



YOUTH
VOICES ||| CHOICES

Young people's access to sexual and reproductive health information, education and care in the Western Balkans during Covid times

Research Report

Youth Voices, Youth Choices is a 30-month project dedicated to ensuring sexual and reproductive health care in the Western Balkans becomes more accessible and youth-friendly in the long term, learning from the Covid-19 experience. The work focuses particularly on the experiences and needs of youth from groups that face systemic barriers to accessing care. Young people are at the heart of the project, working in multistakeholder partnerships as researchers, advocates and campaigners.

Youth Voices, Youth Choices project partners :

Coordination: IPPF European Network

Implementation:

- Albanian Center for Population and Development
- Institute for Population and Development (Bosnia & Herzegovina)
- The Bulgarian Family Planning and Sexual Health Association
- Center for Counseling, Social Services and Research (Kosovo)
- Health Education and Research Association (North Macedonia)

The design and methodology of the research, the guidance of the local research teams, the data analysis and writing of the report were carried out by Noverna Analytics and Research. Local teams in the five countries were centred around young people trained to conduct the research together with our implementing partners.

The project partners would like to thank all the young people, partners and other stakeholders who have contributed to this research and the publication of its findings.



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Foreword

Covid-19 created the largest health and socio-economic crisis of our generation. Many health systems were pushed to the brink by restrictive measures rushed in to respond to the pandemic, resulting in the deprioritisation of some existing health care services. In almost all European countries, Covid-19 had a negative impact on the delivery of vital sexual and reproductive health care, including maternal health and family planning, for women and groups with vulnerabilities, including young people. The pandemic also uncovered weaknesses within our systems and exposed the fact that countries are not adequately prepared to deal with health emergencies.

To help bring about positive change for young people, IPPF European Network is working to strengthen health care systems through the project Youth Voices, Youth Choices, and to remove all kinds of barriers preventing youth from accessing essential care in five Balkan countries: Albania; Bosnia & Herzegovina; Bulgaria, Kosovo and North Macedonia. We are focusing particularly on the needs of those living in remote areas, as well as those from communities that face challenging social conditions, such as the Roma.

As a basis for this work, we conducted this study to provide us with a clearer picture of the impact of the pandemic on young people's sexual and reproductive health and rights (SRHR). This **report** presents the findings of the study, carried out by and among youth in five Balkan countries. It documents **young people's sexual and reproductive health (SRH) needs and experiences and the perspectives of health care providers and other relevant stakeholders on these needs**. It also captures the latter's **needs as they deliver services, information and education to young people**, building on their experience of Covid-19.

Young people are at the heart of this project: they were part of the research teams and as a next step, will join expert groups who will build on this report to develop **recommendations for policy change** at national and regional level.

The findings presented here show clearly that sexual and reproductive health and rights are essential to a young person's mental and physical well-being. They confirm our firm belief that the provision of quality and accessible sexuality education, information and youth-friendly SRH care must be ensured for all young people on a continuous basis – before, during and after a crisis. We invite the readers of this report to join us in our fight for resilient health and education systems in the Balkans that integrate SRH services and education and are inclusive of all young people and their needs.

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A. Introduction and background

Stigma and discrimination, socio-economic factors and geographic distance are barriers that make it difficult for vulnerable groups within society to access health services and seek help. Across the world there are clear indications that the Covid-19 pandemic has impacted access to information on a wide range of topics related to sexual and reproductive health and rights (SRHR), and delivery of sexual and reproductive health (SRH) services. The pandemic has also widely demonstrated the fragility of systems and the lack of preparedness of countries to deal with health emergencies.

The position of youth in this new environment presents specific challenges. In particular, the impact on young people of the circulation of an abundance of misinformation on matters related to SRH, barriers to receiving sexuality education, and obstacles in relation to sourcing information and accessing SRH services have all been underestimated or overlooked during the Covid-19 pandemic. In light of this, there is a clear, crucial and increasing need and, indeed, an opportunity to identify gaps and lessons learned and share good practices to strengthen health systems, continue sexuality education in an appropriate manner and prepare more inclusive short-term and long-term plans for young people. Hence, in-depth analysis and better understanding are required of the impact that crisis situations such as the Covid-19 pandemic have on young people's SRH.

In this context, IPPF European Network has conducted this research as the initial stage of a two-year project (2021–2023) funded by the Merck for Mothers programme, which aims to contribute to more accessible and youth-friendly SRH services and information in and beyond emergency situations in five countries in the western Balkans, namely Albania, Bosnia & Herzegovina, Bulgaria, Kosovo and North Macedonia.

This document forms the regional report for the research conducted in these five countries in the course of 2021. A detailed country report for each of the countries was compiled in parallel.

B. Research and Objectives

The goal of the research was to better understand the impact of the Covid-19 pandemic on young people's access to SRH services, education and information, and to identify ways to address the SRH needs of young people aged 14–30 years. This included research and analysis regarding:

- The needs of young people in relation to SRH during (and because of) the Covid-19 pandemic with regards to access to and use of information related to SRHR and relevant SRH services, connected to physical, psychological and psychosocial aspects of their lives. To understand the impact of the Covid-19 pandemic fully, the needs of young people during the pandemic were compared to the situation pre-dating the pandemic. In this context, a comprehensive and extensive range of topics was investigated, including:

- Gynaecological health (hormonal, menstruation, infections and others);
- Contraception;
- Engaging in safe sexual practices;
- Pregnancy, birth and post-natal care;
- Termination of (unplanned) pregnancy;
- Sexually transmitted infections (STIs);
- Family planning and deciding on having children;
- Fertility/infertility;
- Exercising sexual agency and consent;
- Building healthy relationships;
- Sexting or online sexual experiences;
- Sexual orientation, gender identity and gender expression;
- Gender-affirming hormonal therapy/gender-affirming treatment;
- Gender-based and sexual violence; and

- Supplies (menstrual hygiene products, pregnancy testing kits, self-administered HIV and STI screening tests and others);

- The specific channels and resources needed and used by young people to access SRH information, education and services, looking at how they have changed compared to before the pandemic, what barriers they encountered and what opportunities were offered;

- The impact of external factors influencing access to SRH services, information and education during the Covid-19 pandemic, compared to before. These

include institutional, social, cultural, economic and legislative factors, and an assessment of the institutional response from authorities in the country;

- The consequences of the Covid-19 pandemic for young people on a personal, emotional, economic, demographic, community and systemic level;

- The coping and help-seeking mechanisms, behaviour and solutions that young people have adopted in addressing their SRH needs during the Covid-19 pandemic; and

- The identification and mapping of the most promising and positive practices in responding to the SRH needs of young people during the Covid-19 pandemic. These include, inter alia, practices and responses carried out by the State, other public authorities related to health, ministries, health entities, non-governmental organizations (NGOs), private initiatives, international organizations, physicians, communities and the education sector. The focus was on identifying and mapping those practices that have the potential to address the specific needs of young people and could be carried out both during the Covid-19 pandemic and beyond, into the future. They include short-term actions and measures, as well as practices that could potentially be transferred, generalized or replicated in future through legislation, policies and practice changes.

Ultimately, the investigation and analysis of the above-mentioned areas intended to provide relevant insights to the project partners and relevant experts to propose specific recommendations on suggested actions to be taken and possible steps that policy- and decision makers, and key players in the areas of health and SRH can and need to take to improve young people's access to SRHR services, information and education during and beyond the Covid-19 crisis. These insights and recommendations will be used as the basis for the development of advocacy plans (at national level and also at the wider regional Balkans level), in combination with powerful narratives and youth-led campaigning, to ultimately raise public awareness, strengthen health systems and increase access to (youth-friendly) SRH services and information for all those in need.

C. Research design and approach

To achieve the objectives highlighted above, a series of sequential research phases were conducted as follows.

Phase 1

An initial desk research and review of information available in the public domain, sourced from official published statistics, reports of other research conducted, media reports and social media postings. This exercise provided valuable information in relation to the research objectives and further identified the dimensions and issues to be investigated under Phases 2 and 3.

Phase 2

Primary qualitative research conducted among young people and expert stakeholders in the area of SRH. This phase was conducted through focus group discussions and one-to-one in-depth interviews, respectively. The findings from this phase provided valuable insights in relation to the research objectives. They also helped identify the issues and dimensions for subsequent measurement in the quantitative study of Phase 3.

Phase 3

Primary research conducted among young people for quantitative measurement of the objective areas and issues, carried out via a structured questionnaire, completed either by young people themselves online or by an interviewer in face-to-face interviews. This phase served to quantify the research findings among young people.

Phase 4

An in-depth review of desk research findings (from Phase 1), re-examining the information in light of the findings of the primary research (Phases 2 and 3). This served to prioritize promising practices by identifying those practices that are best positioned to address the unmet SRHR-related needs of young people.

D. Primary research methodology and sample parameters

Target audience and definitions

The primary research (Phases 2 and 3) addressed the following target audiences:

- Young people in the age range 14–30 years were covered in Phases 2 and 3, including men/boys and women/girls alike, though women/girls represented a larger proportion of participants. These young people were recruited for participation on the basis of their potential vulnerability. At the initial level, two broad categories were identified, namely:

- **Young people in vulnerable situations, defined as those who are exposed to conditions of vulnerability in relation to SRH matters due to one or more of the following characteristics:**

- their geographic location, especially residing in remote areas far from the main urban centres which host most of the large public health care facilities;
- their ethnicity, especially those people belonging to minority or marginalized ethnic groups;
- belonging to the lesbian, gay, bisexual and transsexual (LGBT) community, based on their own self-identification;
- having been pregnant or given birth during the Covid-19 pandemic; and
- having a lower socio-economic status and residing in urban areas; and

- **Young people belonging to the general youth population, defined as young people who reside in the main urban areas of the country (in close proximity to the main health centres) and who are not considered vulnerable based on the conditions listed above.**

Adopting these two broad categories of youth participants allowed us to identify differences in patterns across the two groups in the subsequent analysis, thus yielding insights into how (and which) situations of vulnerability are differentiating factors in determining the impact of the Covid-19 pandemic on access to SRH information, education and services.

The recruitment and participation of young people across all research phases was carried out in full accordance with all ethical, research and legal considerations, in line with the ESOMAR code of conduct and local legislation in general and pertaining to the rights of young people.

- Expert stakeholders and actors in the field of SRH, including from the public, NGO and private sectors, as per the details highlighted in the next sub-section.

The specific design and methodological details used for Phase 2 (qualitative research) and Phase 3 (quantitative research) are highlighted below.

Qualitative research among young people and stakeholders: Methodological parameters

Focus group discussions were held with young people on the basis of a flexible discussion guide designed to address the research objectives. Each focus group discussion:

- Was moderated by an experienced research moderator with the active assistance and involvement of one or more young people from the local partner team, all of whom were trained and briefed on the objectives of the study and the correct techniques for carrying out the moderation;
- Was administered in the local language following translation of a discussion guide that was initially designed in English;
- Was based on a discussion guide peer-reviewed for relevance to the youth audiences prior to starting the fieldwork;
- Included the participation of 6–8 young people; and
- Lasted approximately 2–2.5 hours.

In addition, **one-to-one in-depth interviews with stakeholders and experts in the field of SRH** were conducted on the basis of a flexible discussion guide. Each in-depth interview:

- Was moderated by an experienced research moderator with the active assistance and involvement of one or more young people from the local partner team, all of whom were trained and briefed on the objectives of the study and the correct techniques for carrying out the moderation;
- Was administered in the local language following translation of a discussion guide that was initially designed in English; and
- Lasted approximately 1–1.5 hours.

Depending on the specific characteristics of the participants in each focus group or in-depth interview, the discussion guide was tailored slightly to fully address the relevant objectives. Hence, while the discussion guides used had a high degree of commonality, different variants were used.

The specific sample structure and sizes achieved in the qualitative research were as follows, for each of the five countries covered:

Albania

Focus group discussions with young people

Total number of groups: 6

By type	
1	General youth population aged 18–30 years in Tirana
2	Young people aged 18–30 years in the remote area of Elbasan
3	LGBT people aged 18–30 years in Tirana
4	Young women/girls who were pregnant or gave birth during the Covid-19 pandemic in Tirana
5	Teenagers aged 14–17 years in Vlore
6	Roma women/girls aged 18–30 years in the Alias rural area of Tirana
7	

In-depth interviews with stakeholders/experts

Total number of interviews: 7

By type	N°
Public health authorities	1
NGO in the field of STIs	1
NGO in the education field	1
NGO in the civic initiatives field	1
NGO working with the Roma community	1
Education expert in public education	1
Mental health expert in public health care	1

Bosnia & Herzegovina

Focus group discussions with young people
Total number of groups: 8

In-depth interviews with stakeholders/experts
Total number of interviews: 9

By type		By type		N°
1	General youth population aged 18–30 years in Sarajevo	Expert in maternal health services		1
2	Young people with low socio-economic status aged 18–30 years in Bijeljina	Public health experts		2
3	Young people with low socio-economic status aged 18–30 years in Gorazde	Education officials/experts in an NGO in the education field		2
4	Young people with low socio-economic status aged 18–30 years in Sarajevo	Mental health expert		1
5	Young women/girls who were pregnant or gave birth during the Covid-19 pandemic in Sarajevo	International organization official		1
6	Teenagers aged 14–17 years in Sarajevo	NGO in sexual and gender-based violence		1
7	Roma women/girls aged 18–30 years in Sarajevo	NGO supporting the rights of ethnic minority groups		1
8	Roma women/girls aged 18–30 years in Bijeljina	Expert in maternal health services		1

Bulgaria

Focus group discussions with young people
Total number of groups: 6

In-depth interviews with stakeholders/experts
Total number of interviews: 8

By type		By type		N°
1	General youth population aged 18–30 years in Sofia	Public health authorities		2
2	Roma youth in the urban area of Fakulteta	Physicians		1
3	Young people aged 18–30 years in the remote city of Radomir	Hospital director		1
4	Young people aged 18–30 years in the remote small town of Kyustendil	NGO in the education field		2
5	Young women/girls who were pregnant or gave birth during the Covid-19 pandemic in Pernik	International NGO		1
6	Teenagers aged 14–17 years in the remote small town of Kyustendil	NGO working with the Roma community		1
		Health mediator		1
		Mental health expert in an international organization		1

Kosovo

Focus group discussions with young people

Total number of groups: 7

By type	
1	General youth population aged 18–30 years in Prishtina
2	Young people aged 18–30 years residing in the remote areas of Podujeve and Gjilan
3	LGBT people aged 18–30 years in Prishtina
4	Young women/girls who were pregnant or gave birth during the Covid-19 pandemic in Kachanek
5	Teenagers aged 14–17 years in rural areas around Prishtina
6	Young women/girls belonging to ethnic minorities (Roma, Ashkali, Egyptian) aged 18–30 years in remote communities around Prishtina
7	Young people belonging to the Serbian community residing in Gjakova, Fushe Kosova and Obiliq

In-depth interviews with stakeholders/experts

Total number of interviews: 4

By type	N°
SRH expert, Ministry of Health	1
Physician in health centre	1
NGO in the field of sexual and gender-based violence	1
Mental health expert in psychiatric clinic	1

North Macedonia

Focus group discussions with young people
Total number of groups: 5

In-depth interviews with stakeholders/experts
Total number of interviews: 6

By type		By type		N°
1	General youth population aged 18–30 years in Skopje	Ministry of Health		1
2	Roma youth aged 18–30 years in Crnik	Shelter for victims of sexual and gender-based violence		1
3	Young people aged 18–30 years in the remote area of Krivogashtani	Mental health expert		1
4	Young women/girls who were pregnant or gave birth during the Covid-19 pandemic in Skopje	Expert in the education field		1
5	LGBT youth aged 18–30 years in Skopje	NGO working in SRHR and HIV education and counselling		1
		NGO working with the Roma community		1

Quantitative youth study among young people: Methodological parameters

The quantitative youth study was conducted through a structured questionnaire, completed by young people.

Research tool: Structured questionnaire of 10–15 minutes. The questionnaire was administered in the local language, following translation from the initial design in English. The questionnaire was peer-reviewed and piloted at the local level to ensure its functionality, clarity, and relevance to the target youth audiences.

Methodology: Quotas for completion were assigned for specific sub-cells of the young people of interest, as highlighted in the sample structure below.

Recruitment and questionnaire completion: A combination of two approaches was used for recruiting respondents and for completing the questionnaire, as follows:

- **Online:** Respondents belonging to the categories of the general youth population, pregnant women/new mothers, LGBT people and, partially, those in remote areas were invited to participate by email invitation. These invitations were disseminated through a variety of recruitment channels (both broad and via other partner organizations), to ensure widespread recruitment and minimize biases in the selection of respondents. Respondents received a link to the questionnaire, which they accessed and used to complete the questionnaire themselves. Their feedback was submitted automatically to a central server for further processing and analysis of the data.

- **Face to face:** Respondents residing in remote areas and belonging to the Roma ethnic community were recruited purposely with the cooperation of gatekeepers to these communities. Interviewers visited these respondents either at a central location or at home and provided the technological means (a tablet device) to enable the respondents to either complete the questionnaire themselves in the presence of the interviewer or respond to the questions administered by the interviewer. Again, responses were submitted automatically to a central server for further processing and analysis of the data.

The specific sample structure and sizes achieved in the quantitative research were as follows.

Total number of questionnaires

	Total	Albania	B&H*	Bulgaria	Kosovo	NM**
Total	1472	340	300	291	301	240

By type:

General youth population	553	152	132	89	100	80
Youth in vulnerable situations:	919	188	168	202	201	160
In remote areas	263	45	50	39	62	67
Roma youth	266	37	36	97	70	26
LGBT youth	266	55	56	33	64	58
New mothers (pregnant and/or giving birth during the Covid-19 pandemic)	190	35	47	44	21	43
Youth with low socio-economic status in large urban centres	153	47	37	14	30	25

By gender:

Total males	450	115	92	102	73	68
Total women/girls	1010	223	208	184	225	170
Undefined	12	2	-	5	3	2

By age:

Young people (18–30 years)	1228	287	237	222	242	240
Teenagers (14–17 years)	244	53	63	69	59	-

* Bosnia & Herzegovina
** North Macedonia

E. Analytical and research limitations

The following analytical approach was used for each of the primary research phases to ensure integrity of the data and the most accurate interpretation of the research findings.

