the number, spacing, and timing of their children. Reducing unintended pregnancies, particularly among adolescents, could improve educational and employment opportunities for women, which would in turn contribute to improving the status of women, increasing family savings, reducing poverty, and spurring economic growth. Modern contraception is safe and has substantial health benefits Many studies over the past 30 or so years have clearly documented the safety of contraceptive methods and particularly that of hormonal contraceptives. (7, 8) The use of contraception has a clear causal relationship with a reduction in maternal mortality and morbidity by reducing high-risk and unintended pregnancies. (9) Other major health benefits in addition to pregnancy prevention have been proved. To the extent that these health benefits protect a woman's fertility, they may even serve to increase total family size when couples decide at a later date to have more children. Contraception has long been shown to provide health benefits for mothers and infants that come from the ability to choose not to have a pregnancy at early and late ages, increasing intervals between births, and lower parity rates.

Modern contraception as the main means to enable couples to plan their families has long been proved to be safe. There are also demonstrated health benefits unrelated to fertility that come from contraceptive use. Evidence shows low-dose oral hormonal contraception is associated with a 12 per cent decrease in the overall risk of developing cancer. (10) Oral hormonal contraceptives have been found to have a strong protective effect against ovarian and endometrial cancer and cancer of the

large bowel or rectum, though there is some evidence of a slight increased risk of certain other cancers (cervix and central nervous system or pituitary) with more than eight years of oral contraceptive use. Greater use of condoms reduces the risk of unintended pregnancies among women living with HIV, resulting in fewer infected babies and orphans. Prevention of sexually transmitted infections (STIs) Consistent and correct use of male latex condoms can reduce (though not eliminate) the risk of spreading sexually transmitted infections (STIs) (11) and ultimately reduce secondary infertility and cervical cancer. Male and female condoms provide dual protection against unintended pregnancies and against sexually transmitted infections. (12) They are also crucial for preventing transmission of HIV (triple protection 13)) and need to be taken into account in condom programming. (14) If the HIV epidemic in many of the region's countries was initially concentrated among people who inject drugs, the picture has recently shifted to sexual transmission.

II. Family Planning in Albania

Family planning is essential for sustainable development of a society. Therefore, family planning programs, including modern contraceptive methods, support couples and individuals in their fundamental right to decide freely and responsibly whether, when, and how many children to have. Numerous international evidences indicate that the adoption of effective family planning programs has had substantial improvements in health-related outcomes (such as reduced maternal mortality, infant mortality and child mortality), as well as improvements in education and economic development, especially for women (15-21).

Under communist regime, modern methods of family planning were illegal in Albania. A common belief was that attempts to interfere with reproduction would cause serious health problems or even permanent infertility (19-21).

Family planning services were introduced in Albania after 1990, following the fall of the communist regime and the transition to a market-oriented system. The first step in this direction for the Albanian government was to abandon its pronatalist orientation, which was strongly promoted during the socialist era. As a result, the reasons for legal abortion expanded and, by mid of 1991, abortion was legal and available on demand (20-21).

In 1992, the Albanian government began working closely with the United Nations Population Fund (UNFPA) to train physicians, midwives and nurses in family planning methods. In 1992, the government established a family planning service that provides all methods of contraception to the general population (21).

However, reproductive health services were established in Albania only after the 1994 Cairo International Conference on Population and Development (ICPD), and demographic changes, in particular with regards to migration and fertility were observed [21].

Some essential indicators about family planning in Albania (22 23 24) are as follows:

- Albania's total population: around 2.87 million (INSTAT, 2019);
- Women of childbearing age (15-49 years): 689,168 (INSTAT, 2019);
- Fertility rate: 1.54 (INSTAT, 2017); 1.8 (ADHS 2017-18);
- Abortion rate: 8.0 abortions per 1000 of reproductive age (15-49 years) [IPH, 2018];
- Abortion / birth ratio: 191.2 abortions per 1000 live births (IPH, 2018);
- Prevalence of contraceptive use: 4% (ADHS 2017-18);
- Infant mortality: 8.9 deaths per 1000 live births (INSTAT, 2018);
- Child mortality (0-5 years): 10.8 deaths per 1000 live births (INSTAT, 2018);
- Maternal mortality: 3.9 deaths per 100,000 live births (INSTAT, 2018).

The Department of Economics and Social Affairs, United Nations Population Division, reported in 2019 that the use of traditional methods was high in many Southern European countries, with 12 countries using traditional methods with prevalence over 7.2% in 2019, the highest levels being observed in Albania (24.5%), followed by North Macedonia (18.2%), Bosnia and Herzegovina (16.4%), and Serbia (15.8%). Therefore, the use of modern contraceptive methods in Albania is probably the lowest in the region (25).

According to United Nations estimates, worldwide in 2019, 48.5% of women of reproductive age (15-49 years) used one form of contraception. Any method of contraceptive use in 2019 was 58.2% in Europe and Northern America, 58% in Latin America and the Caribbean. Eastern and South-Eastern Asia had the highest use of contraception (60%), meanwhile for Central and Southern Asia it was 41.8%. Contraceptive use for Australia and New Zealand was 57.7%. While Oceania and Sub-Saharan Africa had the lowest use of any method of contraception (28% and 28.5% respectively) [25].

The United Nations estimate of contraceptive prevalence (any method) in Albania for 2019 was 28.4%, which was similar to the one reported for Oceania and Sub-Saharan Africa but below the European and Northern America average. Albania had the lowest use of any method of contraception in the Southern European region [25].