Qualitative study: The data were analysed on the basis of the discussion recordings, notes taken by the moderators and research assistants, and a review of mappings created by participants on interactive card exercises that were carried out. Preliminary analysis was conducted for each focus group discussion and in-depth interview separately, leading to an individual feedback report for each one. The findings from all focus group discussions and in-depth interviews were subsequently cross-analysed to identify prevailing themes and patterns in relation to the research objectives, identifying key commonalities and differences.

Quantitative youth study: The data from the quantitative phase were initially validated in terms of consistency of responses and time stamp checks for completion of each section of the questionnaire, at an individual respondent level. After validation, the data were analysed using two-dimensional statistical analysis and filtering exercises on the basis of respondent profiles. Hence, results were analysed using the totals for the general youth population and youth in vulnerable situations separately, and for each of the vulnerable youth groups.

Integrated analysis: The findings from the two phases were subsequently analysed using an integrated 360-degree approach, leading to the key findings included in the present document. All research findings and interpretations were peer-reviewed by the researchers and young people at the local level, to ensure alignment with the local interpretation of the output received and the findings in general.

Research limitations: While the research implemented constitutes a very comprehensive approach and level of coverage, it is noted that the findings are subject to statistical margins of error associated with the final sample sizes. In light of this, the key findings reported in this document include only those that were confirmed by both the qualitative and quantitative phases of the research.

Future research: Ultimately, while the research provides valuable insights and recommendations, the findings themselves indicate the need for further large-scale nationwide research among young people, which would best be carried out once the residual effects of the pandemic can be observed, hence once the pandemic enters more permanently into an endemic long-term stage.

F. Key Findings

I. Information-seeking and accessibility of information on sexual and reproductive health and rights

1.1 General underlying constraints to seeking and sourcing information on sexual and reproductive health and rights

A series of common underlying constraints to seeking and sourcing information on SRHR were identified across the region. These include the following factors that pre-dated the Covid-19 pandemic:

● **A virtual absence of serious and effective sexuality education in schools** reported by teenagers, young people and expert stakeholders alike. This contributed to significant gaps in knowledge on SRHR issues among teenagers and young adults who have completed their education, creating a general lack of awareness, misunderstanding and confusion among them as to what SRHR is about. Moreover, this left them unprepared for the challenges posed by the Covid-19 pandemic.

The specific shortcomings of sexuality education are shown in various ways, namely a lack of inclusion of sexuality education in the formal school curriculum, a lack of interest in the subject matter, conservative attitudes of educators themselves and an overriding pattern of taboos associated with discussing SRHR matters openly in the school environment. In turn, this further sustains cultural stereotypes and taboos about SRHR services and issues among young people in general.

Furthermore, the Covid-19 pandemic exposed in general the shortcomings of sexuality education. As recorded in the quantitative study, both the general youth population and young people in vulnerable

situations in all five countries studies strongly believe that the pandemic has made the need for the provision of sexuality education more obvious.

Hence, throughout the region it is necessary to address the gaps in knowledge at its roots by addressing the extent and manner in which sexuality education is delivered in the school environment.

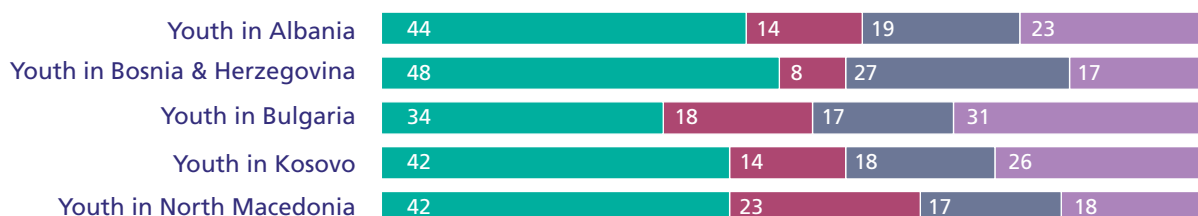
● **A widespread and deep mistrust in institutions**, translated as a very high level of mistrust in any information emanating from official sources in relation to health and SRHR matters during the Covid-19 pandemic: this pattern was observed across all five Balkan countries and was most strongly recorded in Bulgaria, where the complete lack of trust in and fear of the authorities led to doubts as to the existence of the Covid-19 virus itself and also had a negative spillover effect onto non-governmental agencies or institutions, which were perceived by young people as being part of a unified corrupt system. This lack of trust is also particularly common among specific groups of young people in vulnerable situations, especially the LGBT community in Albania and North Macedonia, and the Roma youth in all countries, on account of discrimination they have experienced in the past and, in some cases, their exclusion from the health insurance system. Trust in the institutions is somewhat higher in Albania, although even in this case particular concerns were cited by young people in remote areas in this respect.

It is clear that institutions and official authorities need to regain the trust of young people, to make them receptive to and trusting of messages and information on health and SRHR matters.

The pandemic has made the need for the provision of sexuality education more obvious
 - General youth population (% mentioning)



- Youth in vulnerable situations (% mentioning)



■ Agree ■ Disagree ■ Neither agree or disagree ■ Don't know

Source: Quantitative youth survey (2021)

● **An over-riding feeling of irrelevance of SRHR information and matters:** while this is evident across various youth segments across the region, this perception is particularly strongly held among Roma young people in particular, resulting in their lack of involvement and motivation to seek information on SRHR matters. While this view pre-dated the Covid-19 pandemic, the crisis further contributed to this lack of involvement.

In this context, community traditions, the patriarchal nature of their community and strong taboos on discussing SRH matters both in the public realm and within the family consign young Roma people to the belief that 'all that needs to be learned can be learned by nature'. Moreover, there is a self-perception and tacit acceptance of being 'ignorant as a community', 'consigned' to their fate as neither intelligent enough nor 'worthy' of seeking to improve their own health. These perceptions are further fuelled by specific situations, such as restrictions on 'not having sex before marriage', being sold by parents as virgin brides, early marriage, strict parental control on the use of technology or communication devices (most vividly mentioned in Bulgaria), the judgemental attitudes

of health professionals (especially in Kosovo), and the lack of health insurance coverage for Roma women and girls (especially in Macedonia)

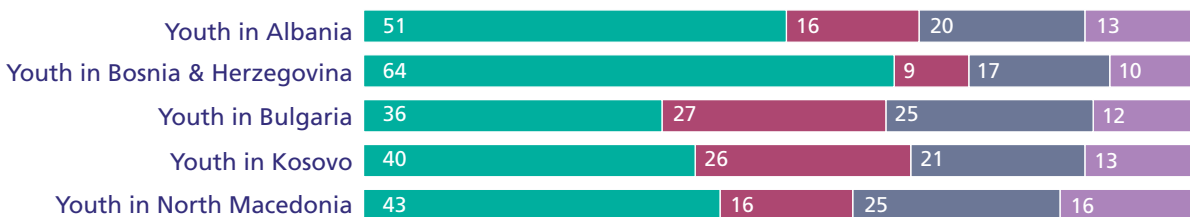
In light of the above, strategic efforts are initially needed to inform and convince members of the Roma community of the importance of having accurate SRHR information and the potential benefits of using SRHR services. This would need to consider dissemination of information and knowledge that can effectively bypass cultural community barriers.

1.2 Impact of the Covid-19 pandemic on information-seeking on SRHR issues

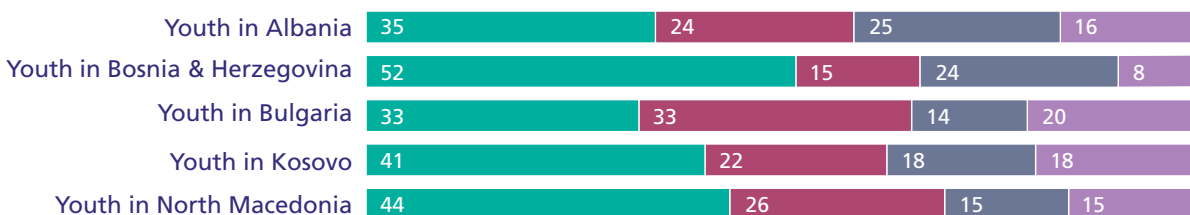
1.2.1 Negative impact of the Covid-19 pandemic on the motivation to seek SRHR-related information

The lack of involvement in SRHR matters by young people that pre-dated the Covid-19 pandemic contributed to a further withdrawal from the topic during the pandemic among a significant proportion of young people. Across all five countries, there was clear evidence among both the general youth population and young people in vulnerable situations that during the pandemic they were preoccupied with other, more important issues pertaining to surviving the pandemic, rather than seeking any type of SRHR information or services.

During the pandemic, I was preoccupied with other more important issues than seeking SRHR information or services - General youth population (% mentioning)



- Youth in vulnerable situations (% mentioning)



■ Agree ■ Disagree ■ Neither agree or disagree ■ Don't know

Source: Quantitative youth survey (2021)

In addition to the pre-existing constraints highlighted in section 1.1 of this document, the Covid-19 situation specifically fuelled the lack of motivation to seek information in a variety of ways:

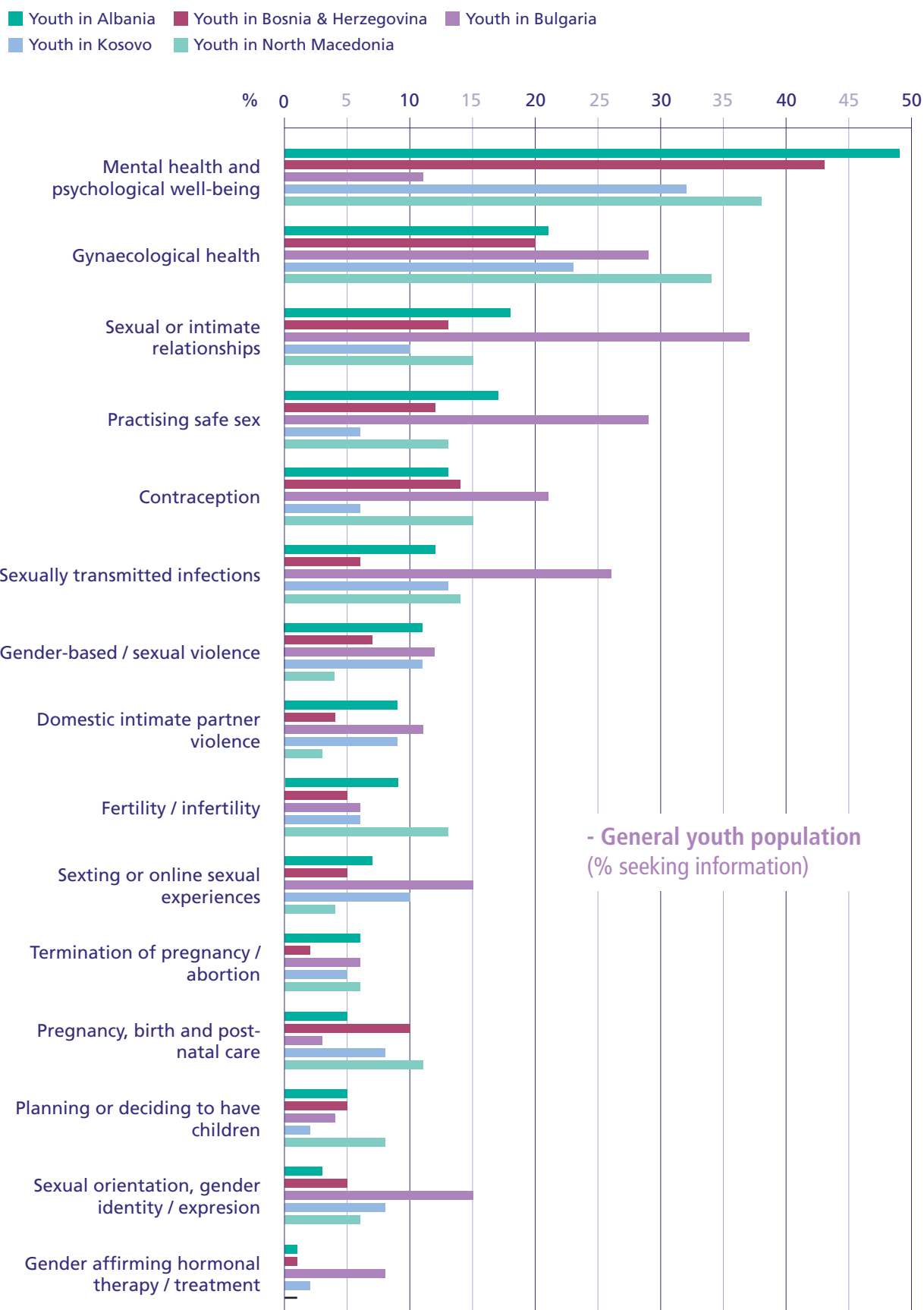
- The inability to obtain SRHR-related information via physical visits to health centres on account of closures and movement restrictions rendered the search meaningless and discouraged young people from proactively seeking information altogether.
- A lower level of sexual desire, especially in the early phases of the Covid-19 pandemic, led to a low intensity and need to seek information.
- The inherent fear or concern about going to a health centre or visiting medical staff due to the Covid-19 situation, travel restrictions, health precautions and warnings resulted in reluctance and postponement of information-seeking behaviour.
- Feelings of shame in seeking SRHR information were amplified in the Covid-19 environment, where control of the virus and 'surviving the pandemic' were the single subject of focus in public debate.
- Confusing information circulating (especially online) regarding the impact of the virus on various matters related to SRH, especially fertility, pregnancy and the health of the foetus and newborn baby, led many young people to consciously try to avoid being exposed to the information circulating.

1.2.2 Information-seeking during the Covid-19 pandemic

Despite the demotivation to proactively seek information on SRH issues during the Covid-19 pandemic, there was a strong perception among young people across all five countries that SRHR-related information needs did not change substantially due to the pandemic. There was general consensus on this account across all youth groups (the general youth population and those in vulnerable situations) and key stakeholders interviewed, including public health officials, physicians and NGO actors alike.

In light of the above, although SRHR and other health issues were eclipsed in terms of importance by Covid-19, a significant proportion of youth audiences reported efforts to source information related to specific SRHR topics during the pandemic, suggesting a real underlying need for information. In this context, 'mental health and psychological well-being' was the main topic for which information was sought among the general youth population in all countries, with the exception of Bulgaria, where information was mostly sought on sexual and intimate relationships. Across all countries, except Kosovo, information on gynaecological health was also particularly sought (the highest proportion was recorded among women/girls in Albania), contraception, practising safe sex, and STIs.

Information seeking on SRH during the Covid-19 pandemic



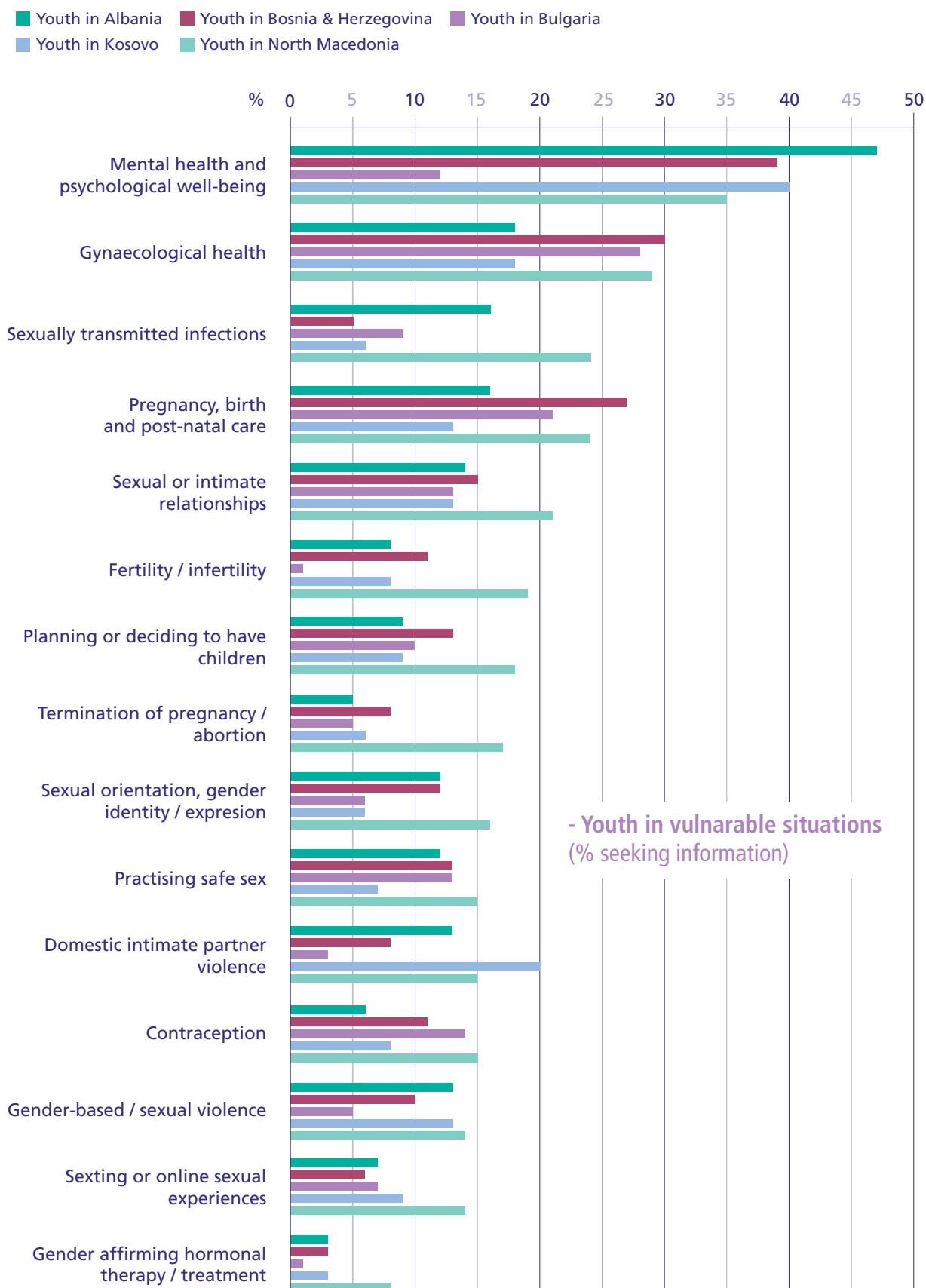
Source: Quantitative youth survey (2021)

'Mental-health and psychological well-being' was also the topic on which the majority of young people in vulnerable situations sought information during the Covid-19 pandemic in all countries except Bulgaria, where gynaecological health issues (hormonal, menstruation, infections) were of primary importance. North Macedonia was an outlier, since young people in vulnerable situations

sought information on a wide range of SRH issues. Indeed, feedback in qualitative focus groups in North Macedonia strongly indicated that the Covid-19 period gave young people more time to reflect and make new discoveries related to SRH.



Information seeking on SRH during the Covid-19 pandemic



Source: Quantitative youth survey (2021)

1.2.3 Information topics that became more urgent

In addition to the evident underlying needs for information, the quantitative study has indicated that for a number of topics the need for information became more urgent on account of the Covid-19 situation. Hence, a pattern of polarization appears to have emerged across the region, with two different directional patterns: on the one hand, **people without much prior involvement in SRH issues appear to have been further demotivated and distanced themselves from the subject matter.** This was very clear during the focus group discussions with young people; on the other hand, among those **young people already with a notable level of knowledge and involvement in SRH issues, there was a clear perceived greater need for information on a range of topics.**

Specifically, among the general youth population, especially those who already had some level of knowledge and involvement in SRH issues, the following information topics became more urgent:

- Mental health and psychological well-being in all countries except Bulgaria;
- Gynaecological health issues in all countries;
- Sexual or intimate relationships, especially in Bulgaria but also North Macedonia, Albania and Kosovo;
- Practising safe sex in Albania and Bosnia;
- Fertility/infertility in Albania and North Macedonia;
- STIs in Bulgaria;
- Sexting or online sexual experiences in Bulgaria; and
- Issues related to gender-based violence in Kosovo.

Top five information topics that became more urgent during Covid-19 - General youth population (% mentioning)

Youth in Albania		Youth in Bosnia & Herzegovina		Youth in Bulgaria		Youth in Kosovo		Youth in North Macedonia	
	%		%		%		%		%
Mental health and psychological well-being	34	Mental health and psychological well-being	36	Sexual or intimate relationships	13	Mental health and psychological well-being	26	Mental health and psychological well-being	33
Practising safe sex	7	Gynaecological health	8	Gynaecological health	12	Gynaecological health	11	Gynaecological health	15
Gynaecological health	7	Pregnancy, birth and post-natal care	7	STIs	10	Domestic violence	7	Domestic violence	10
Sexual or intimate relationships	5	Contraception	5	Sexting/online sexual experiences	10	Sexual or intimate relationships	4	Sexual or intimate relationships	8
Fertility/infertility	4	Practising safe sex	5	Domestic Violence	9	Gender-based violence and/or sexual violence	4	Gender-based violence and/or sexual violence	8

Information on mental health and psychological well-being became more urgent for youth in vulnerable situations in all five countries. Within sub-groups, the highest intensified need was observed among LGBT youth in Kosovo and North Macedonia (related to the high level of confusion felt), marginalized ethnic youth in Kosovo, youth residing in remote areas in Albania, and new mothers in Bulgaria.

Moreover, information became particularly more urgent with regards to:

- Pregnancy, birth and post-natal care and general family planning, especially among new mothers;
- Sexual or intimate relationships in Albania (especially among teenagers and youth residing in remote areas), Bosnia & Herzegovina and Kosovo; and
- Practising safe sex and/or STIs in Albania, Bulgaria and North Macedonia.

In Kosovo, increased information needs were slightly different in nature, with a significant increased need for information on mental health and interrelated domestic violence and relationships issues.

Roma women/girls stand out as the only vulnerable group where there was a lack of any evidence (quantitative or qualitative) of greater urgency of information on any topics other than mental health or psychological support, clearly constrained by their lack of involvement in the subject matter pre-dating the pandemic.

Top five information topics that became more urgent during Covid-19 - Youth in vulnerable situations (% mentioning)

Youth in Albania		Youth in Bosnia & Herzegovina		Youth in Bulgaria		Youth in Kosovo		Youth in North Macedonia	
	%		%		%		%		%
Mental health and psychological well-being	38	Mental health and psychological well-being	31	Pregnancy, birth and post-natal care	18	Mental health and psychological well-being	30	Mental health and psychological well-being	28
Pregnancy, birth and post-natal care	10	Pregnancy, birth and post-natal care	24	Gynaecological health	12	Domestic violence	11	Pregnancy, birth and post-natal care	14
Gynaecological health	9	Gynaecological health	17	Mental health and psychological well-being	7	Pregnancy, birth and post-natal care	7	STIs	11
STIs	6	Sexual or intimate relationships	9	Planning to have children	7	Gender-based violence and/or sexual violence	6	Practising safe sex	11
Domestic violence or intimate partner violence	6	Planning to have children	7	Practising safe sex	5	Sexual or intimate relationships	5	Sexting/online sexual experiences	10

1.2.4 New information needs

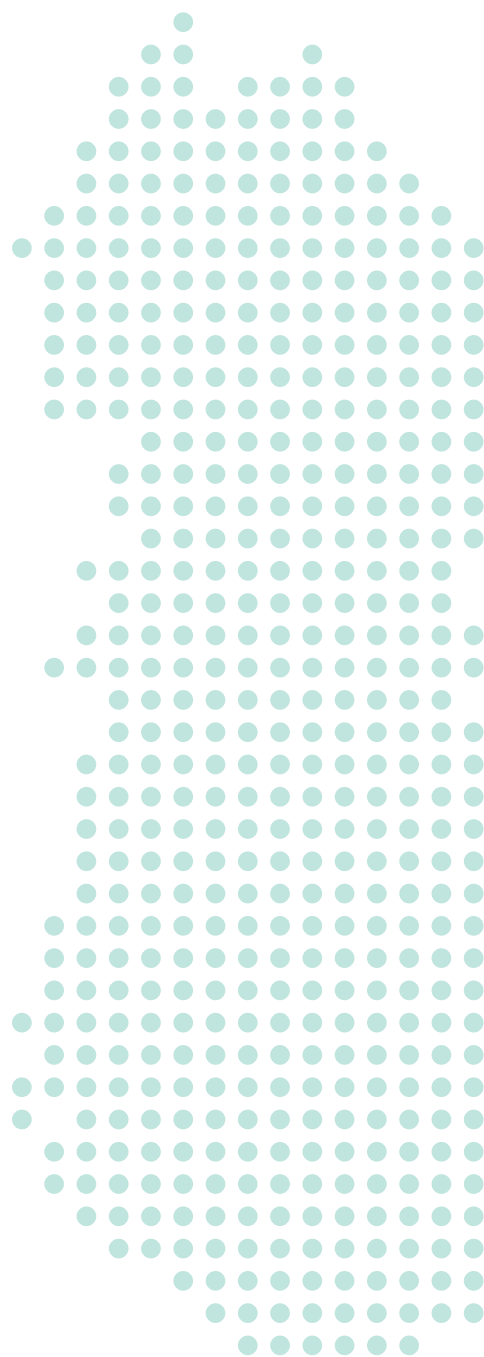
Over and above the greater urgency for information among people involved in the subject matter of SRH, focus group discussions with young people and in-depth interviews with experts revealed a small, but important, range of topics on which young people sought information for the first time, due to the Covid-19 situation. They included the following:

- A general need for information on where young people can access safe health care (e.g. gynaecological examinations, giving birth, psychological counselling, open pharmacies, as well as psychological consultations). In this context, a greater urgency was expressed by young people in terms of obtaining high-level functional information about how services are arranged in the framework of new regulations, operating hours of health facilities and what types of services are offered to the population at any given time—for example, to know what to do in emergency situations related to counselling or how to safely end a pregnancy. Thus, restrictions on physical visits to health centres essentially raised awareness of the need to have readily accessible practical information on any SRH topic of interest. While this need was expressed in all countries studied, it was most intensely felt in Albania and North Macedonia.
- The key basic questions of whether it is safe to engage in sexual activity, how and what protective measures one should take, came to the fore due to the context of the pandemic and the ‘threats’ to health posed by the Covid-19 virus.
- The need for answers regarding the impact of the Covid-19 virus and vaccination on the reproductive and gynaecological health of women, the health of the foetus and the newborn baby.
- The steps to take to protect oneself against cyber-bullying and pornography when seeking to discuss SRH matters over social media or seeking information online in general; this new need was mostly reported in Bulgaria.
- Increased demand for information about sexual relations on topics such as flirting, personal boundaries, types of sexual activity and sexual hygiene.
- Increased demand for information on emergency hotline options on issues related to sexual and gender-based violence across all countries.

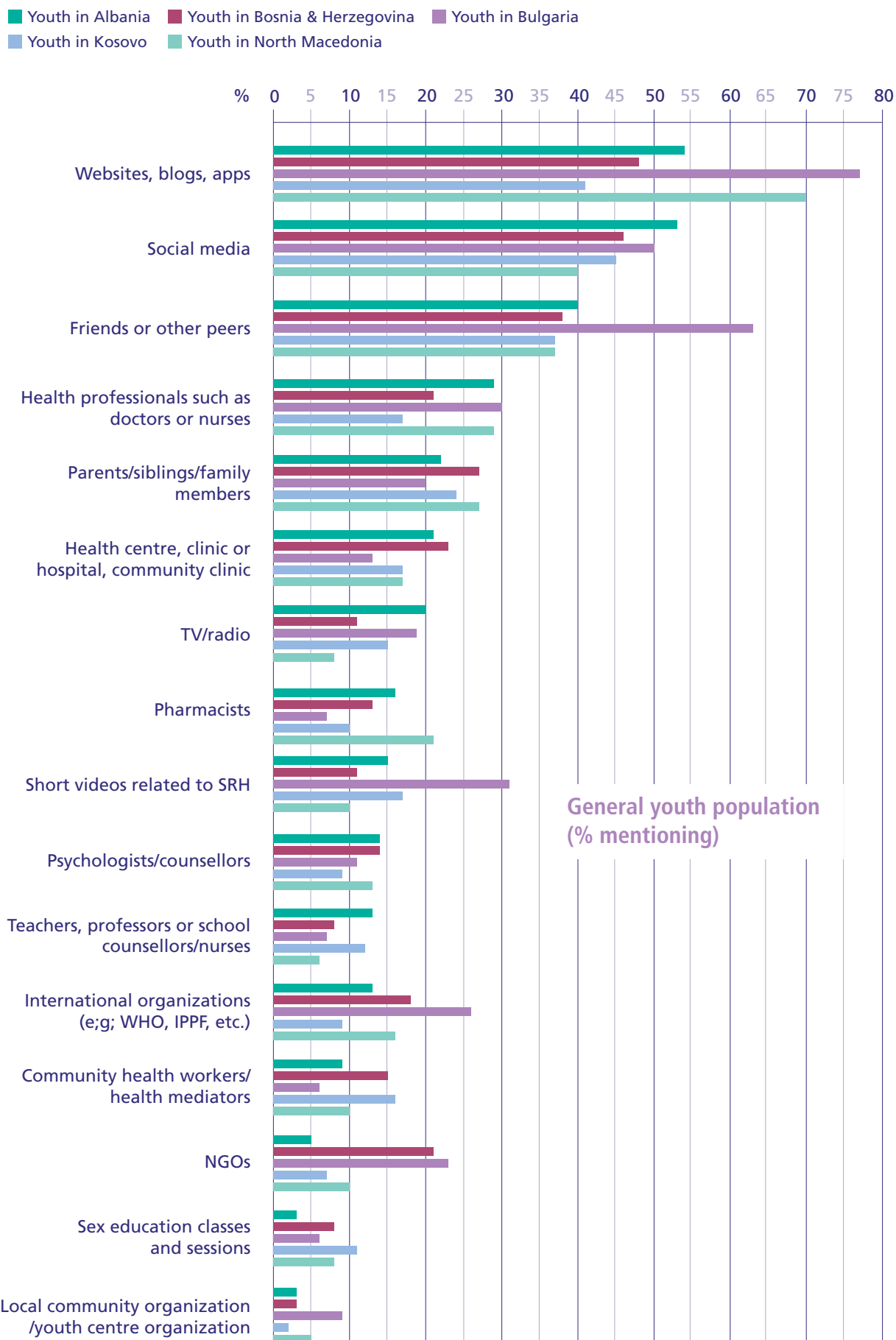
1.3 Channels used for sourcing information on SRH during Covid-19

1.3.1 General youth population

Internet means, including websites, blogs, apps and social media, were the main information sources for the general youth population during the Covid-19 pandemic across the five countries studied.



Channels for information-seeking on SRH during the Covid-19 pandemic



Source: Quantitative youth survey (2021)

Moreover, an increased incidence of use of online means compared to before the pandemic was recorded in the range of 3% for information-seeking by the general youth population (Bosnia & Herzegovina) to 10% (Bulgaria and North Macedonia). There was also an increased turn to family or friends in all countries, while a greater

proportion of youth used pharmacies for sourcing SRH information in Bosnia & Herzegovina and North Macedonia, and international organizations in Bulgaria. In contrast, health professionals, sex education and educators were used by a smaller proportion of general youth compared to before the pandemic.

Information channels with the largest increase in usage - General youth population (% increase in the proportion of young people using the sources)

Youth in Albania		Youth in Bosnia & Herzegovina		Youth in Bulgaria		Youth in Kosovo		Youth in North Macedonia	
	%		%		%		%		%
Websites, blogs, apps	9	Pharmacists	4	Friends or other peers	13	Social media	16	Websites, blogs, apps	10
Social media	6	Parents, siblings, family members	4	Websites, blogs, apps	10	Websites, blogs, apps	12	Parents, siblings, family members	8
Parents, siblings, family members	6	Websites, blogs, apps	3	International organizations	6	Friends or other peers	11	Pharmacists	6

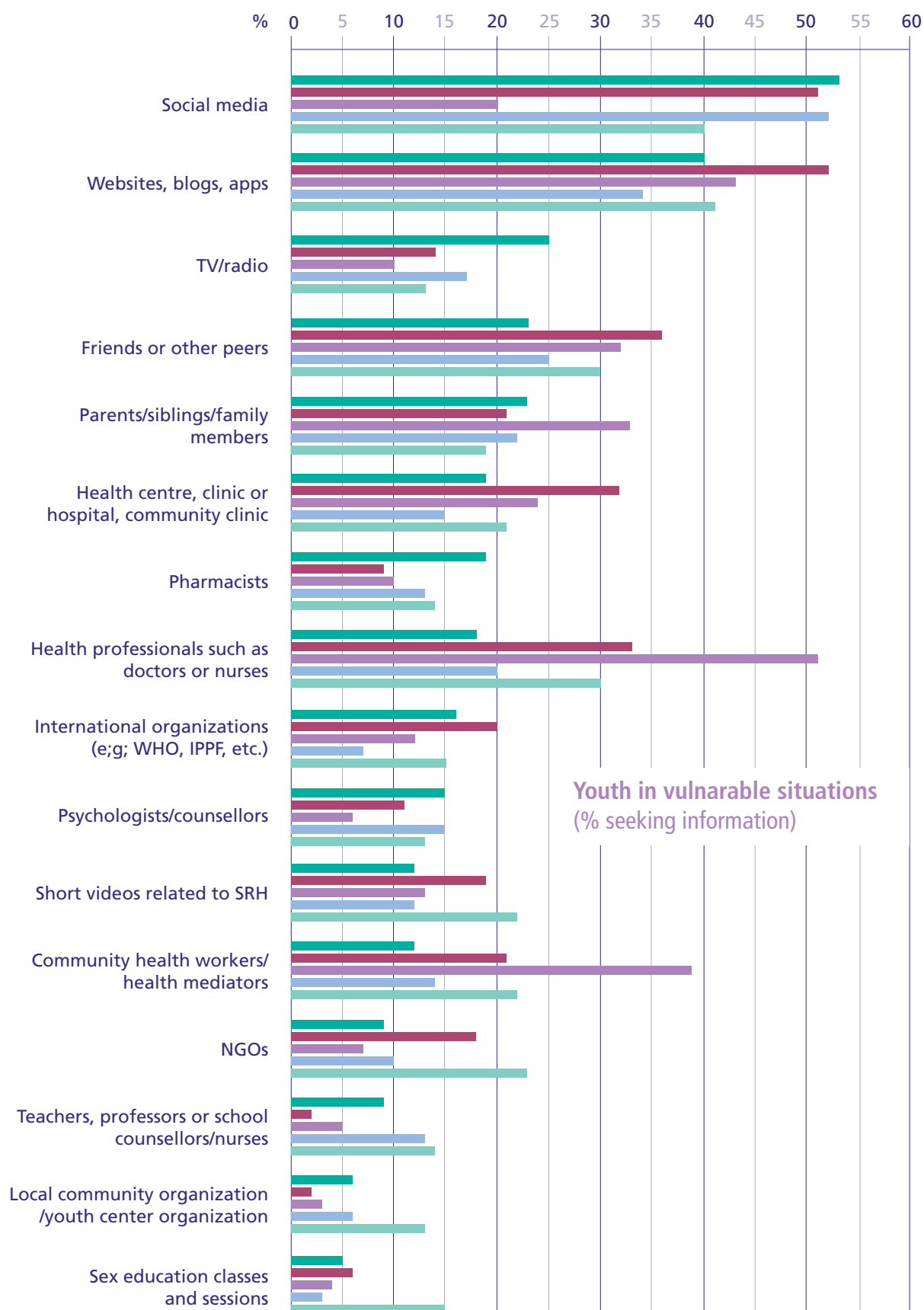
1.3.2 Youth in vulnerable situations

Internet means were also widely used by youth in vulnerable situations across all countries during the Covid-19 pandemic. Bulgaria is a clear outlier in this respect, since health professionals and community health workers or health mediators were the main source of information. Focus group discussions with

young people in vulnerable situations in Bulgaria indicated a very conscious effort to 'unplug' from internet and traditional TV channels, given the widespread misinformation circulating and the general mistrust of authorities.

Channels for information-seeking on SRH during the Covid-19 pandemic

■ Youth in Albania
 ■ Youth in Bosnia & Herzegovina
 ■ Youth in Bulgaria
 ■ Youth in Kosovo
 ■ Youth in North Macedonia



Source: Quantitative youth survey (2021)

Social media, in particular, was the online source used by a higher proportion of young people in vulnerable situations during the pandemic in Albania, Bosnia & Herzegovina and North Macedonia, compared to before the pandemic.

Moreover, increased usage of a variety of other channels was recorded across the region, namely:

- Community health workers and health mediators in Bulgaria and Kosovo;
- Pharmacists in Kosovo and North Macedonia;
- TV and international organizations in Albania; and
- Short videos related to SRH in Bosnia & Herzegovina and North Macedonia.