In Albania, reproductive health care and family planning services are provided at the level of primary health care as well as in maternity hospitals throughout the country. The overall goals of reproductive health care services are to provide good quality reproductive health care services to the whole population; to improve the health status of women during their reproductive age, especially during childbirth and childbearing; to improve the health status of foetuses, new-borns, infants and children up to the age of five years old; and to improve the sexual health of adolescents and adults (26, 27).

The Albanian government has foreseen a human rights approach to providing reproductive health services. Since 1992, a special Decree of the Council of Ministers provided that family planning should be regarded as a fundamental human right from which all citizens should be able to benefit at their free will. According to this Decree, the Council of Ministers approved specific family planning activities including prophylaxis, the right of couples to decide about the number of their children, birth space, infertility treatment, control and treatment of sexually transmitted infections such as HIV/AIDS and syphilis, and providing information on sexual and reproductive health issues. Moreover, gender equality and women's right to health are strongly promoted by the Albanian government as particularly important cross-border topics (26-28).

Currently, in every district of the country, there are gynaecologists and midwives who provide family planning services. In each maternity ward, the family planning center also has a specialized obstetrician-gynecologist and a midwife. Most importantly, family planning services are integrated into the work and daily activities of all primary health care centers in the framework of the counselling centers for mothers and children in Albania (15, 16).

Since 2010, the Albanian government has fully funded contraceptive procurement for the public sector. The Ministry of Health and Social Protection finances the contraceptive procurement system, customs, transportation and storage, while family planning consultation is covered by the Compulsory Health Insurance Fund (31, 32).

In 1996, the Logistics Management Information System was established with the support of UNFPA and USAID that provided accurate and good quality data on the distribution of contraceptive products to the public system. In 2002, this system was introduced at a national level and computerized at the district level (including all 36 districts of Albania). In 2006, the Institute of Public Health was the main responsible institution for administering the Logistic Management Information System (LMIS),

including the storage and distribution of modern contraceptive methods in all districts of the country. However, despite the importance of this logistic system, an accurate assessment of population trends in the prevalence levels of the use of modern contraceptive methods cannot be made (3).

According to the 2003 National Contraceptive Security Strategy, the Albanian government started step-by-step to cover the cost of purchasing contraceptives for public sector, while donor contributions decreased (3).

The main documents regarding sexual and reproductive health and family planning services in Albania are listed below:

- Strategic Document and Action Plan on Sexual and Reproductive Health for the period 2017-2021 (2);
- Law on "Reproductive Health", Nr. 8876, Dated: 04-04-2002 (27);
- Law on "Termination of Pregnancy", Nr. 8045, Dated: 07.12.1995 (28);
- National Contraceptive Security Strategy 2017-2021 (3);
- Clinical Practice Protocols on Family Planning for Health Care Providers, 2016 (4);
- Decree of the Council of Ministers, no. 201, Dated: 04.02.2015 "On the Approval of the Primary Health Care Services Package, funded by the Health Insurance Fund". (4).

In Albania, since 1997, all family planning services provided free of charge in the public sector have been integrated into the health system at all three levels (primary, secondary and tertiary). In the public system, these services are provided in 426 family planning centers, including counselling centers for women, maternity hospitals and health centers at the communal level. In urban areas, family planning services, in addition to women's counselling centers, are also provided in maternity hospitals, district and regional hospitals, and university hospitals (tertiary level - in Tirana only). While in rural areas, family planning services are provided in health centers and health posts (31).

With regard to contraceptive financing, most potential donors in the field of family planning have left Albania. Moreover, social marketing is facing many challenges due to financial instability and the private commercial sector is less interested in investing in family planning programs (26,31).

In these circumstances, the Ministry of Health and Social Protection, with the support of UNFPA, has begun efforts to adopt the concept of "Total Market Approach" for contraceptive security (3).

The non-profit private sector is represented by social marketing and NGOs. The only social marketing institution operating in Albania is NESMARK. The Albanian Center for Population and Development (ACPD) is the leading NGO providing reproductive health and family planning services, as well as contraceptive distribution.

The main modern contraceptive methods used in the Albania include IUDs, pills, condoms and injections. According to the new National Contraceptive Security Strategy 2017-2021, the emergency contraceptive (Levonorgestrel) was introduced in 2019 in the basic family planning services package (3). The distribution of modern methods provided by the public health sector in Albania is shown in Figure 1. The intrauterine device remains the most used contraceptive method and the injectable contraceptive (Noristerat) remains the less used method.

Currently, contraceptives are available in Albania from the following three sources: free (government-provided); subsidized prices (provided by social marketing programs); and at market prices (provided by the private sector) [3].

The public sector provides free contraceptives that are available at 426 public-sector family planning clinics in all districts of the country. There is a slight decrease in the number of FP clinics compared to 2011, where family planning services were provided in 431 counselling centers for women, maternities and health centers at the communal level (3).

The LMIS data shows that the number of contraceptive consultations in the public sector has decreased since 2011, as well as the number of contraceptive users (24). Meanwhile the couple year protection (CYP) measured by the LMIS system showed a steady decrease, as shown in Figure 2. The CYP is a measure that estimates the protection from pregnancy provided by contraceptive methods during a one-year period. The CYP decreased by 29% from 2014 to 2018.

During the two last decades was observed a decrease in fertility rates and abortion rates, but a contradictory decreasing trend regarding the prevalence of use of modern contraception methods.