Information channels with the highest increase in usage Youth in vulnerable situations (% increase in the proportion of young people using sources)

Youth in Albania		Youth in Bosnia & Herzegovina		Youth in Bulgaria		Youth in Kosovo		Youth in North Macedonia	
	%		%		%		%		%
TV/radio	8	Friends or other peers	6	Websites, blogs, apps	13	Pharmacists	7	Short videos on SRH	6
Social media	8	Social media	5	Community health workers/ health mediators	9	Health professionals such as doctors or nurses	7	Social media	4
International organizations	4	Short videos on SRH	4	Health professionals such as doctors or nurses	8	Community health workers/ health mediators	6	Pharmacists	3

Within specific groups of young people in vulnerable situations, a variety of preferences for information sources were identified during focus group discussions with young people. Access to the internet appears to be the key differentiating parameter in terms of the sources used.

● **New mothers** across the region showed an initial openness to use online means to source SRH information related to gynaecological health and the signs/symptoms and consequences of pregnancy during the Covid-19 pandemic. This included both pregnant women from the general youth population and those in vulnerable situations with access to the internet. In some cases, the inability to

physically visit health centres and busy telephone lines initially forced them to go online. In this respect, Facebook groups and pages that bring together mothers and pregnant women, as well as online portals that connect pregnant women with health professionals (e.g. e-gynaecologists) were mentioned as generally the most commonly used sources. Despite the initial openness to use online sources of information, general concerns and confusing misinformation circulating online related to the impact of Covid-19 on their health and that of the foetus ultimately led them to rely even more on the gynaecologist who monitored their pregnancy, and to confine their usage of online means to selected trusted international websites such as that

of the World Health Organization. This pattern was observed across all countries, but especially in Albania, Bulgaria and North Macedonia.

- **Teenagers** also often referred to turning to online channels (Google, social networks etc.) to obtain the information they need personally and privately, especially in Albania.

- **LGBT youth** turned in particular to online resources and a wide variety of internet and technology channels including Instagram, Safari (web browser), Grindr and other dating apps, and social networks. The use of online channels among LGBT youth was particularly high in Bulgaria and North Macedonia. LGBT people also attached greater importance to NGOs, in an effort to distance themselves further from the official institutions responsible for providing support and information on SRHR, and in this respect there was some evidence across the region that those NGOs focusing on the needs of LGBT people that remained open during the pandemic successfully took many of their activities online.

In contrast, young people in vulnerable situations without access to the internet reported usage of other channels, namely:

- **Youth in remote areas** mentioned contact with gynaecologists via telephone calls as the main way to receive advice from medical staff.

- **Roma youth** referred to asking pharmacists or their family doctor about specific issues such as unwanted pregnancy or contraceptives. Moreover, in Bulgaria in particular, 64% of the Roma youth relied on community health workers or mediators. This practice was also strongly observed in North Macedonia, where usage of NGOs was also common.

1.4 Problems in sourcing the information needed on SRH during Covid-19

1.4.1 Availability of information and knowledge on where to look for information during the Covid-19 pandemic

The majority of youth of all types claimed that they knew where to look for information on SRHR

issues when needed. This was observed across all five countries studied. Nevertheless, some basic information availability problems were clear, as reported by young people during focus group discussions and experts in in-depth interviews, namely:

- The lack of a centralized source of information on SRH-related matters, particularly with respect to national sites or health authorities providing this. As a result, young people with internet access across the region turned to international websites such as that of the World Health Organization or others.

- A lack of widespread information focusing on SRH matters through traditional media channels such as TV or radio, which were largely geared towards coverage of the Covid-19 pandemic itself. Hence young people needed to rely on online sources, creating an accessibility issue for those in remote rural areas without access to the internet.

- A lack of tailored information touching on new needs of young people arising from behaviour changes during the Covid-19 pandemic—for example, in relation to how changing sexual behaviours affect the need for protective measures to ensure safe sex.

- A lack of information available in all required languages, reported specifically in Kosovo. Members of ethnic minority groups such as the Serbian community reported as an obstacle the fact that information is mostly available only in Albanian.

1.4.2 Problems in accessing information channels during the Covid-19 pandemic

Given the wide range of information channels available to young people, the proportion of young people seeking any type of SRH information who could not access any channel was low—in the range of 10% at most. Nevertheless, **among young people in vulnerable situations** who wanted to use specific channels, a range of problems were recorded.

Overall, access to sexuality education classes and sessions has clearly been limited in nearly all five countries studied. Moreover, problems were reported by young people in accessing local community centres and youth organizations in Bulgaria and Kosovo, and psychologists or counsellors in Bosnia & Herzegovina and Bulgaria.

Information channels not accessible for young people in vulnerable situations - feedback from qualitative focus groups discussions and the quantitative study

Youth in Albania	Youth in Bosnia & Herzegovina	Youth in Bulgaria	Youth in Kosovo	Youth in North Macedonia
%	%	%	%	%
Sexuality education classes and sessions	Health centres	Psychologists/ counsellors	Sexuality education classes and sessions	Health professionals
Health centres	Health professionals	Local community centres/ youth organizations	Local community centres/ youth organizations	Health centres
Teachers	Psychologists/ counsellors	Sexuality education classes and sessions	Psychologists/ counsellors	Social media

In addition, a number of specific problems were reported during focus group discussions by specific segments of young people:

- **Youth residing in remote areas** especially reported problems related to mobile doctors or general practitioners (GPs) stopping visits to their neighbourhoods, closure of clinics, cancellation of local visits by health mediators, closure of community centres, and local community health centres being overcrowded with Covid-19 patients, leaving no space for other services. This was most commonly reported in Bulgaria and Bosnia & Herzegovina.
- **Roma youth** mentioned a lack of awareness of the existence of mobile teams of health care providers and/or no access to them in the vicinity of their community, depending on the specific Roma community to which they belong.

1.4.3 Misinformation and the search for trustworthy information during the Covid-19 pandemic

The greatest challenge in terms of finding the required information on SRH-related issues during the Covid-19 pandemic was due to widespread misinformation. Given the increased reliance on internet channels, young people were exposed to confusing and often inaccurate information,

which led to increased stress and, in many cases, contributed to further demotivation from seeking information altogether. In this context, the lack of coordinated campaigns or policies on communication and messaging by relevant authorities or institutions in the health field appears to have contributed to the patterns of misinformation, as has the lack of centralized trustworthy sources of information at the national or local levels.

The impact of misinformation was felt very strongly by young people across all five countries studied, especially with respect to the following:

- **New mothers** referred to confusing information (especially over the internet) regarding the potential link between Covid-19 and reproductive health, the chances of pregnancy, their ability to breastfeed, the pregnancy outcome and the risk that vaccination could lead to an unwanted abortion or decrease fertility. In this context, there was also great fear of the possibility that newborn babies born to mothers infected with Covid-19 would be born with deformities, fear that the virus causes sterility, and beliefs that Covid-19 can be transmitted sexually and can affect the menstrual cycle.
- **LGBT people** mentioned being confused about recommendations during the initial period of Covid-19 not to engage in sexual relationships at all so as to avoid Covid-19, although guidelines

subsequently changed to both partners needing to be tested, or even wearing masks during intercourse. Such confusing messages impacted sexual relationships.

Interestingly, young people were largely aware that much of the SRH-related information in relation to Covid-19 was indeed fake. In some cases, young people in the region withdrew from being exposed to mass online or social media information (most strongly mentioned by new mothers in Bulgaria), and were quite selective in pursuing very specific trusted online channels or other means to access what they considered to be more reliable and trustworthy information. Specifically, the following were perceived by young people as more reliable information sources:

- New mothers across the regional ultimately relied on the doctor monitoring their pregnancy as a source of trustworthy information and, indeed, for psychological support over and above their family
- International websites, especially that of the World Health Organization, mentioned across the region and especially in Albania, Kosovo and Bulgaria
- Regional websites such as those based in Albania and Serbia, mentioned by young people in Kosovo
- TV medical programmes featuring increased focus by doctors on women/girls and young people, arguing that the Covid-19 pandemic should not interfere with people's reproductive health (e.g. the Hipokrati programme broadcast by Top Channel), mentioned by youth in general in Albania
- TV programmes such as the Sex Education TV series and Euphoria (reported by teenagers in Albania). Even though these programmes are not specifically designed for educational purposes, viewers can benefit by seeing the mistakes that US teens make, and hence avoid them
- Relying on (female) pharmacists as a trusted source of practical advice on basic aspects such as how to buy and use sanitary napkins; referred to by Roma women and girls
- Following certain doctors (e.g. their gynaecologist) on social media, a practice mostly observed in Albania, though existing in the other countries of the region also
- A strong reliance on NGOs among Roma and LGBT young people, although in the case of Bulgaria

confidence in NGOs also appears to have been eroded during the Covid-19 pandemic. In the case of NGOs, trust in NGOs was evident in international organizations across all countries, but also in local organizations (with the exception of Kosovo)

- Greater trust in the family doctor, especially among young people in remote areas and, where available, among Roma youth.

1.4.4 Information shortcomings during the Covid-19 pandemic

Despite the efforts made by young people to access SRH-related information from a variety of sources, our study recorded a number of topics on which the required information could not be obtained in the required way. While differences were observed as shown in the tables below, a number of key patterns were clear, namely:

- An inability to obtain the required information on matters related to pregnancy and/or termination of pregnancy observed across all countries;
- Information shortcomings on aspects related to STIs and/or practising safe sex/contraception in all countries except North Macedonia;
- An inability to obtain the required information relating to fertility in Albania, Bulgaria and North Macedonia;
- Information shortcomings on mental health and psychological well-being in Albania and Bosnia & Herzegovina;
- A lack of information on gynaecological health or the menstrual cycle in Bosnia & Herzegovina, Bulgaria and North Macedonia; and
- A lack of information on sexual and gender-based violence and/or domestic violence in Bosnia & Herzegovina, Bulgaria and North Macedonia.

Information topics on which reliable information needed could not be obtained by those seeking it – general youth population feedback from focus group discussions and the quantitative study

Albania	Bosnia & Herzegovina	Bulgaria	Kosovo	North Macedonia
%	%	%	%	%
Mental health and psychological well-being	Termination of pregnancy	Domestic violence	Termination of pregnancy	Fertility
STIs/practising safe sex	STIs	Family planning	Gender-based violence	Gender-based violence
Fertility	Mental health and psychological well-being	Fertility	Pregnancy, birth and post-natal care	Gynaecological health
		Contraception/STIs		
		Information on first menstrual cycle		

Information topics on which reliable information needed could not be obtained by those seeking it – youth in vulnerable situations feedback from focus group discussions and the quantitative study

Albania	Bosnia & Herzegovina	Bulgaria	Kosovo	North Macedonia
%	%	%	%	%
Fertility	Termination of pregnancy	Termination of pregnancy	Practising safe sex	Gender-based violence
Pregnancy, birth and post-natal care	Domestic violence	Sexual orientation	STIs	Sexting
Mental health and psychological well-being	Gynaecological health	Domestic violence	Gender-affirming therapies	Termination of pregnancy
Sexual and intimate relationships			Family planning	
STIs				

1.4.5 The role of technology during and beyond the Covid-19 pandemic in information dissemination

The proportion of young people in all countries who could not use the internet to seek information on SRHR due to internet accessibility issues or because they did not own a suitable device was relatively low, and did not exceed 20% in any youth segment, even among those in vulnerable situations.

The increased exposure and collective shift to a digital world initiated by the Covid-19 pandemic offered potential opportunities in terms of information-seeking, according to young people in focus group discussions across the region. In essence, the key potential benefit identified across the region by young people is the ability to seek, access and share information privately, safely and anonymously on sensitive SRH-related issues. Hence technological channels offer the possibility of bypassing taboos, cultural restrictions and feelings of shame, particularly among small, closed communities or communities that are strongly discriminated against, such as geographically remote communities, Roma communities, the LGBT community and teenagers in conservative families.

At the same time, to truly meet the information needs of young people, it is an essential prerequisite for credible information to be provided and for the young people to be able to clearly identify the information that is trustworthy. In this context, a series of drawbacks and examples relating to the usage of technology and the internet to access information were noted across the region, including:

- A lack of trust in the reliability of information, mentioned particularly by pregnant women and new mothers in relation to possible negative consequences of the Covid-19 virus and vaccinations on pregnancy, or whether anti-Covid-19 vaccines were linked to an increased risk of abortion among pregnant women. In some cases, for first-time users of the internet as a means to acquire health information, the confusion led to disappointment and a tendency to withdraw.
- An aversion to technology among some Roma communities, most vividly expressed in Bulgaria where 'anything digital' is considered evil by the community. Examples of being forbidden to use social media networks (especially Facebook) were cited by Roma girls.

- Much lower internet penetration among rural populations compared to the national averages
- Excessive parental control of internet usage by teenagers among conservative families, over and above the normal, to specifically prevent teenagers from accessing any type of information related to SRH as a matter of principle
- The high level of digital literacy required to properly use search engines and source accurate information from websites, particularly given the large volume of confusing and untrustworthy information available. While this was not cited as a key obstacle, young people in particular need often felt that they lacked the required literacy (e.g. LGBT people in Kosovo).
- The exposure to cyber-bullying when using social media has led to some loss of confidence in using the internet. This was further fuelled by media stories of cyber-bullying cases across the region, which both the general youth population and those in vulnerable situations are highly aware of. Ultimately, cyber-bullying is perceived and reported as a form of violence and a violation of their privacy, discouraging young people from involving themselves further in social media discussions on SRH matters. These issues were echoed by some experts in the course of in-depth interviews across the region, with strong references to the pitfalls of using technology/online resources, such as young people finding information on sexuality in the harshest way possible through pornography, due to curiosity and peer pressure, which could lead to sexual and general frustrations.

II. Access to sexual and reproductive health services

2.1 General need for SRH services and supplies during the Covid-19 pandemic

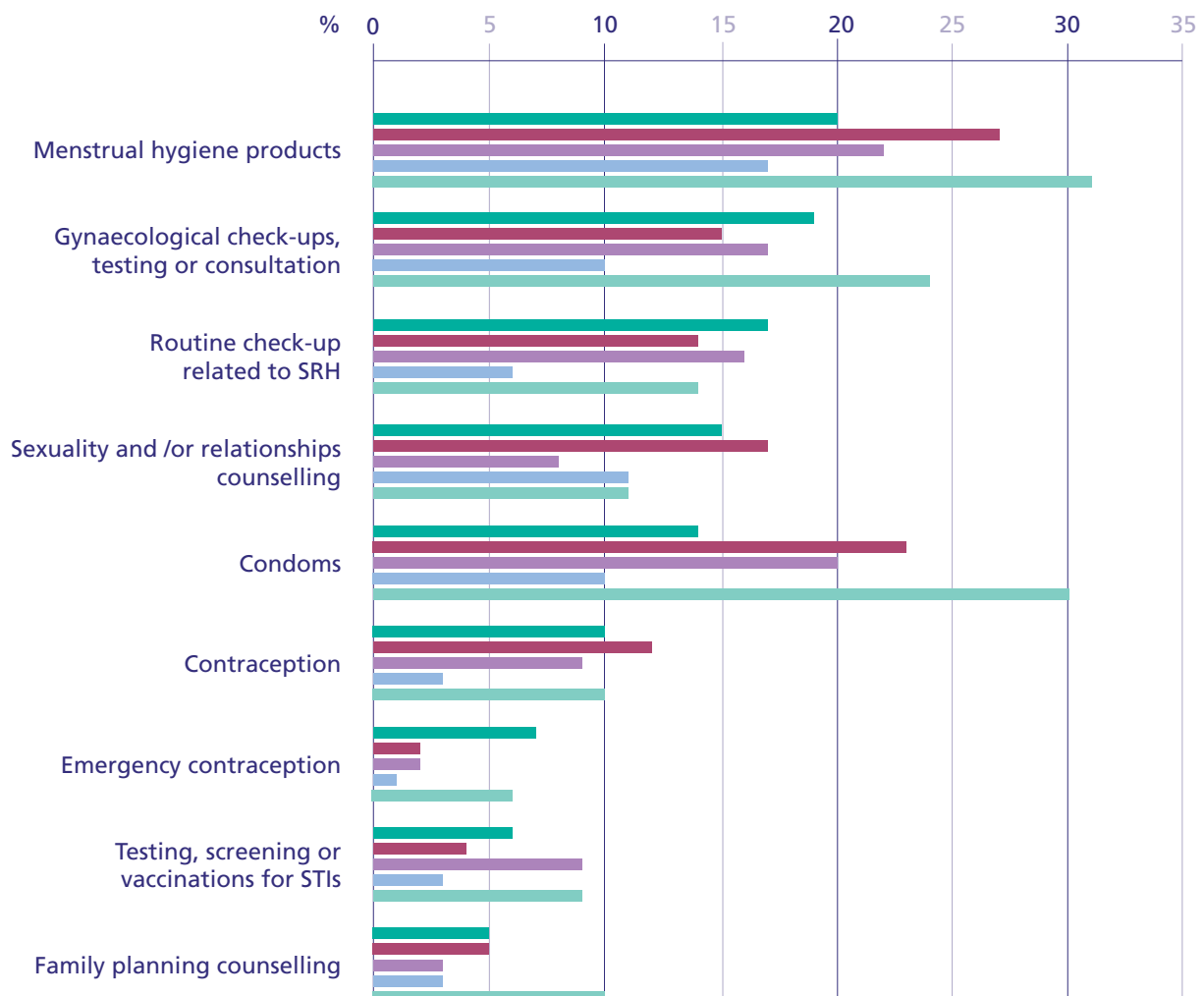
2.1.1 General youth population

SRH supplies, especially menstrual hygiene products and condoms, were in high demand during the

Covid-19 pandemic among the general youth population across all five countries studied. In addition, in terms of services, gynaecological check-ups, testing or consultations and routine check-ups have been required by a substantial proportion of youth in general across all countries. Furthermore, the need for sexuality and/or relationships counselling has been particularly high in Albania and Bosnia & Herzegovina.