The total fertility rate is 1.8 children per woman, marking an increase from 1.6 children per woman in 2008-09 (9) but much lower compared to 2002 when it was 2.6 (9,19,20). According to the latest ADHS 2017-18, the average birth interval has increased to 50.7 months from 47.0 months in 2008-09 (9,20). The median age at first birth among women aged 25-49 in Albania is 23.8 years. One issue of concern is the percentage of women aged 15-19 having started childbirth, which has increased to 3.5% in 2017-18 from 2.8% in 2008-09 (9,20). According to ADHS 2017-18, out of all births in the past 5 years and current pregnancies in Albania, 89% were unwanted at the time of conception, 4% were poorly planned, and 7% were unwanted

On average, women in Albania want almost the same number of children they currently have (ADHS 2017-18) [23].

Still there are huge barriers that impede women, men, boys and girls to uptake family planning services. According to a study conducted in 2009 and published in 2012 the emerging barriers could be grouped into health care-related issues, socio-cultural issues and individual issues. Issues mentioned relating to health care had mainly to do with cost and availability of modern contraceptives (21). Authors stated that the attitudes of the public health care providers who offered contraceptive methods were often not supportive and sometimes avoided or refused to provide counselling and/or contraceptive methods to women (7). Also, authors stated that the main individual issues that influenced the use of modern contraceptive methods were fear of side effects, especially weight gain, infertility and cancer. Meanwhile the main socio-cultural issues that influenced the use of modern contraception were “the importance of virginity” and “being married and/or in a relationship” (21).

In 2013, yet another study revealed the barriers, knowledge, attitudes and practices about modern contraception among abortion clients in Tirana (8). This study didn’t find evidence that health providers discourage family planning but they observed a higher number of tests and visits recommended for FP users after abortion than are suggested by WHO and a low frequency of contraceptive counselling for abortion clients, indicating outdated training information and lack of knowledge about effectiveness of modern contraceptive methods among health providers (8). According to this study, women’s choices to use modern contraception were complex and more linked to concerns about the safety of contraceptives than to financial factors. Authors observed that negative perceptions about method effectiveness and safety, the extremely low frequency of contraceptive counselling for abortion clients; non supportive attitudes towards contraception among health care providers influence the low use of contraception among abortion clients in Tirana (22).

According to ADHS 2017-18, the main source of modern contraceptive methods is the private sector (56.1%) [23]. The main reason for discontinuation of all methods of contraception was the desire to become pregnant (42.3%), meanwhile the main reason for discontinuation of the pill method was the fear of side effects and health concerns (26.4%).

The total demand for family planning among currently married women decreased from 82% in 2008-09 to 61% in 2017-18 (9,20). Only 6% of demand is satisfied by modern methods. 15% of currently married women and 11% of all women have an unmet need for family planning. Unmet need for family planning slightly increased from 13% in 2008-09 to 15.1% 2017-18 (23,34).

There is evidence of a gradual decrease in the abortion rate from 2010 to 2017, followed by a slight increase in 2018. The latest ADHS 2017-18 reported that 9.2% of all pregnancies in Albania (including women aged 15- 49 years old) resulted in abortions (23,24,23).

As seen in the figure above, the use of modern contraception among currently married women has dropped from 11% in 2008-09 to 4% in 2017-18. But the family planning knowledge is almost universal in Albania, with 97% of all women and 96% of all men aged 15-49 years being familiar with at least one method (23).

Total family planning demand among currently married women has dropped from 82% in 2008-09 to 61% in 2017-18. Only 6% of the demand is met by modern methods (23). Regarding the unmet need for family planning, according to ADHS 2017-18, 15% of currently married women and 11% of all women have an unmet need for family planning. The unmet need for family planning increased from 2008 (20) to 2018 (23).

Recently, several meetings and trainings were held focusing on family planning services in Albania and the situation of modern contraceptive methods use and the functioning of the LMIS system. In the context of the restructuring and regionalization of the Primary Health Care Service in the country, the staff of the Institute of Public Health organized several meetings and training sessions in the main districts of the country with the main focus on introducing the new emergency contraceptive pill and addressing problems related to low use of modern contraceptives methods (24).

On the other hand, the latest study[1] in Albania for the first time included a survey on the sexual violence and it found: 18.1% of women age 18-74 'ever' and 8.5% 'currently' experienced one or more of the six types of sexual harassment measured. Women who experienced sexual violence by their husbands/partners (27.1%) were nearly nine times more likely than women who did not experience sexual violence (3.1%) to report their husband/partner refused to use birth control or tried to stop them from using a method of birth control to avoid getting pregnant. The most common way that husbands/partners restricted women from using birth control was by means of psychological violence.

COVID-19 Pandemic and Family Planning

The COVID-19 pandemic is affecting the lives of people across the globe, as well as health, economic and social systems (38). This pandemic will also have a profound impact on access to family planning information and services, as well as sexual and reproductive health more broadly. Despite this disruption, the need for family planning will not change. For women, family planning is critical, basi c health care (38). As health systems shift to prevent and treat people with COVID-19, it is essential they also protect access to family planning services. The global health community now expects delays in production and shipping schedules (38).

The experience and evidence from prior outbreaks showed that this crisis could place a massive toll on women and girls. Stress, limited mobility and livelihood disruptions also increase women's and girls' vulnerability to gender-based violence and exploitation. And if health systems redirect resources away from sexual and reproductive health services, women's access to family planning, antenatal care and other critical services could suffer (39,40). Policymakers, providers and advocates must be aware of the broad links between the global outbreak response and sexual and reproductive health and rights in order to prepare to mitigate the impact (41).

A recent publication by the International Planned Parenthood Federation (IPPF) stated that the COVID-19 pandemic is having a major impact on the delivery of sexual and reproductive healthcare around the world, as many of static and mobile clinics and community-based care outlets have already closed because of the outbreak, across 64 countries (42).

Albania is also affected by COVID-19 pandemic. One of the impacts of isolation of the whole population and the change in the modality of working of primary health care centers (PHCC) is that women are not accessing the family planning services provided by PHCC (9th April until 15th May lockdown). The PHCC are offering online consultations addressing mainly the people with non-communicable diseases, the distribution of medicines for this category of people and offering online consultation and information regarding COVID-19. Up to now the provision of family planning services is interrupted. Some of the districts (local health care units) are reporting struggles to get hold of key commodities and supplies. Institute of Public Health is facing delays in moving goods within the country and therefore some of the districts are facing a shortage of contraceptives. The closure of family planning services and the lack of mobile units and community-based provision of modern contraceptive methods will likely have considerable consequences for women and girls; resulting in loss of health, autonomy and facing an even greater challenge in trying to take care of their own health and bodies (24).

Despite great contribution in providing a better picture regarding prevalence of contraceptive use and utilization of family planning services, majority of existing studies in Albania have been largely quantitative. In order to have a bigger picture, regarding opinions and needs of services users, qualitative studies are the best approaches to explore the preferences and needs of them regarding the access to services, availability of contraceptive methods and quality of care. To assess the quality of family planning services different models have developed and used by different researches based on the scope of their researchers, available tools and country context. The most common used models are the ones developed by Donebadian (43), Bruce and Jain (30-32), Creel at al. (47) and Murphy and Steel (48). Despite a few differences in their respective models, they all agree that factors that affect the quality of family planning can be categorized into three pillars: (1) availability of services, (2) structural factors and (3) process factors.

The objective of this study was to investigate the main factors contributing to low modern contraceptive use and utilization of family planning services, particularly among youth and women of reproductive age. A qualitative approach was employed regarding four quality-related elements: availability, quality of services and other supply related issues, coordination of the health system functioning to enable environment for FP/SRH/-seeking behaviour, and knowledge, attitudes and practices related modern contraceptive methods among young girls and boys and women of reproductive age.

At the time of the study, Albania is undergoing several and deep reforms in socio-health sector, in addition to problems caused by Covid-19 pandemic. Therefore, findings of this study will be good indicators that may help the government and interested parties to identify barriers more deeply, refine and implement innovative and culturally appropriate interventions to improve access to family planning and reproductive health services for all, particularly for those with unmet needs.

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1 Dr. R.N. Haarr (2013) Domestic Violence in Albania: National population-based survey 2013, INSTAT, UNDP, and UNICEF, p. 9, http://www.instat.gov.al/en/publications/ books/2013/domestic-violence-inalbania-2013.aspx

III. Family Planning National Strategic Planning

The elements of the NSP were developed based on content from a thorough desk review, including the Albania Demographic Health Survey (2017-2018), Sexual and Reproductive Health National Action Plan (2017-2021), Health Promotion Action Plan (2017-2021), Quality Assessment of Utilization of Family Planning Services in Albania (2020) as well as other studies in the field. Throughout the consultation process, stakeholders will provide significant inputs to ensure that the NSP represents the best interests of the women and citizenry of Albania.

The main objectives of the Albanian FPNSP will be to:

» Reduce fears and misconception as a barrier to the use of modern contraceptives among women of reproductive age.
» Increase the use of modern methods of contraception among women of reproductive age
» Increase the number of clients (singles and couples of reproductive age) receiving and utilizing the family planning services

The sub-objectives (5) will be achieved by implementing the respective activities based on the following key points:

1. Ensure effective commitment from the government and donors 'community to support family planning services and programs.

1.1. Problem Statement

Significant progress has been made to improve the quality of care of family planning services in Albania. Currently, there is strong government support to strengthen contraceptive security, improve the infrastructure of health services and ensure dedicated resources to family planning services, backed it up with several laws, policy documents and up-to-dated strategies and action plans. However, in spite of good progress ensuring political support, improvements of infrastructure and universal knowledge about family planning services and modern contraceptive methods continues to remain low and decreases continuously.

1.2. Strategy

Intensive advocacy efforts with government officials, key stakeholders, policy makers and donors 'community (local and international) to increase funding for FP services within national budget having a dedicated budget line for FP, as well as from the donor's community, including the private sector.

1.3. Activities

1.3.1. Undertake evidence-based advocacy for policymakers on the short-and longer-term benefits and outcomes of family planning and in particular contraceptive security as an integral component of reproductive health care.
1.3.2. Establish an advocacy group/committee that will be responsible to prepare the advocacy packages and activities.
1.3.3. Create evidence-based policy briefs and position papers for advocacy for family planning, including contraceptive security. These could provide explicit evidence on the benefits of modern contraception and refute the misconceptions and fallacies regarding any relationship between modern contraception and fertility.
1.3.4. Advocate with MoHS and Finance to dedicate a budget line for FP services and prepare the legal ground that allows health center to procure by themselves family planning commodities in case of stock-out.