Services needed during the Covid-19 pandemic - general youth population (% mentioning)

■ Youth in Albania ■ Youth in Bosnia & Herzegovina ■ Youth in Bulgaria
 ■ Youth in Kosovo ■ Youth in North Macedonia



Source: Quantitative youth survey (2021)

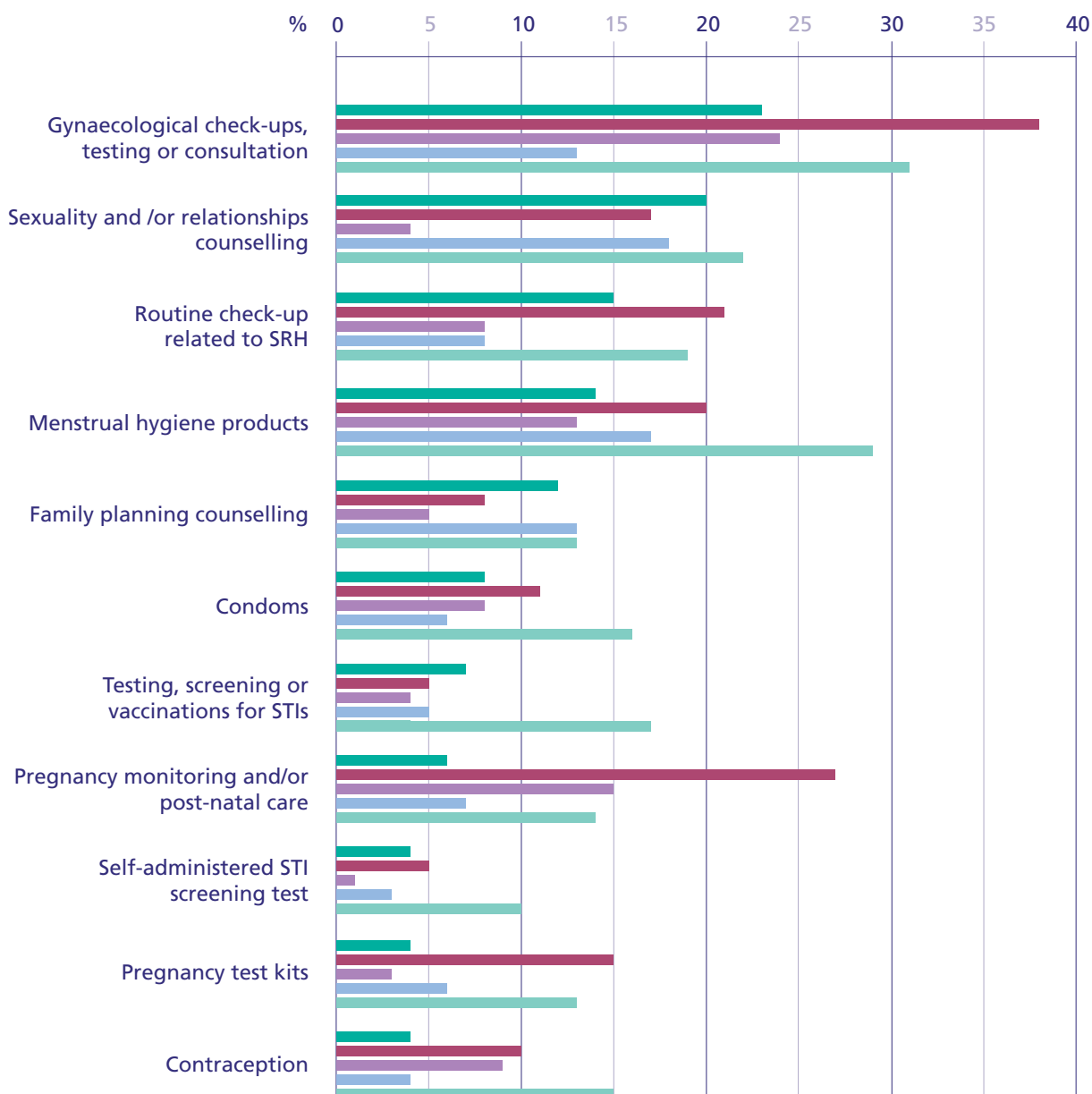
2.1.2 Youth in vulnerable situations

Similarly, youth in vulnerable situations commonly sought services relating to gynaecological check-ups, testing or consultations across virtually all countries, although the need for routine check-ups was limited to youth in Albania and Bosnia & Herzegovina. Moreover, supplies, especially menstrual hygiene products, were in high demand across the region.

Interestingly, there was an even greater need for sexuality and/or relationships counselling among youth in vulnerable situations than among the general youth population in all countries except Bulgaria. With the exception of Bulgaria, young people in vulnerable situations generally had a lower range of SRH service needs during the Covid-19 pandemic, reflecting their general distancing from matters related to SRH.

Services needed during the Covid-19 pandemic - youth in vulnerable situations (% mentioning)

■ Youth in Albania ■ Youth in Bosnia & Herzegovina ■ Youth in Bulgaria
 ■ Youth in Kosovo ■ Youth in North Macedonia



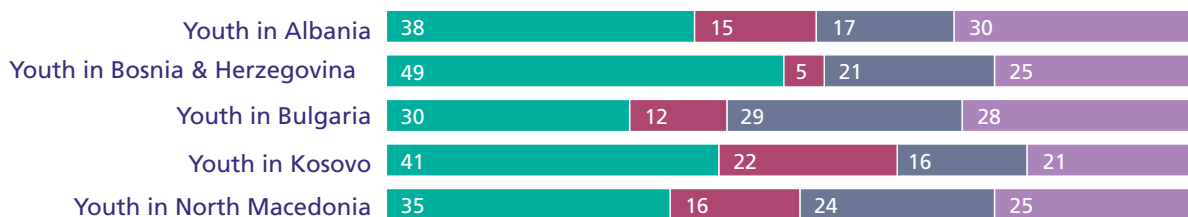
Source: Quantitative youth survey (2021)

2.2 General perceptions of access to and provision of SRHR services

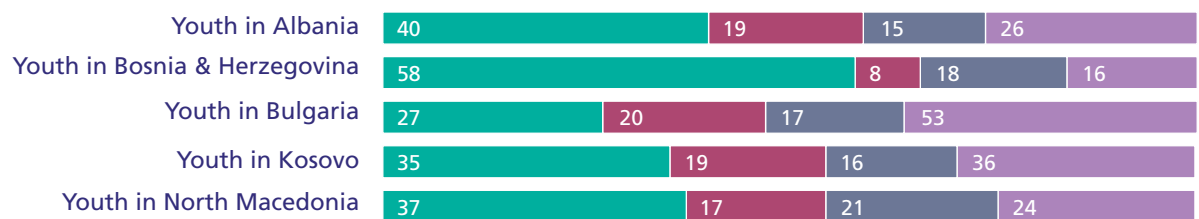
The quantitative study clearly recorded that the pandemic has highlighted the shortcomings of

SRHR services in terms of addressing young people's needs. This pattern was evident across all countries and among both the general youth population and young people in vulnerable situations. This perception was most strongly held among young people in Bosnia & Herzegovina.

The pandemic has made it more obvious that SRHR services do not adequately address young people's needs - General youth population (% mentioning)



- Youth in vulnerable situations (% mentioning)



■ Agree ■ Disagree ■ Neither agree or disagree ■ Don't know

Source: Quantitative youth survey (2021)

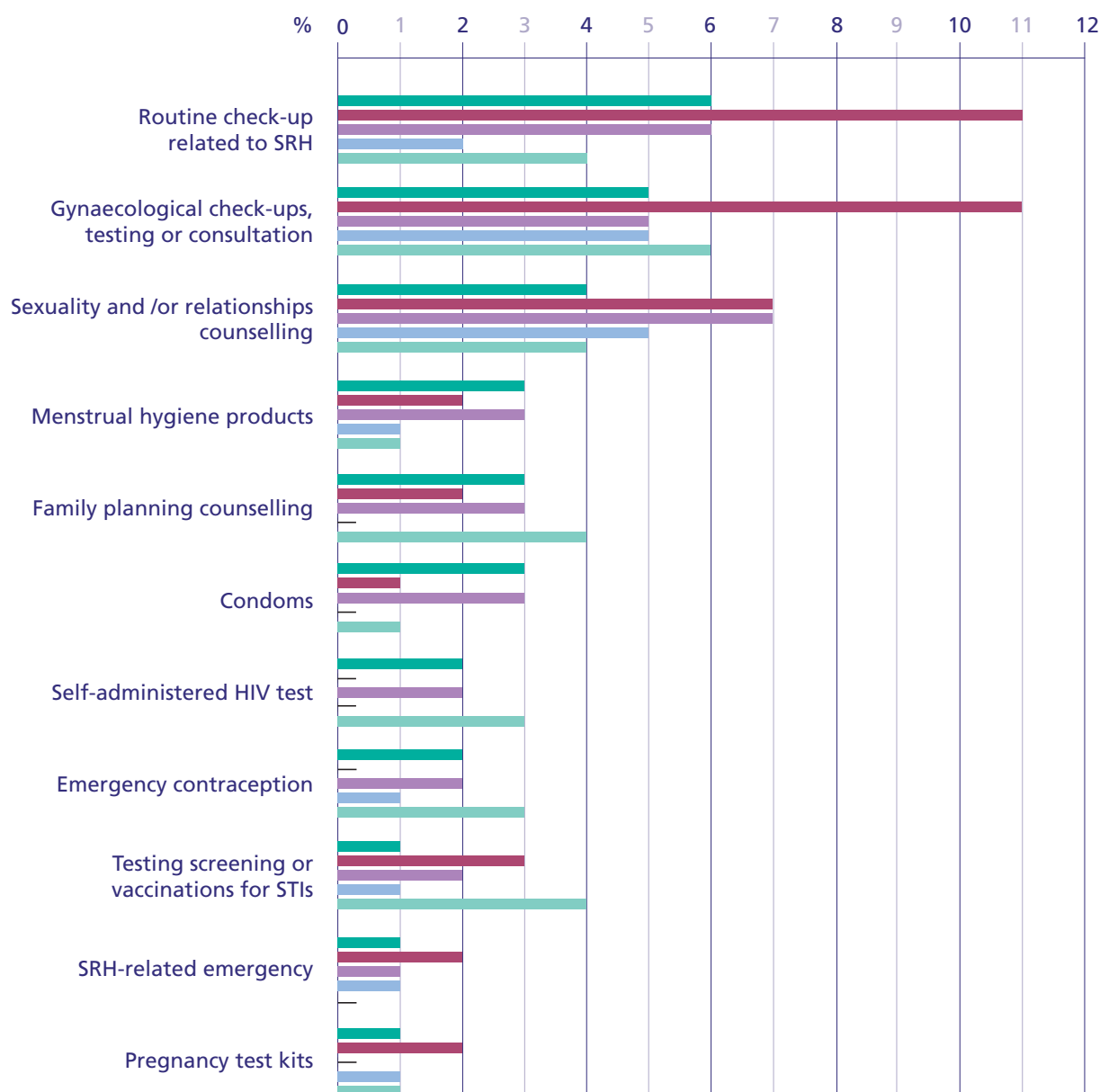
2.3 Difficulties in accessing SRH services and supplies during the Covid-19 pandemic

2.3.1 General youth population

Youth in general across the five countries studied do not appear to have faced severe problems in accessing the services and supplies they need. Exceptions related to routine check-ups, gynaecological check-ups and sexuality and relationships counselling, particularly in Bosnia & Herzegovina.

Difficulties in accessing services during the Covid-19 pandemic - General youth population (% mentioning)

■ Youth in Albania
 ■ Youth in Bosnia & Herzegovina
 ■ Youth in Bulgaria
 ■ Youth in Kosovo
 ■ Youth in North Macedonia



Source: Quantitative youth survey (2021)

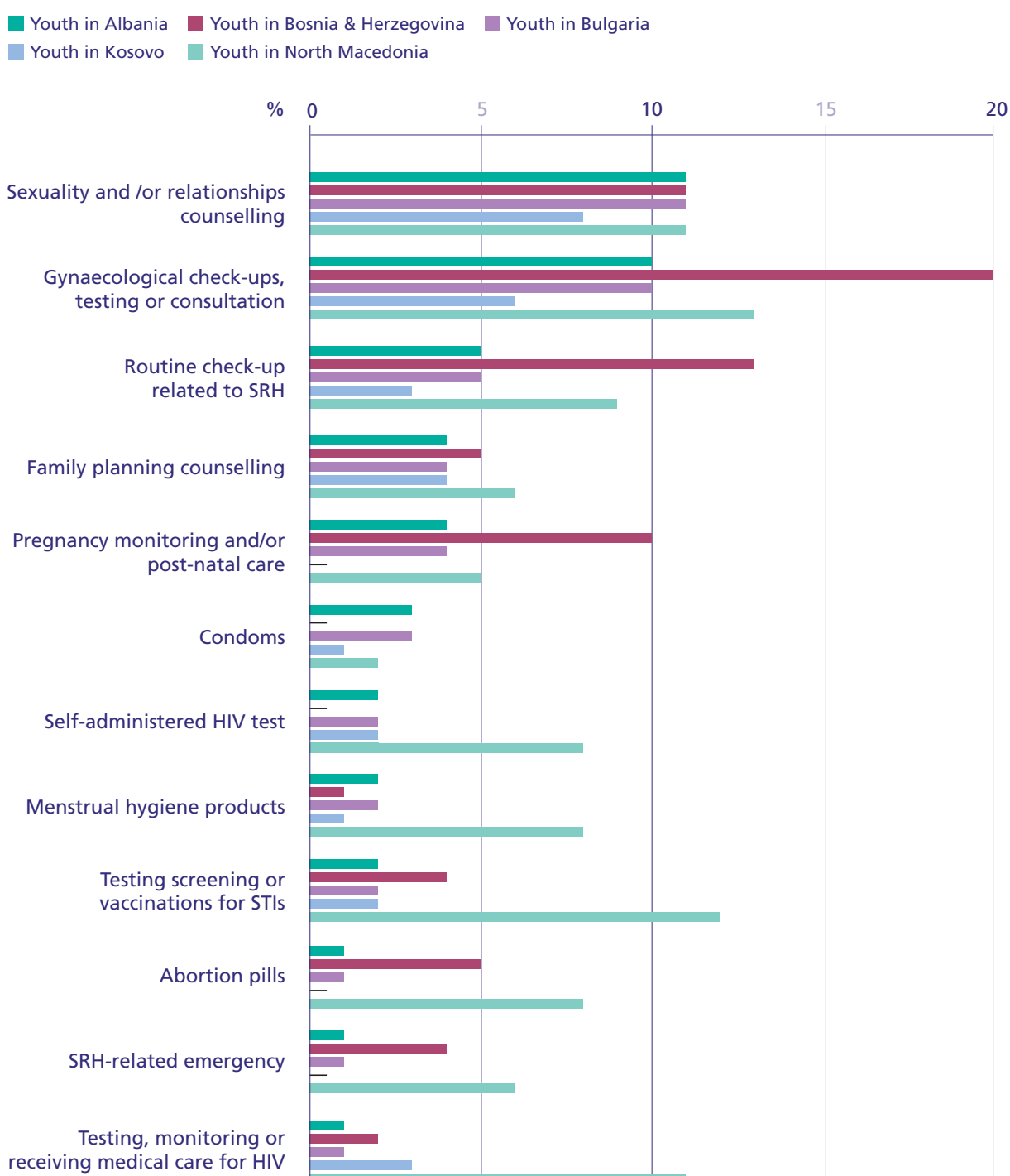
2.3.1 Youth in vulnerable situations

In contrast, the proportion of young people in vulnerable situations experiencing problems in accessing services was comparatively higher than in the general youth population. Problems in accessing the required sexuality and/or relationships counselling were recorded in all countries, as well

as in having gynaecological check-ups, especially in Bosnia & Herzegovina. There were also more problems faced in North Macedonia with respect to testing, screening or vaccinations for STIs and obtaining supplies such as menstrual hygiene products, self-administered HIV tests and abortion pills.

Difficulties in accessing services during the Covid-19 pandemic

- Youth in vulnerable situations (% mentioning)



Source: Quantitative youth survey (2021)

Moreover, within specific groups of young people in vulnerable situations, a series of additional problems were recorded:

In Albania:

- 19% of the Roma youth faced problems in accessing gynaecological services, while they also expressed increased discrimination in having to wait longer than other young people when at health centres;
- Young people in remote areas reported being encouraged by physicians to use remote services on account of overloading of clinics; and
- Among those who specifically needed condoms, 13% reported facing increased difficulty in accessing them.

In Bosnia, experts reported:

- Many occasions on which health care services remained open only for emergency cases;
- A reduction in the scope of services in hospitals, including much longer waiting times; and
- A delay in introducing delivery rooms and ambulatory care services specifically for pregnant women infected with Covid-19.

In Bulgaria:

- **New mothers** cited problems in terms of accessing SRH services, most likely due to their particular circumstances, including **high cost and affordability barriers** (having to pay for all services related to pregnancy, giving birth and newborn care) and feeling coerced into using private services; a need to **travel long distances** for examinations, giving birth and newborn care for those residing in more remote areas (at least 1–1.5 hours each way); **separation from the newborn baby** for longer than normal; **degrading treatment and insults from medical staff**; and a **lack of easily available emergency support for pregnant women** (although this is referred to as a long-term structural issue rather than arising due to the pandemic);
- Young people in locations outside the capital, Sofia (especially Radomir), referred to a series of resources not being available as a result of the pandemic, including **closure of the local polyclinic and the local youth home (community centre)**; and
- A **lack of access to medicines or supplies** for those needing them was cited by young people in remote areas. Examples of shortages of even 'basic pills' in **pharmacies** were cited, with references made to the population stocking up on medicines and consumables in the early stages of the pandemic.

In Kosovo:

- 33% of those specifically seeking condoms and 6% of those seeking menstrual hygiene products were unable to access them at some point during the pandemic.

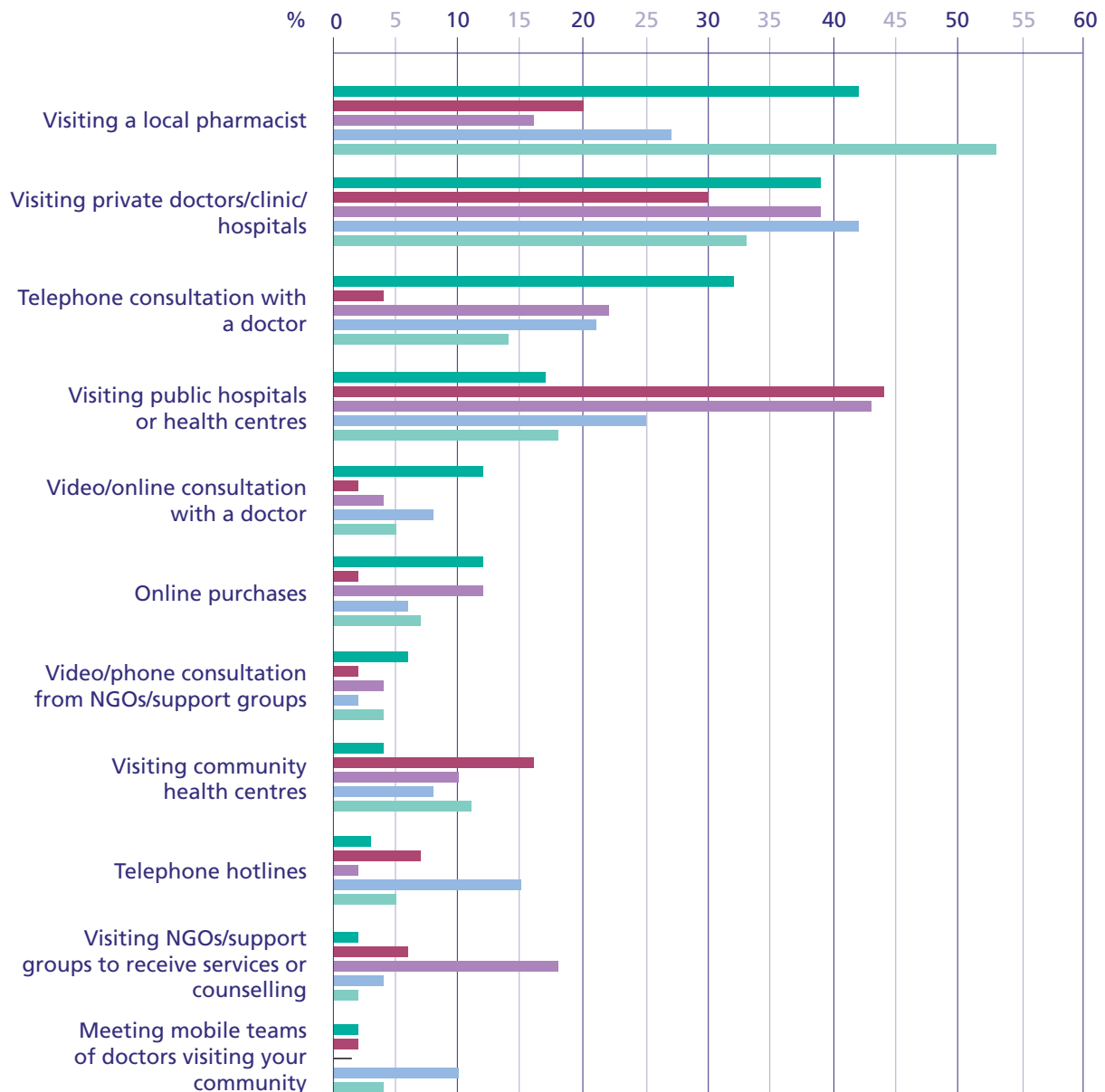
2.4 Channel usage and problems faced in accessing SRH services and supplies during the Covid-19 pandemic

2.4.1 General youth population

Substantial differences between countries were recorded in the quantitative study with respect to the channels used to acquire the services and supplies needed. Bosnian youth in the general population primarily continued to rely on visits to public hospitals or health centres, while similar numbers of Bulgarian youth accessed private and public services. Conversely, young people in Albania and North Macedonia relied heavily on visits to local pharmacists.

Channels used to access SRH services during the Covid-19 pandemic - general youth population accessing any type of service (% mentioning)

■ Youth in Albania ■ Youth in Bosnia & Herzegovina ■ Youth in Bulgaria
 ■ Youth in Kosovo ■ Youth in North Macedonia



Source: Quantitative youth survey (2021)

In terms of shifts in resources used during the Covid-19 pandemic, telephone consultations with doctors increased substantially across all five countries studied, while video consultations also increased in Albania and Bulgaria. Moreover,

pharmacies became more important in Bosnia & Herzegovina and North Macedonia, community health centres were used more in Bosnia & Herzegovina, and telephone hotlines were more used in Kosovo.

Channels with increased usage during the Covid-19 pandemic

(% difference in channel usage during the pandemic compared to before among the general youth population)

Albania		Bosnia & Herzegovina		Bulgaria		Kosovo		North Macedonia	
	%		%		%		%		%
Telephone consultation with a doctor	17	Visiting public hospitals or health centres	26	Telephone consultation with a doctor	12	Telephone consultation with a doctor	12	Visiting a local pharmacist	7
Online purchases	4	Visiting a local pharmacist	14	Online purchases	6	Telephone hotlines	8	Video/phone consultation from NGOs/ support groups	2
Video/online consultation with a doctor	3	Visiting community health centres	10	Video/online consultation with a doctor	4	Visiting private doctors/clinic/ hospitals	6	Visiting private doctors/clinic/ hospitals	2

The increased usage of telephone and video consultations by the general youth population appears to have particularly replaced visits to public

health centres and community health centres across the region.

Channels with decreased usage during the Covid-19 pandemic
 (% difference in channel usage during the pandemic compared to before among the general youth population)

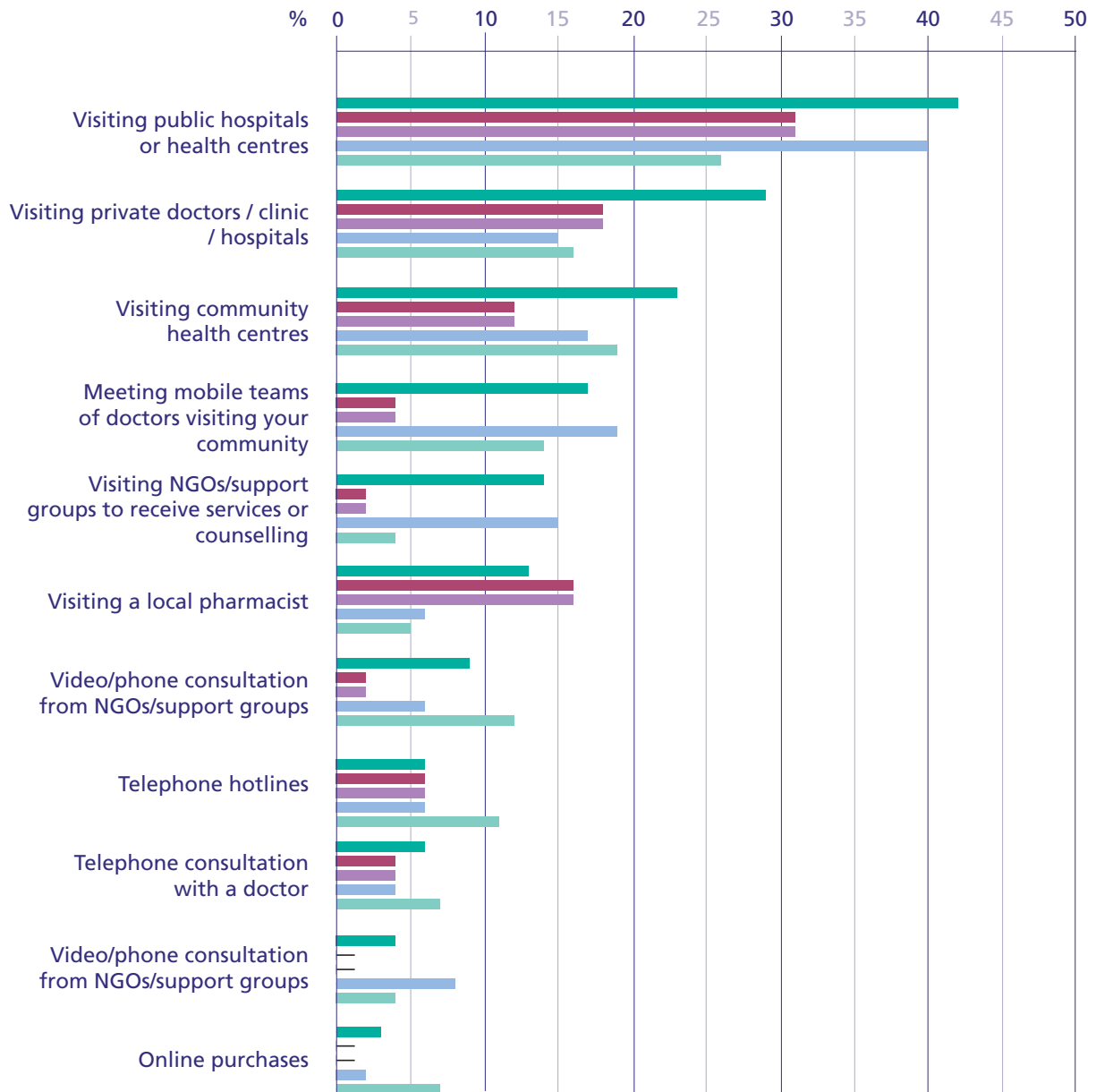
Albania		Bosnia & Herzegovina		Bulgaria		Kosovo		North Macedonia	
	%		%		%		%		%
Visiting private doctors/clinic/hospitals	-7	Visiting community health centres	-5	Visiting public hospitals or health centres	-6	Visiting community health centres	-10	Telephone hotlines	-4
Visiting community health centres	-11	Visiting private doctors/clinic/hospitals	-5	Visiting community health centres	-8	Video/online consultation with a doctor	-10	Visiting community health centres	-4
Visiting public hospitals or health centres	-21	Visiting public hospitals or health centres	-14	Visiting a local pharmacist	-14	Visiting a local pharmacist	-13	Visiting public hospitals or health centres	-14

Indeed, across all five countries, a large proportion of the general youth population reported difficulties or the impossibility of accessing public and private

hospitals, largely related to limited opening hours and delays in booking appointments and being served.

Channels that were difficult or impossible to access during the Covid-19 pandemic - General youth population accessing any type of service (% mentioning)

■ Youth in Albania
 ■ Youth in Bosnia & Herzegovina
 ■ Youth in Bulgaria
 ■ Youth in Kosovo
 ■ Youth in North Macedonia



Source: Quantitative youth survey (2021)

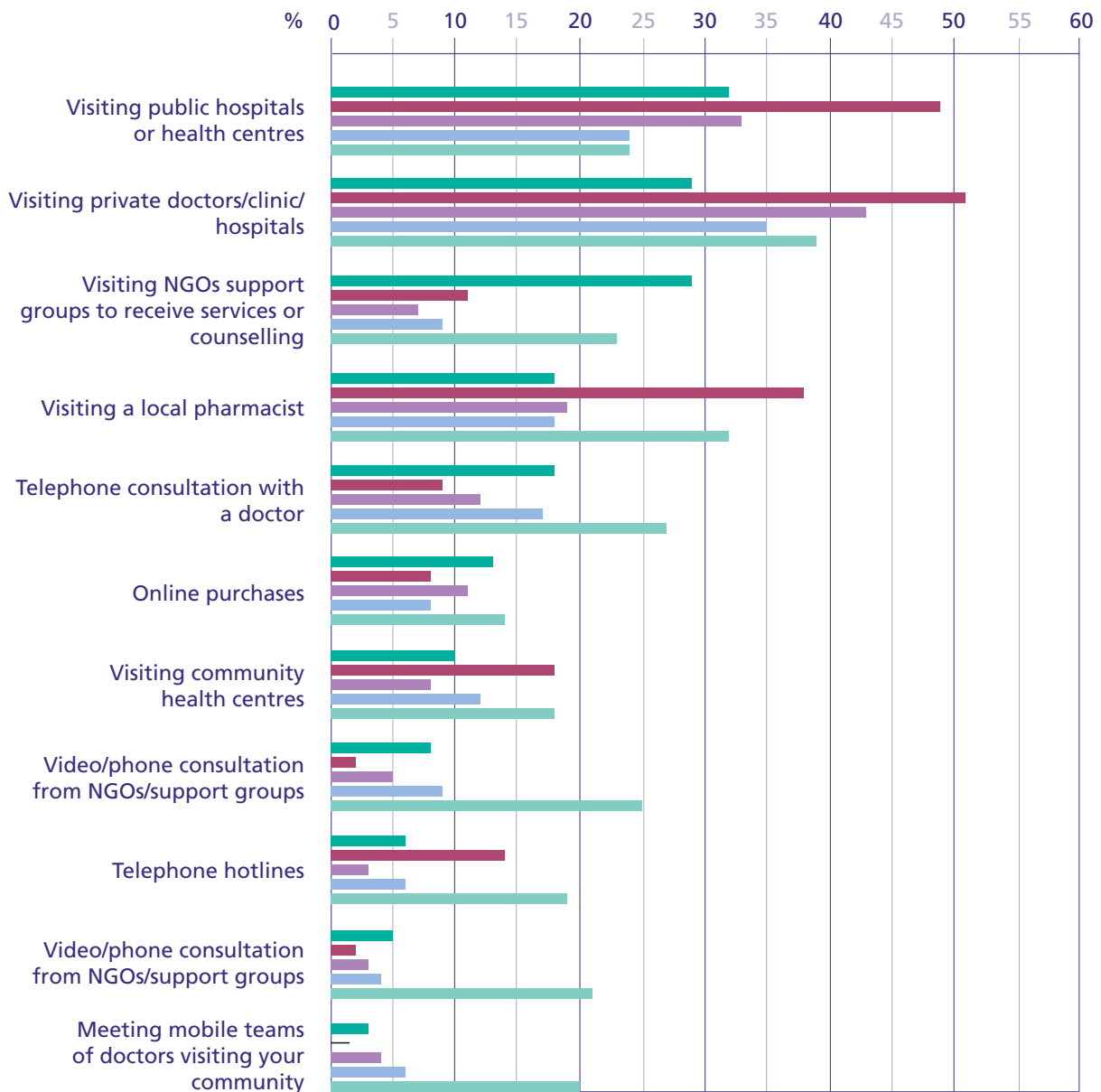
2.4.2 Youth in vulnerable situations

A notably large proportion of youth in vulnerable situations across all countries relied on private-sector doctors during the Covid-19 pandemic. This is a reflection of a lack of access to public hospitals or clinics in their close vicinity. Moreover, a particularly

high incidence of usage was recorded with respect to visiting NGOs in Albania and North Macedonia, visiting a local pharmacy in all countries (especially Bosnia & Herzegovina and North Macedonia), and telephone and video consultations with doctors and NGOs in North Macedonia.

Channels used to access SRH services during the Covid-19 pandemic - Youth in vulnerable situations accessing any type of service (% mentioning)

■ Youth in Albania ■ Youth in Bosnia & Herzegovina ■ Youth in Bulgaria
■ Youth in Kosovo ■ Youth in North Macedonia



Source: Quantitative youth survey (2021)

There was a particularly strong shift towards pharmacies, public hospitals and community health centres by Bosnian youth in vulnerable situations. Apart from Bosnia & Herzegovina, a significantly increased uptake of services was only observed in North Macedonia with respect to video

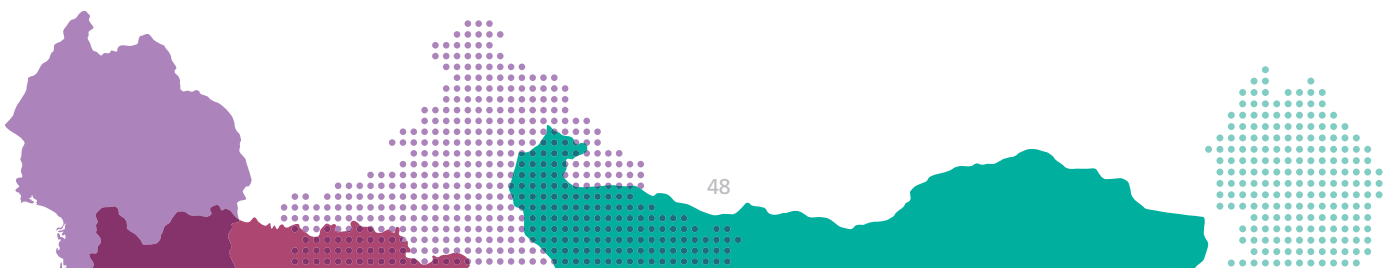
consultations with doctors. **The limited increase in uptake of any channels during the Covid-19 pandemic suggests that few alternatives were presented to young people in vulnerable situations during the crisis.**

Channels with increased usage during the Covid-19 pandemic
 (% difference in channel usage during the pandemic compared to before among youth in vulnerable situations)

Albania		Bosnia & Herzegovina		Bulgaria		Kosovo		North Macedonia	
	%		%		%		%		%
Telephone consultation with a doctor	5	Visiting a local pharmacist	25	Visiting private doctors/clinic/hospitals	5	Telephone consultation with a doctor	3	Video/online consultation with a doctor	9
Video/online consultation with a doctor	5	Visiting public hospitals or health centres	18	Video/phone consultation from NGOs/support groups	1	Video/online consultation with a doctor	1	Telephone consultation with a doctor	5
Telephone hotlines	2	Visiting community health centres	14	Meeting mobile teams of doctors visiting your community	1	Visiting private doctors/clinic/hospitals	1	Telephone hotlines	4

In contrast, it is clear across the region that the Covid-19 pandemic has prevented young people in vulnerable situations from accessing public health hospitals (especially in Albania), community health centres (especially in Bulgaria), local pharmacists (in

Bulgaria and North Macedonia because of limited opening hours and the need to travel long distances in some cases) and previously existing opportunities to meet mobile teams of doctors (in Kosovo).