1.3.5. Undertake advocacy directed at policymakers which emphasize the importance of efficacy and cost in deciding the details of locally relevant contraceptive security.
1.3.6. Prepare the legal framework that encourages private business to support FP services.
1.3.7. MoHS along with partners from Civil Society Organizations (CSO) should lead the advocacy effort with international donors' community to draw their attention to support FP programs/services.
1.3.8. Support the development of national referral and supervision guidelines for family planning.

2. Increase the quality of services in the public and private facilities, including integration or partnering with other services where it is possible.

1.1. Problem Statement

Increasing the quality and utilization of FP services, in addition to improvements of infrastructure of service delivery, require to improve the knowledge and skills of healthcare providers and deploy new FP service approaches to improve availability and accessibility. Providers' knowledge and skills regarding the new contraceptive methods, international guidelines and standards might be outdated, this due to lack of participation in the process of developing documents/protocols, attending trainings, workshops and national/international events. Whereas, at the organizational level, current training opportunities are inadequate, and when they happen the selection process is opaque and the content is not necessarily relevant. Lack of involvement in developing policy documents and inadequate training may hinders providers' inspiration and dedication to provide good services as well as their ability to encourage clients to use contraceptive methods and address mis-conceptions and barriers that exists against such methods. Deficiency of coordination and integration with other services (such as STI/HIV) and client's follow-up, may lead to loss of clients and disruption of services.

1.2. Strategy

Identification of gaps, barriers and healthcare providers need is essential in provision of qualitative FP services. A needs assessment (national and regional level) will be carried out to assess training needs of healthcare providers. Standardized and accredit training curricula will be developed and implemented on regular basis for all healthcare providers working (directly or indirectly) in FP services. In close partnership with National Center of Continuing Education (NCCE) a mentorship and supervision of implementation of training plan and its content will be provided.

The possibility to integrate FP with SRH services will be explored and most likely implemented in those healthcare facilities that have proper infrastructure and trained workforce. Application of innovative models that makes possible to enhance the visibility and utilization of FP services particularly for under-served populations will be piloted.

1.3. Activities

1.3.1. Identify a group of certified FP experts/trainers to develop a training curricula and modules based on standardized training curricula.
1.3.2. Train a pool of Trainers of Trainers (composed by doctors, nurses, midwives and psycho-social workers) for each region, who then will organize periodic training in their respective regions.
1.3.3. Prepare a plan for in-service training and involve trained providers to train a cadre of their co-workers.
1.3.4. Shape the training rooms in healthcare facilities and equip them with the necessary training tools and commodities.
1.3.5. Forge the partnership with the NCCE to accredit the trainings and monitor the training activities.
1.3.6. Prepare the ground for integration of FP into the SRH ones and develop respective protocols for referrals and follow-ups.
1.3.7. Facilitate implementation and piloting of innovative programs, such as youth-friendly services, mobile and outreach clinics or telemedicine consultation points to increase the visibility and access of FP services.

3. Generate demand and behaviour change communication for family planning (Improve the family planning, reproductive and sexual health literacy of the population, focusing on priority populations).

3.1. Problem Statement

Behaviour change programs and campaigns in the field of family planning are scarce. The latest campaigns and programs date back in 2010 and were mostly supported by the USAID funded programs. The theory of behaviour changes states that people's behaviour is influenced by their beliefs, ideas, feelings and that changing these ideational factors can change behaviour. Therefore, Public awareness of family planning can be enhanced by increasing its public visibility. Knowledge and demand will come from the wide dissemination of accurate information about FP methods and their availability, as well as the encouragement of FP use to promote the health of women and their families.

3.2. Strategy

The key proposed interventions aim to sustain support for family planning from the highest policy levels and promote public dialogue at all levels—from the national through to the community—about the important role of family planning in promoting health and supporting development. They include high-impact, demand generation activities to close the knowledge-use gap by addressing myths and misinformation about family planning and the fear of side effects and health concerns that impede its adoption and use.

3.3. Activities

3.3.1. Develop a targeted, national, multimedia FP advocacy and communication for behaviour change campaign to encourage demand generation of FP services. The campaign will focus on mass media vehicles that can reflect and represent as well as effectively reach the target audience including electronic, printed and social media. The targeted audience will be reached with concrete and short message on the benefits of using FP services and modern contraception methods (MCM). Additionally, tailored Information, Education and Communication (IEC) materials to be produced for wide distribution at healthcare facilities and within communities.
3.3.2. Apply the concept of social responsibility by developing a partnership with mass media channels to frequently and freely promote family planning services as part of their organizations' social responsibility. 3.3.3. Promote FP champions, who are key influencer who believes in and actively supports FP services. A champion could be: politicians and policymakers, staff from the ministries of health and social protection, health centers, health care workers, peer educators, service users, etc.
3.3.4. Organize training with journalists that cover health issues in their respective media and encourage an ongoing dialogue with them on family planning issues to ultimately increase the number and quality of family planning reporting.

4. Obtain a wide range of modern contraceptive methods that fit to the needs of users (preferences, availability and cost).

4.1. Problem Statement

Public health facilities in Albania provide a wide range of contraceptive methods, starting from male condoms, different oral pills, IUD and injectable. However, the phenomenon of inverse ability is always present and the service users don't have free choice to choose the preferred method, this due to shortage in the availability or reduced variety of the method of choice. This in turn, increase odds that clients are enforced either to use the available methods suggested by service providers or discontinue use of contraceptive methods in case where they weren't able to buy in the private market, particularly in the absence of social marketing sector which is considered as a market buffer.

4.2. Strategy

Ensuring a full range and brands of contraceptive methods from different providers, improve women's access and uptake of family planning services, as well as may increase chances to influence price reduction of modern contraception methods. The key strategy will be on resolving distribution challenges, strengthen supply chain and boost application of Total Marketing Approach and increase the interest of private sector to invest in FP services.

4.3. Activities

4.3.1. Improve the current distribution system and supply chain and ensure a contraceptive stock at regional level able to cover the needs of users for at least three months (in case of stock-out).
4.3.2. Improve the infrastructure of contraceptive storage at each health facility and organize periodic training for people responsible for procurement, logistic management and distribution.
4.3.3. Organize a survey to assess clients' preferences about modern contraceptive methods and expand the list of contraceptive brands based on consumers' preferences.
4.3.4. Allow distribution of contraceptive commodities by CSO working in the field, by removing unnecessary barriers.
4.3.5. Establish a partnership with private sector and find innovative ways to encourage them to increase their investment in FP services in order to close the gap of unmet needs that exists in public sector.
4.3.6. Implement the Total Marketing Approach and strengthen the Social Marketing Program as a way to increase the availability of different modern contraceptive methods.

5. Financing for sustainable contraceptive security is provided based upon actual need.

5.1 Problem Statement

Public spending on health remains low at 2.9 % of GDP with disproportionately low resource allocations to primary health care, especially in maternal and child health. With regard to contraceptive financing, most potential donors in the field of family planning have left Albania. Moreover, social marketing is facing many challenges due to financial instability and the private commercial sector is less interested in investing in family planning programs (26,31). In these circumstances, the Ministry of Health and Social Protection, with the support of UNFPA, has begun efforts to adopt the concept of "Total Market Approach" for contraceptive security (31). The study on contraception reveals that currently, there is strong government support to strengthen contraceptive security, improve the infrastructure of health services and ensure dedicated resources to family planning services, backed it up with several laws, policy documents and up-to-dated strategies and action plans.

5.2 Strategy

Support cost analyses of provision of abortion services compared to contraception, so that they can inform national contraceptive security financing frameworks. Support identification and adoption of diversified funding and coordination mechanisms among public, donor, NGO, and private sectors. Support advocacy efforts for establishing a financing mechanism for contraceptive supply and, if necessary, for including contraceptives in to the essential drug list.

5.3 Activities

- Conduct an evaluation of available funding and source for modern contraception and support their expansion.
- Facilitate implementation of earmarked and protected budget line items for contraceptive procurement by Ministry of Health and/or national health insurance scheme.

- Review funding sources for modern contraceptives in the country and support initiatives to expand and diversify them.
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- Support the development of a financial management system for the effective planning, monitoring, and evaluation of contraceptive security.
- Conduct advocacy for the need for sustainability of government financial commitment for contraceptive security.
- Work with parliament and relevant ministries such as the Ministry of Finance, Ministry of Planning, and the Ministry of Health to ensure a budget allocation for contraceptives is consistently provided.

6. Coordination and cooperation between partners

6.1. Problem statement

In Albania, since 1997, all family planning services provided free of charge in the public sector have been integrated into the health system at all three levels (primary, secondary and tertiary). The presence and level of involvement of community-based organizations (CBO) promoting family planning services is limited and mainly focused in main urban areas. Interviewed CBO representatives mentioned they provide mostly male condoms as part of HIV/STI prevention. Hence, promoting family planning services and contraceptive methods it's not their main activity but a secondary one.
In 2006 it was established by an order of the Minister of Health the Committee for Reproductive Health with the scope of work of the commission to include all issues related to the broader concept of the reproductive health, rather than just focus on contraceptive security and family planning. But the committee has not been gathered since 2012 until 2020 when the members got together to discuss on the technical group established through an order of minister to work on Revision of the Law on Reproductive Health (an initiative of ACPD).

The non-profit private sector is represented by social marketing and NGOs. The only social marketing institution operating in Albania is NESMARK.

To promote the use of modern contraceptives, a series of communication campaigns were carried out, starting in 1999. These were funded by foreign or international agencies such as USAID and UNFPA and implemented by both foreign and locally-based organizations, consultancy firms and other organizations. In addition to a media component aimed at creating awareness, these campaigns have trained health care providers, pharmacists and journalists, worked to ensure contraceptive security and implemented inter-personal communication interventions. Recently the Albanian Center for Population and Development (ACPD) and few local NGOs are the major civil society organizations providing family planning and reproductive health services and distributing contraceptives.

6.2. Strategy

Coordinate efforts among all actors including government, public and private sectors, NGOs and other stakeholders to ensure to ensure efficient and optimal utilization of limited resources and supply chains (sources) of contraceptives.

6.3. Activities

- Map international and national partners involved in family planning activities in the country.
- Support inter-ministerial (involving, for instance, the Ministry of Health, Ministry of Social Welfare, and Ministry of Finance) exchange of information on reproductive health and specifically family planning and contraceptive security
- Promote contraceptive security through working with private importers of contraceptives, pharmaceutical chains, private pharmacies, and pharmacists' associations.

- Establish coordination mechanisms at district/sub-national level between government facilities providing contraception and NGOs and private pharmacies.
- Strengthen contraceptive security organizational capacity of information systems to include NGOs and the private sector.