Channels with decreased usage during the Covid-19 pandemic
 (% difference in channel usage during the pandemic compared to before among youth in vulnerable situations)

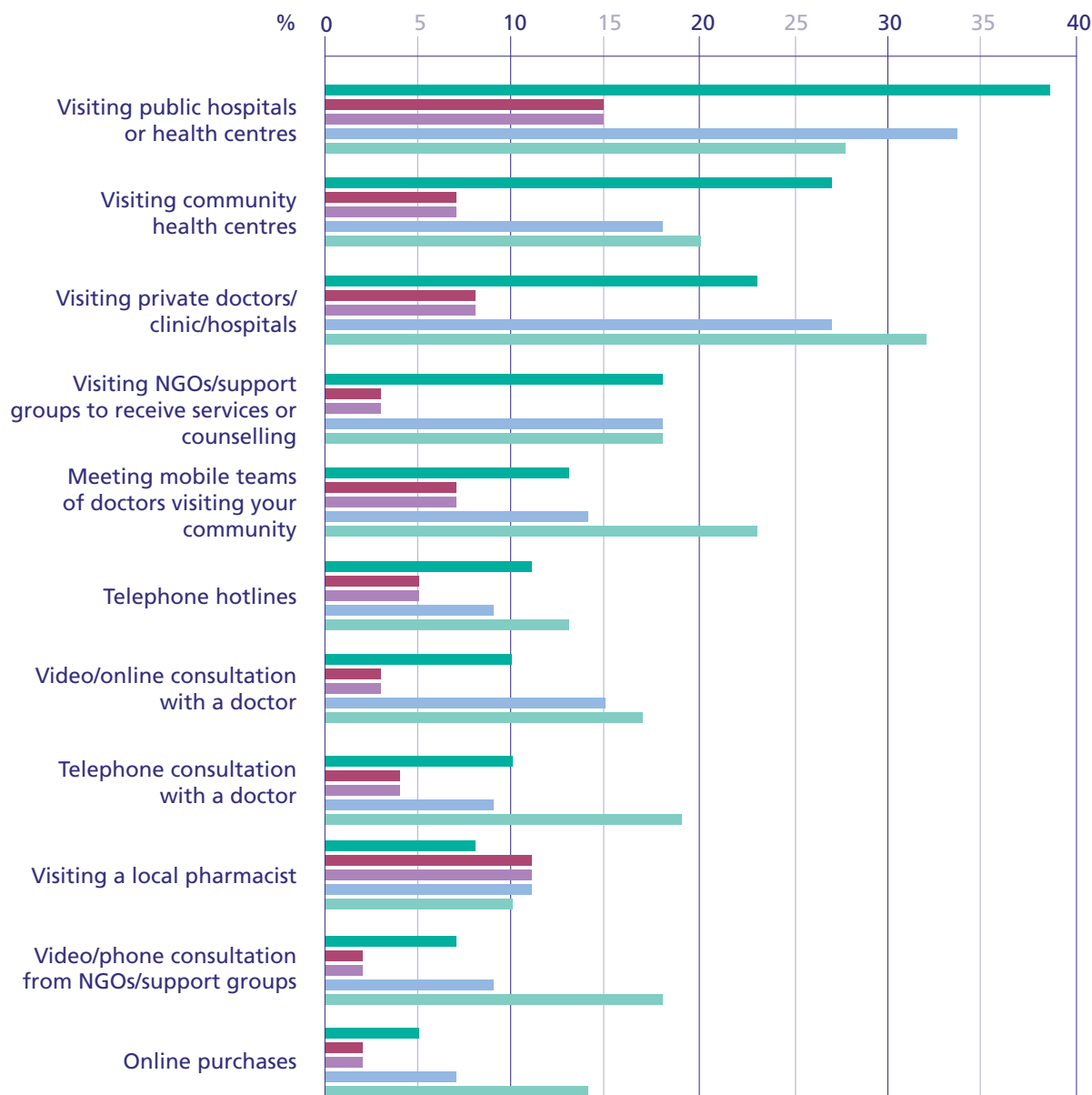
Albania	Bosnia & Herzegovina	Bulgaria	Kosovo	North Macedonia					
%	%	%	%	%					
Visiting community health centres	-5	Video/phone consultation from NGOs/ support groups	-2	Visiting public hospitals or health centres	-9	Video/phone consultation from NGOs/ support groups	-6	Visiting NGO support groups to receive services or counselling	-3
Visiting private doctors/clinic/ hospitals	-5	Online purchases	-4	Visiting a local pharmacist	-11	Meeting mobile teams of doctors visiting your community	-8	Visiting a local pharmacist	-6
Visiting public hospitals or health centres	-14	Telephone consultation with a doctor	-7	Visiting community health centres	-12	Visiting public hospitals or health centres	-9	Visiting public hospitals or health centres	-7

Indeed, among youth in vulnerable situations, a very large proportion of young people having difficulty in accessing a variety of channels was recorded in the quantitative survey, pertaining especially to visiting public hospitals, community health centres

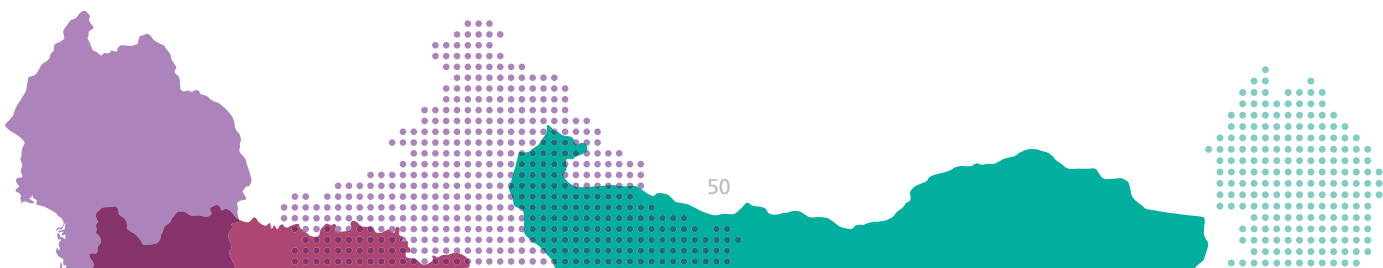
and NGOs, especially in Albania, Kosovo and North Macedonia. Fewer problems were reported overall in Bulgaria (likely also reflecting the lower level of interest in accessing services) and Bosnia & Herzegovina.

Channels that were difficult or impossible to access during the Covid-19 pandemic - Youth in vulnerable situations accessing any type of service (% mentioning)

■ Youth in Albania
 ■ Youth in Bosnia & Herzegovina
 ■ Youth in Bulgaria
 ■ Youth in Kosovo
 ■ Youth in North Macedonia



Source: Quantitative youth survey (2021)



2.5 Specific problems faced in accessing SRH services and supplies during the Covid-19 pandemic

In addition to the problems recorded in the quantitative survey in terms of accessing services and the channels used, qualitative focus group discussions with young people revealed additional problems faced during the Covid-19 pandemic by young people at their time of need. As such, the issues listed below, which include availability, accessibility, affordability and resource management issues alike, pertaining to both supplies and services, should be strongly considered in policy formulation and responses.

2.5.1 Supplies

In times of crisis and movement restrictions, access to SRH-related supplies is particularly important for young people, since it represents a tangible and immediate need. During the Covid-19 pandemic, limitations were evident in terms of supplies not being offered to young people on time or at the time of need. Consequently, the following considerations need to be taken into account:

Albania

Consistent availability of supplies to youth in remote areas was often lacking.

Young people should be informed about how and where to access supplies, and this information was not readily available.

The role and capacities of local community centres, pharmacies, NGOs and mobile teams of doctors in delivering supplies to young people in vulnerable situations need to be considered. These were either not available or reduced in capacity.

Ensure access to condoms, self-administered STI screening tests, menstrual hygiene products and self-administered HIV tests for LGBT people, who faced particular difficulties.

Affordability of supplies for all segments of the youth population: price hikes were experienced during the early phase of the pandemic due to insufficient stocks.

Bosnia & Herzegovina

LGBT people have great confidentiality and privacy concerns. Providing self-service vending machines for supplies may help to alleviate them.

Lack of access to supplies, including contraceptives and pregnancy tests, on account of pharmacy closures were observed and should be addressed.

Explore how NGOs and community centres can become further involved in the provision of supplies to Roma and LGBT youth, who are highly apprehensive of public health authorities and require greater confidentiality in seeking supplies.

Bulgaria

Shortages were observed in remote communities. Targeted distribution to communities, home delivery options, introduction of self-service vending machines and other options should be considered in devising targeted plans.

Practical or financial solutions are needed for young people in remote areas or those who require specialized medication (for LGBT people), as they needed to travel longer distances to obtain it.

Shortages of even 'basic SRH pills' such as contraceptive pills in pharmacies, and stocking up on medicines and consumables by the population were observed in the early stages of the pandemic and also led to price hikes.

Menstrual hygiene products, birth control pills and condoms were not always available or affordable for all segments of the youth population—an issue that needs to be addressed.

Kosovo

Pharmacies were often open for limited hours, preventing easy access to contraceptive supplies and condoms.

Ensure extended opening hours for at least one pharmacy in each community or vicinity.

North Macedonia

Young people in vulnerable situations made less use of pharmacies on account of accessibility issues. This problem emanated primarily from limited opening hours of pharmacies in their vicinity.

Menstrual hygiene products and condoms—supplies that were in high demand during (and before) the pandemic—were occasionally out of stock. Their interrupted supply and availability needs to be addressed.

2.5.2 Services

Similarly, with respect to access to services, a range of issues emerged and need to be taken into account to ensure that services are both available and offered in a youth-friendly manner to young people both during times of crisis and beyond

Albania

Shifting of medical staff resources was perceived by young people visiting public health hospitals who needed to wait longer for services.

Closures of community health centres resulted in transportation problems for those in remote areas needing to visit large urban centres.

The quality of services in relation to family planning counselling was questioned.

Cancellations of routine check-ups and gynaecological check-ups/ consultations were experienced due to the lack of availability of physicians.

Young people lacked information on how and where to access services during times of travel restrictions. It is necessary to provide information on the interim procedures and how to access them.

An absence of youth-friendly and accessible services (e.g. additional hotlines etc. when usual service provision is not available) was perceived by young people.

Maternal health services were notably absent and need to be considered.

Bosnia & Herzegovina

Shifting of medical staff resources has impacted not only the ability to have face-to-face consultations but also the ability to access physicians over the telephone.

Longer waiting times were experienced at public hospitals.

The closure of small local clinics has created transportation problems for those in remote areas.

Delays were noted in the introduction of delivery rooms and ambulatory care services for pregnant women infected with Covid-19.

A lack of sufficient private clinics was reported. Ensuring that many private clinics remain open would reduce the burden on the overloaded public-sector.

Mobile teams of doctors visiting communities often failed to show up on scheduled dates.

Bulgaria

Clear affordability obstacles were faced by pregnant women and new mothers who were forced to pay for services privately to continue to have their pregnancy monitored.

Mobile teams of doctors completely withdrew from the neighbourhoods, perpetuating and enhancing a pattern that was already in place before the pandemic.

The required support and services from health mediators at local community level could often not be obtained, due to perceived (and real) funding and resource issues.

Kosovo

Particular problems were experienced in terms of delays faced or outright inability to be served at public hospitals on account of medical and counselling professionals being shifted to other roles.

The closure of local community centres, coupled with movement restrictions, prevented young people in vulnerable situations from accessing SRH services.

Attitudes of physicians were more discriminatory towards marginalized ethnic youth and LGBT youth, whose privacy and confidentiality concerns should also be considered in this context.

Counselling services for young girls who became sexually active for the first time during the Covid-19 pandemic were not readily accessible.

Physicians' consultation services need to be rearranged to be carried out effectively over the phone, as a result of the difficulties in having face-to-face consultations.

Private-sector physicians need to be involved in a structured manner in the overall effort to provide SRH services to young people during times of crisis.

Young people in remote communities without easy physical access to health centres faced basic problems in receiving routine gynaecological check-ups.

The problems of Roma women in accessing SRH services has deepened due to even greater discrimination, their lack of health insurance, which has made it especially difficult to access services during the Covid-19 pandemic, and their inability to afford transport to more distant health centres or pharmacies.

Much-needed sexuality and/or relationships counselling among youth in vulnerable situations could not be found easily.

LGBT people faced particular problems in accessing testing for STIs, testing or medication for HIV, and emergency contraception.

Consultations offered by physicians over the telephone and online were sometimes hard to organize. They need to be provided effectively.

The capacities of hotlines, the usage of which increased during the Covid-19 pandemic, were often limited and hard to access.

2.6 Affordability as a key factor in the ability to access high-quality SRH services

While issues related to the availability of supplies, services and the channels through which to access them were present across the region during the Covid-19 pandemic (as highlighted in the previous section), the issue of affordability was the dominant factor that largely determined the ability of young people to access high-quality SRH services. This pattern was evident across all countries except Albania. Specifically, as revealed during focus group discussions across the region, affordability obstacles were very clear for young people in vulnerable situations in a variety of ways:

In Bulgaria:

- Participants in the remote area of Kyustendil claimed that in their own area doctors ask to be 'paid' even if the patient has health insurance, suggesting a high level of corruption. Residents of Radomir were also clear in their belief that to receive a service and in a reasonable amount of time, one needs to be able to afford it, including the payment to the physician but also transport costs. A clear dichotomy was mentioned in this respect,

with more affluent people able to travel to regional health centres in Sofia and Blagoevgrad, middle-class people to Dupnitsa and Pernik, while poorer people need to rely on scarce visits from mobile doctors. Importantly, there is also a perception that wealthier people are favoured in terms of bypassing physical movement restrictions during the Covid-19 pandemic.

- Some new mothers reported that—even if formally covered by the national health insurance fund—they did not receive meaningful attention, even though it was accepted that maternal health services were generally given a higher level of priority than other SRH services.
- The cost of giving birth ranges from EUR500 to EUR1,500, with strong references that if a woman opts not to pay (or is unable to pay), the service she receives is rude, does not meet medical standards (no anaesthetic) and could even result in physical abuse.
- For post-natal monitoring of newborn babies, a total cost of EUR1,000 was referred to (including doctors' fees and travel costs for needing to travel up to 300 km).
- Ultimately, although the above-mentioned

affordability issues are systemic and existed before the pandemic, it is clear that the pandemic has accentuated them and highlighted them further in the minds of young people. Although such practices were not endorsed by physicians during the in-depth interviews conducted, there was implicit acceptance that such practices are widespread.

In Bosnia & Herzegovina:

- The ability of focus group discussion participants to access SRHR services during the Covid-19 pandemic has depended heavily on their socio-economic background. In particular, young people from lower-income families and Roma women claimed that they could not afford to pay for private health clinics, purchase medicines from pharmacies or use 'paid' counselling or mental health services. Although this problem pre-dates the pandemic, the loss of employment and income has effectively consigned them to seeking any type of support through public hospitals only (hence facing the concomitant challenges outlined above).

- These views of focus group discussion participants are strongly supported by other research. In particular, UNICEF found that those most affected by the crisis are children, women and vulnerable groups, such as single parents, people with disabilities or chronic diseases, people in relative poverty, internally displaced people, members of ethnic minorities returning to 'the war after the war', Roma people and members of the LGBT community (<https://www.unicef.org/bih/pri%C4%8De/procjena-socijalnog-utjecaja-pandemije-bolesti-covid-19-u-bosni-i-hercegovini>).

In Kosovo:

- People in rural areas, some less affluent young mothers, and Roma, Ashkali and Egyptian girls and women indicated that access to private-sector health care is not an option due to the high price and lack of affordability of those services. This presents a particular problem for Roma, Ashkali and Egyptian girls and women, who reported being 'forced' to ask for services from the private sector, either directly or indirectly due to the inadequate and unprofessional behaviour and direct discrimination they encounter in the public sector.

- Similar to Bulgaria, it is noted that—in addition to physicians' discrimination and lack of professionalism—a certain level of corruption exists, with focus group discussion participants referring to some cases of doctors refusing to provide an examination at a public health centre but being

willing to do so when paid in private.

- A study by KITU and ADMOVERE ('The Challenges of the Roma, Ashkali, Egyptian community in Kosovo during the Covid-19 pandemic') indicates that problems became particularly acute for people from marginalized ethnic groups, due to the financial situation.

- Such communities appear to have not been adequately informed about Measure No.15 of the Emergency Fiscal Package, which provided social assistance of EUR130 per month between April and June 2020 to citizens in severe economic deprivation, as evidenced by the extremely limited number of members of these communities registered as unemployed at employment centres—no more than 100 by April 2020.

In North Macedonia:

- Lack of affordability was a particularly significant factor in the heightened problems faced by the **LGBT and Roma communities** in particular in terms of accessing SRH services during the Covid-19 pandemic.

- The underlying poverty among **Roma youth**, coupled with the fact that many members of the Roma community are excluded from health insurance, strongly compromises their ability to access services, with no realistic option of resorting to private services during the pandemic when public health care was severely affected. Moreover, this lack of affordability and their overall exclusion from the public health system appears to be lowering their involvement with and awareness of those services that are actually offered for free to all citizens (such as mammograms and Pap tests).

- Members of the **LGBT community** were particularly vocal about the negative economic impact of losing their jobs due to Covid-19. The need to be in a big city (with the undesired effect of having to move back into their parents' home) to access free services available only in large hospitals was cited as a particular concern.

2.7 The central role of a trusted family doctor/GP

The range of issues faced by young people across the region as highlighted in previous sections of this document indicate that the collective response in terms of re-organizing the various options for young people to acquire high-quality and, indeed, youth-friendly SRH services has fallen short of young people’s needs. In this respect, the lack of prioritization of SRH services as essential services, limited or non-existent basic information on where to access services, the outright closure or limited operation of services, and affordability issues all contributed to a wider confusion and limitations as to where and how young people can access SRH services and supplies during the time of crisis.

In this context, young people across the region expressed how important it is to have a trusted family doctor or GP on whom they can rely for their SRH service needs, and also to provide psychological support over and above—and in some cases (such

as in restrictive patriarchal communities) as a replacement for—reliance on the family.

Moreover, the quantitative study has indicated extremely strongly that the pandemic has shown how important it is to have a trusted family doctor/ GP—a belief held across all five countries studied, among the general youth population and youth in vulnerable situations alike.

It is important that the role of the family doctor or GP should be central in policies and actions geared towards improving the access of young people to high-quality SRH services. This implies the need to ensure that all young people have affordable access to such a dedicated physician and that services are available both during times of crisis and beyond. Hence, although the actual practicalities of implementation (e.g. the degree of use of technology) may differ across countries and between communities/areas within countries, it is essential to establish a personal or family doctor as a key reference point for young people.