7. Capacities strengthened/developed for running a sustainable contraceptive supply chain.

7.1 Problem statement

According to a midterm review the strategy of contraception 2017-2021 several recent organizational changes in the MoH and districts have impacted on the coordination of the RH area. The Reproductive Health Sector in the MoH was restructured within in the new Directorate of Health Care. A full time person trained to cover contraceptive logistics and other aspects of family planning at district level would be desirable. Also, the capacity of the Institute of Public Health to coordinate the Contraception Logistics Management Information System (CLMIS) is perceived as insufficient, due to multiple tasks, staffing and financial issues. Limited funds for field trips and additional priorities lead to a low level of monitoring and supervision.

Concerns about frequent delays in provision of modern contraceptive methods or stock-out contraceptive methods and supplies for certain weeks was commonly mentioned as a barrier by majority of providers. The length of stock-out varied from one month up to three months. According to them, such barriers come as a result of poor coordination between Regional Health Operatory and Institute of Public Health as well as poor planning in advance of contraceptive stock by health center managers/supervisors.

7.2. Strategy

Support establishment or improvement of Contraceptive Logistics Management System at all levels, including forecasting systems for contraceptive needs based on accurate consumption. Support coordination for supply planning across procurement stakeholders. Support establishment of procurement capacity to ensure that the best prices and quality contraceptives are obtained through transparent, efficient, and timely ordering. Strengthen national contraceptive supply chain management systems and related capacity for maintaining a well-functioning contraceptive logistics system.

7.3 Activities

- Develop a contraceptive security action plan that includes feasible, realistic solutions and estimates the cost of implementing the action plan
- Conduct an assessment of the contraceptive logistics management information system (LMIS)/ channel and make recommendations for improvements and integration into national medicines monitoring systems.
- Evidence-based advocacy on the possible place of social marketing of specific contraceptives and in particular condoms.
- Use of appropriate tools for forecasting contraceptive demand and need.
- Assist in the development of locally appropriate indicators for monitoring the efficiency of the contraceptive logistics management system and in their application in coordination with the health management information system.
- Support the revision and adaptation of curricula on contraceptive technology and quality contraceptive management

8. Develop and implement a reliable and user-friendly supervision, monitoring, and coordination system.

8.1. Problem Statement

Performance monitoring is a systematic and continuous process of collecting, analysing, and reviewing data to track the progress. Often, there is a lack of coordination among partners and activities, followed by inadequate dedicated staffing and financial resources.

8.2. Strategy

Existing data collection, supervision and monitoring tools will be revised and updated according to the needs and identified gaps. If needed, new monitoring and supervision tools will be developed to adequately track progress of FP indicators. Support the development of a financial management system for the effective planning, monitoring, and evaluation of contraceptive security. Training on monitoring and supervision will be carried out and a trained person on M&E will be responsible to track the progress of FP services in healthcare facilities.

8.3. Activities

8.3.1. Enhance supervision and quality assurance for family planning at every level of the health system. There will be additional relevant training for existing staff as part of strengthening the FP units at all levels, along with the provision of necessary equipment for ongoing operations.
8.3.2. Create a core of master trainers for supervisory training at both the national and regional levels. Identify suitable FP providers to be trained as master trainers as well as supervisors and train them using the tools developed.
8.3.3. Develop supervision tools, including data collection tools. Data collection and supervisory tools will be revised to ensure adequacy and relevance to the successful implementation of the FPNSP.
8.3.4. Support supervisory and technical backstopping visits regarding FP activities. Trained supervisors will be supported in undertaking technical backstopping visits on a regular basis and make reports to the relevant authorities.
8.3.5. Employ a full-time staff at each FP service to monitor and supervise the progress of FP services and activities.

9. Ensuring the provision of long-acting reversible and short-acting contraceptive methods and services in crisis and post –crisis situations

The COVID-19 pandemic, its consequences and the restrictive measures, have the potential to negatively affect access to essential SRH services[2]. Overstretched health services often divert resources away from the services women need, including pre- and postnatal health care and contraceptives. This exacerbates the lack of access to sexual and reproductive health services.

The Rapid Gender Assessment (RGA)[3] survey conducted by the UN Women reported a significantly higher inability to access vital services, such as health services, gynaecological services, contraceptives, hygiene products and medical supplies for personal protection. Over half of all women respondents reported difficulty accessing health/medical supplies and gynaecological services.

9.1. Strategy

- Promote public and private partnership to mobilize the private sector to step up for the enhanced social responsibility programmes (e.g. supplies of sanitary items, medical equipment). C
- Continue investments in sexual and reproductive health supply chain including appropriate storage and warehousing space for SRH commodities.

9.2. Strategy

- Review and, as necessary, update, procedures for supply distribution to programme beneficiaries
- Monitor stock levels of contraceptives using the Logistic Management Information system (LMIS) and consider allowing higher levels of stocks to ensure continued availability of an adequate contraceptive method mix.
- Renew and update inventory management efforts to determine: current stocks (for modern contraception, maternal and newborn health, HIV, emergency reproductive health kits that include contraceptives and disaggregated as relevant, for example by contraceptive method); current pipeline (what is en route and scheduled to arrive where and when); current monthly consumption projections and supplier engagement to understand sourcing and supply constraints as well as needs for modification of distribution plans.
- Utilize national LMIS and other relevant data sources in coordination with the relevant national authorities and any coordination effort/mechanism present in-country (for example in the context of the Visibility and Analytics Network).
- Advocate and support planning and spacing of pregnancy with adequate modern contraceptive supply and counselling to help clients' preparedness and continued contraceptive practice in case of limited mobility and access to normal services.
- Support Ministry of Health to provide online screening, education and reproductive health and contraception counselling services, using mobile phones e.g. WhatsApp messaging
- Promote partnership with private sector health care providers to provide counselling and contraceptive services to relieve pressure on public health systems.
- Promote the role of the primary health sector and community empowerment programmes to shift commodity distribution from clinical settings to the community.
- Advocate for a total market approach to enhance coordination between public, nonprofit and for-profit providers to optimize the use of existing products and services to better meet the needs of the population.

[2] Starrs AM, Ezeh AC, Barker G, et al. (2018). Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission. Lancet. 391, pp. 2642-2692. Available at: https://doi.org/10.1016/S01406736(18)30293-9

[3] https://eca.unwomen.org/en/news/stories/2020/7/gender-assessments-reveal-pandemics-devastating-impact-on-women

Monitoring and Evaluation	
Outcomes	1. Reduced fears and misconception as a barrier to the use of modern contraceptives among women of reproductive age. 2. Increased the use of modern methods of contraception among women of reproductive age. 3. Increased the number of clients (singles and couples of reproductive age) receiving and utilizing the family planning services
Outputs	Indicators
Output 1: *Ensured effective commitment from the government and donors 'community to support family planning services and programs.*	1. National family planning guidelines updated 2. Number (and percentage) of modern contraceptives available 3. System of M &E in place 4. Program of Comprehensive Sexuality Education delivered in school delivered
Output 2: *Increased the quality of services in the public and private facilities, including integration or partnering with other services where it is possible.*	1. 1. Identify a group of certified FP experts/trainers to develop a training curricula and modules based on standardized training curricula. 2. Number of trainers of trainers (doctors, nurses, midwives and psycho-social workers) trained. 3. Number of improvements made to ensure an appropriate infrastructure for provision private and confidential family planning services. 4. Protocols for referrals and follow-ups for integration of FP into the SRH are developed. 5. Innovative interventions and programs, such as youth-friendly services, mobile and outreach clinics or telemedicine consultation points to increase the visibility and access of FP services.
Output 3: *Increased demand by individuals, communities and health providers for modern contraceptive methods through improved access to evidence-based information about modern contraception.*	1. Percentage of women whose demand is satisfied with a modern method of contraception (2020) 2. Percentage of women who were provided with information on family planning during their last contact with a health service provider (2020) 3. Percentage of facilities where service providers for specific services provide the services in adherence to expected standards 4. Increased knowledge about modern

Output 4: *A wide range of modern contraceptive methods that fit to the needs of users (preferences, availability and cost) are provided.*	1. Improved the infrastructure of contraceptive storage at each health 2. Periodic training for people responsible for procurement, logistic management and distribution. 3. Number of contraceptive commodities distributed by CSO working in the field, by removing unnecessary barriers. 4. A partnership with private sector is established to encourage them to increase their investment in FP 5. The Total Marketing Approach is strengthened as a way to increase the availability of different modern contraceptive methods.
Output 5: *Funding needed for sustainable contraceptive security is provided based upon actual need.*	1. National budget allocations for contraceptives. 2. Annual expenditure on modern contraceptives from government domestic budget. 3. Market segmentation analyses.
Output 6: Collaboration and coordination among the public and private sectors, NGOs, and other stakeholders strengthened to ensure efficient and optimal utilization of limited resources and supply chains (sources) of contraceptives	1. Institutional mechanisms to partner with key stakeholders including young people in policy dialogue and programming on contraceptive security 2. Number initiatives to boost official policy incentives to stimulate and/or increase private sector financing and/or delivery of contraceptive security. 3. An active national contraceptive security coordination committee with representatives of the Ministry of Health, NGOs, and private/commercial sector.
Output 7: *Capacities strengthened/ developed for running a sustainable contraceptive supply chain.*	1. Continuing education arrangements for training in evidence-based contraceptive security of health personnel 2. Systematic procedures to ensure quality of contraceptive use at all levels of service delivery. 3. Sustainable social marketing programmes for contraceptives.
Output 8: *Develop and implement a reliable and user-friendly supervision, monitoring, and coordination system.*	1. Supervision and quality assurance for family planning at every level of the health system enhanced. 2. Supervision tools, including data collection tools developed to ensure adequacy and relevance to the successful implementation of the FPNSP. 3. Supervisory and technical backstopping visits regarding FP activities. 4. 4. A full-time staff at each FP service is employed to monitor and supervise the progress of FP services and activities.

9. Ensuring the provision of long-acting reversible and short-acting contraceptive methods and services in crisis and post –crisis situations	1. Availability of a range of long-acting reversible and short-acting contraceptive methods (including male and female condoms and emergency contraception) at primary health care facilities to meet demand. 2. Information, including information, education, and communication (IEC) materials, and, as soon as possible, ensure contraceptive counselling that emphasizes informed choice, effectiveness, and supports client privacy and confidentiality. 3. Information for the community to be aware of the availability of contraceptives. 4. Qualified medical personnel are able to provide services and counselling including through online tools and methodologies 5. Reviewed and, as necessary, updated, procedures for supply distribution to programme beneficiaries 6. Monitored stock levels of contraceptives using the Logistic Management Information system (LMIS) and considered allowing higher levels of stocks to ensure continued availability of an adequate contraceptive method mix.

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