The pandemic has shown how important it is to have a family doctor/GP you can trust - General youth population (% mentioning)



- Youth in vulnerable situations (% mentioning)



■ Agree ■ Disagree ■ Neither agree or disagree ■ Don't know

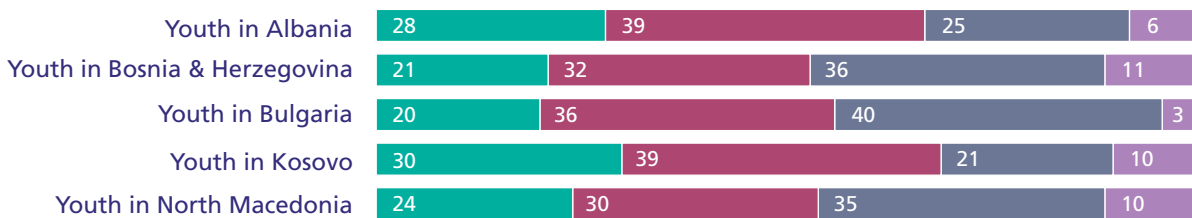
Source: Quantitative youth survey (2021)

2.8 Limitations to the use of technology for providing SRH services

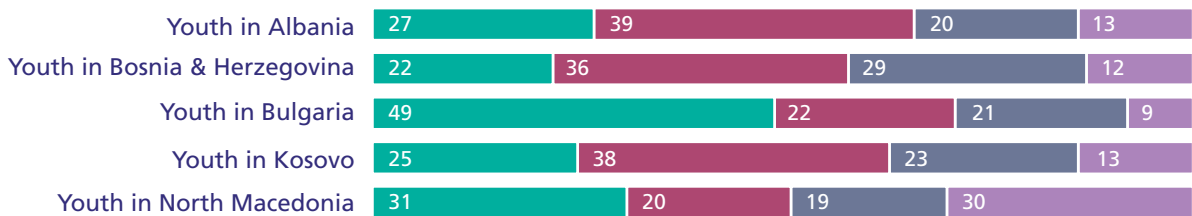
As previously highlighted, technological and online means were widely used for information-seeking (especially by the general youth population) in the five countries studied. Moreover, young people themselves (especially the general youth population) expressed a general openness to using online means as a tool for better knowing and reaching their service providers.

Nevertheless, the quantitative study recorded very strong reservations about the effectiveness of video or telephone conversations with physicians or counsellors to provide a high-quality service. This was observed among youth in general and those in vulnerable situations alike, and in all five countries studied. As such, the use of video or telephone consultations should remain in the realm of basic initial evaluations or as a second-best emergency option.

Effectiveness of video or phone with physician/counsellor - General youth population (% mentioning)



- Youth in vulnerable situations (% mentioning)



■ Cannot really give what I needed
 ■ Only good as short-term option in cases of emergency
 ■ Only good for initial evaluations but face-to-face meetings are then really required
 ■ Equally effective as traditional face-to-face visits

Source: Quantitative youth survey (2021)

These views of young people were strongly echoed by experts during in-depth interviews across the region. References to the limitations and shortcomings of teleconsultations and online communication in general included the following:

- A very high risk to the health of women in conducting gynaecological check-ups remotely, reported by gynaecologists;

- The lack of high-speed and consistent internet access, which prevents online or video consultations from being completed effectively and smoothly;

- The lack of knowledge on using devices, with reference to Roma community members in particular; and

- An overall lack of attention on the part of either the patient and/or the physicians themselves during online or telephone consultations.

III. Preferred future practices

Considering their own experiences, youth audiences identified a series of practices as being particularly potentially beneficial to them in times of crisis such as the Covid-19 pandemic, and beyond into the future. Measurement of their preferences in the quantitative survey has revealed a set of practices that should be considered in the future when devising policies, programmes and activities for young people, as highlighted below.

3.1 Practices recommended by the general youth population

Across virtually all countries (with the exception of Bulgaria), the central role of the GP or family doctor was also strongly recommended in the context of providing prescriptions online. Sexuality classes in school were also strongly recommended, while the use of online platforms with useful videos is also expected to benefit youth in general.

Notably, study participants in Albania, Kosovo and North Macedonia proposed the development of digital tools (a mobile app or website) with maps and opening times of the nearest hospitals or NGO support centres, reflecting the need to know how services are arranged and how and when to access them.

Proportion of the general youth population considering practices that would help them personally access SRH information and services

Albania		Bosnia & Herzegovina		Bulgaria		Kosovo		North Macedonia	
	%		%		%		%		%
My GP/family doctor/physician provides consultations or prescriptions online	51	My GP/family doctor/physician provides consultations or prescriptions online	51	Sex education classes in school	69	My GP/family doctor/physician provides consultations or prescriptions online	47	My GP/family doctor/physician provides consultations or prescriptions online	51
Sex education classes in school	41	Sex education classes in school	50	An online platform providing sex education, including useful videos	66	Sex education classes in school	36	A mobile app/website with maps and opening hours of the nearest hospitals or NGO support centres	47

Proportion of the general youth population considering practices that would help them personally access SRH information and services - continued

Albania	Bosnia & Herzegovina	Bulgaria	Kosovo	North Macedonia					
%	%	%	%	%					
An online platform providing sex education, including useful videos	35	An online platform providing sex education, including useful videos	39	Self-service vending machines for supplies	62	A community centre in the area where I live	33	An online pharmacy to order self-administered supplies/tests/medicines without a prescription	44
Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	34	Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	33	Self-administered screening tests for HIV or STIs	54	An online pharmacy to order self-administered supplies/tests/medicines without prescription	27	An online platform providing sex education, including useful videos	41
Self-administered screening tests for HIV or STIs	29	Self-service vending machines for supplies (e.g. condoms, contraceptives, menstrual hygiene products)	32	Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	53	An online platform providing sex education, including useful videos	25	Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	35
24/7 hotlines dedicated to specific aspects of SRH	28	24/7 hotlines dedicated to specific aspects of SRH	31	Regular online sessions or seminars	48	Dedicated contact points at my school/university	23	Self-service vending machines for supplies	33
A mobile app/website with maps and opening times of the nearest hospitals or NGO support centres	28	An online pharmacy to order self-administered supplies/tests/medicines without prescription	31	Dedicated contact points at my school/university	46	Mobile teams of doctors, nurses or therapists visiting my area	23	Sex education classes in school	32
A community centre in the area where I live	27	A community centre in the area where I live	26	24/7 hotlines dedicated to specific aspects of SRH	45	24/7 hotlines dedicated to specific aspects of SRH	21	Self-administered screening tests for HIV or STIs	28

3.2 Practices recommended by Roma youth

The central role of the GP or a family doctor in relation to the provision of online counselling is also high on the list of preferences of Roma youth in all countries, with the exception of Bulgaria. Hotlines available 24/7 are also a strongly preferred service offering in virtually all countries (except Bulgaria), reflecting the need to discuss sensitive SRH-related matters in private, and possibly the need to ask for help in emergency situations such as cases of sexual

and gender-based violence (especially in Kosovo). Community centres in their close vicinity (in Albania and North Macedonia), regular delivery of supplies to their areas (in Albania and Bosnia & Herzegovina) and self-service vending machines for supplies (in Bulgaria) are also particular preferences, most likely as a way to avoid confidentiality issues and overcome patriarchal barriers.

In contrast, the demand for sexuality education in schools is at much lower levels, reflecting the wider Roma community's reservations to discuss SRH matters in any type of public or school environment.

Proportion of Roma youth considering practices that would help them personally access SRH information and services

Albania	Bosnia & Herzegovina	Bulgaria	Kosovo	North Macedonia					
%	%	%	%	%					
My GP/family doctor/physician provides consultations or prescriptions online	69	My GP/family doctor/physician provides consultations or prescriptions online	77	Mobile teams of doctors, nurses or therapists visit my area	37	My GP/family doctor/physician provides consultations or prescriptions online	46	My GP/family doctor/physician provides consultations or prescriptions online	50
A community centre in the area where I live	53	An online pharmacy to order self-administered supplies/tests/medicines without prescription	67	Self-service vending machines for supplies	37	An online platform providing sex education, including useful videos	40	A community centre in the area where I live	35
Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	33	24/7 hotlines dedicated to specific aspects of SRH	57	A community centre in the area where I live	29	A mobile app/website with maps and opening hours of the nearest hospitals or NGO support centres	39	A mobile app/website with maps and opening hours of the nearest hospitals or NGO support centres	35
Sex education classes in school	28	Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	43	Self-administered screening tests for HIV or STIs	29	24/7 hotlines dedicated to specific aspects of SRH	37	24/7 hotlines dedicated to specific aspects of SRH	31
24/7 hotlines dedicated to specific aspects of SRH	25	Mobile teams of doctors, nurses or therapists visit my area	43	Dedicated contact points at my school/university	23	Sex education classes in school	36	Mobile teams of doctors, nurses or therapists visiting my area	31

3.3 Practices recommended by LGBT young people

LGBT young people also show a strong preference for online prescriptions by physicians, sexuality education in schools, online platforms with relevant sexuality education content, and also 24/7 hotlines.

In addition, the provision of self-service vending machines for supplies, and regular deliveries of free supplies are widely preferred across the region, once more likely to be a reflection of young people's wish to obtain these privately and without the fear of being discriminated against by pharmacists or medical staff.

Proportion of LGBT youth considering practices that would help them personally access SRH information and services

Albania		Bosnia & Herzegovina		Bulgaria		Kosovo		North Macedonia	
	%		%		%		%		%
My GP/family doctor/physician provides consultations or prescriptions online	40	My GP/ family doctor/ physician provides consultations or prescriptions online	52	Sex education classes in school	75	My GP/ family doctor/ physician provides consultations or prescriptions online	39	Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	41
Online platform providing sex education, including useful videos	38	24/7 hotlines dedicated to specific aspects of SRH	50	Online platform providing sex education, including useful videos	66	24/7 hotlines dedicated to specific aspects of SRH	30	24/7 hotlines dedicated to specific aspects of SRH	40
Sex education classes in school	36	An online pharmacy to order self-administered supplies/tests/ medicines without prescription	50	Self-service vending machines for supplies	66	A community centre in the area where I live	30	My GP/ family doctor/ physician provides consultations or prescriptions online	38
Self-administered screening tests for HIV or STIs	33	Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	45	Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	56	An online platform providing sex education, including useful videos	25	A mobile app/ website with maps and opening hours of the nearest hospitals or NGO support centres	36
A community centre in the area where I live	31	Self-service vending machines for supplies	36	Dedicated contact points at my school	47	Sex education classes in school	23	Self-service vending machines for supplies	34

3.4 Practices recommended by youth in remote areas

Youth in remote areas reported some similar preferences to those expressed by youth in general and other groups in vulnerable situations, namely the strong role of GPs/family doctors, the need for sexuality education, and delivery of free supplies to their areas, to varying degrees across the five countries studied.

However, the most consistent pattern noted across all countries was the high preference for a community centre in the area where they live, likely to be a reflection of their strong wish to have readily available services at any time without the need to travel long distances or to always visit a public hospital to access services and supplies.

Proportion of youth in remote areas considering practices that would help them personally access SRH information and services

Albania		Bosnia & Herzegovina		Bulgaria		Kosovo		North Macedonia	
	%		%		%		%		%
My GP/family doctor/physician provides consultations or prescriptions online	45	My GP/family doctor/physician provides consultations or prescriptions online	45	Sex education classes in school	40	My GP/family doctor/physician provides consultations or prescriptions online	33	My GP/family doctor/physician provides consultations or prescriptions online	35
Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	30	A community centre in the area where I live	34	Self-service vending machines for supplies	34	A community centre in the area where I live	29	24/7 hotlines dedicated to specific aspects of SRH	24
A community centre in the area where I live	23	Regular online sessions or seminars (e.g. Zoom, Teams etc.)	34	Mobile teams of doctors, nurses or therapists visiting my area	29	Sex education classes in school	29	An online pharmacy to order self-administered supplies/tests/medicines without prescription	24
Sex education classes in school	20	Sex education classes in school	32	My GP/family doctor/physician provides consultations or prescriptions online	26	An online platform providing sex education, including useful videos	27	A community centre in the area where I live	20
Dedicated contact points in my school/university	20	Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	32	Self-administered screening tests for HIV or STIs	26	Free transport to travel to clinics far away	25	Mobile teams of doctors, nurses or therapists visiting my area	20

IV. Considerations for pregnant women and new mothers

The quantitative study has recorded very high levels of satisfaction among new mothers across the region with respect to their experience and services obtained during their pregnancy. In addition to the high levels of satisfaction indicated below, it is noted that a substantial additional share of new mothers claimed partial satisfaction.

The most positive experiences were recorded in Bulgaria, while new mothers in Bosnia & Herzegovina appear to have been the least satisfied in the region, with low satisfaction levels on all parameters. The most negative experiences recorded related to the time they needed to wait at the hospital when attending an appointment, the psychological support (not) received (with the exceptions of Bulgaria and Albania) and information about the safety of Covid-19 vaccines during pregnancy/breastfeeding.

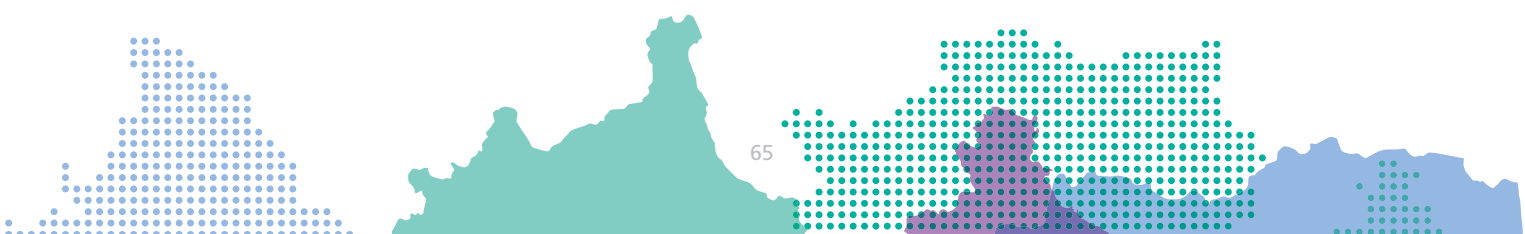


Proportion of new mothers who were completely satisfied with their their experience and services during the Covid-19 pandemic (% mentioning)

■ Youth in Albania
 ■ Youth in Bosnia & Herzegovina
 ■ Youth in Bulgaria
■ Youth in Kosovo
 ■ Youth in North Macedonia



Source: Quantitative youth survey (2021)



Despite these relatively high levels of satisfaction, feedback during focus group discussions with new mothers described their experiences further. On this basis, the following issues should be taken into account at country level:

4.1 New mothers in Albania

Pregnant women and new mothers reported very specific needs relating to SRH, especially regarding their need for family planning and pregnancy-related information. At the same time, they were confused by information (especially over the internet) regarding the potential link between Covid-19 and reproductive health, the chances of pregnancy, their ability to breastfeed, the pregnancy outcome and the impact of vaccination on abortion or the ability to become pregnant. In face of these challenges, they have been less keen to rely on internet sources (only as a last resort) and claimed greater reliance on their gynaecologist for acquiring trustworthy information and for emotional support. Hence it is vital to consider the trusted gynaecologist or family doctor as a central source of information for pregnancy-related and gynaecological health information in particular.

The experiences of pregnant women and new mothers during the Covid-19 pandemic were considered highly satisfactory. They appear to have found the right balance in making use of periodical encounters with the doctor who monitored their pregnancy and the development of the foetus, laboratory examinations at different stages of the pregnancy and professional counselling on behaviour, diet, supplements to be taken during pregnancy etc. They considered that SRHR services related to pregnancy, birth and post-natal care were the only areas prioritized by the government during the Covid-19 pandemic.

Despite these high satisfaction levels, the following measures for further improvement of services for pregnant women should be considered.

- Improve access to public hospitals or health centres in general; 42% of new mothers reported difficulties in this respect.
- Cut down the waiting time and long queues at public hospitals for routine checks such as ultrasound or to obtain the foetal heart rate for those pregnant women who are not affiliated with a specific doctor.

- Raise awareness of the available option of mobile teams of doctors and nurses potentially addressing pregnancy issues or nurses visiting homes to remind mothers about adherence to the baby's immunization schedule.

- Raise awareness of the option of being able to use dedicated sections for maternal and newborn care in health centres, as the channel for primary contact.

4.2 New mothers in Bosnia & Herzegovina

Pregnant women were particularly concerned and confused by misinformation regarding their own health and that of the foetus, especially as to whether the Covid-19 vaccines can cause harm and whether they should be used by pregnant women. Ensuring that accurate information is made available to young mothers during times of crisis is, therefore, critical. Moreover, the following measures should be considered to address problems that pregnant women and new mothers reported facing during the Covid-19 pandemic.

- Prioritize services for them and ensure that waiting times are reduced. Pregnant women reported a substantial increase in the waiting time for gynaecological examinations.

- Ensure an uninterrupted communication path with the doctors monitoring their pregnancy. Pregnant women reported an inability to communicate with their regular doctors due to the closure of local health centres or due to their usual doctor being transferred to other medical centres.

- Ensure and communicate the presence of specific protocols for minimizing the risk of exposing pregnant women to the Covid-19 virus during antenatal examinations. Pregnant women were often not confident or convinced in this respect.

- Ensure that services are also affordable for pregnant women in vulnerable situations.

- Examine how those pregnant women without health insurance, especially those from the Roma community, can access pregnancy-related and maternal services. While this is an issue that predates the pandemic, the problem appears to have been amplified during the pandemic, when health care resources were reduced, leading to a further lack of attention being paid to pregnant Roma women.

4.3 New mothers in Bulgaria

During the Covid-19 pandemic, pregnant women and new mothers were particularly negatively affected by confusing and untrustworthy information circulating online. As an effort to avoid stress caused by misinformation related to pregnancy and the health of the foetus in relation to the virus and vaccination, they disconnected from all public information sources such as the internet and relied primarily on their trusted personal physician or gynaecologist.

A notable proportion of pregnant woman and new mothers also faced affordability barriers in accessing services from the private sector, given their mistrust in the public health system; hence, even among those with health insurance, new mothers claimed that they needed to pay for all services related to pregnancy, giving birth and newborn care, with the total cost for giving birth cited at between EUR500 and EUR1,500. New mothers, therefore, felt coerced into having to pay (being driven to use services offered privately) to receive the required level of attention and care, presenting particular challenges for those unable to afford it. It is, therefore, important to ensure affordable access to high-quality health care for all pregnant women at all times, and especially during emotionally charged times of crisis.

Among those who did use the public health care system during their pregnancy, a very positive practice was reported in terms of specialized psychologists for pregnant women having been introduced in public hospitals for the first time during the Covid-19 pandemic. This practice was very positively evaluated by pregnant women and should be considered to be offered on a permanent basis beyond the pandemic.

4.4 New mothers in Kosovo

In an effort to address their increased information needs in relation to SRH, new mothers and pregnant women widely used online means in conjunction with telephone conversations and email exchanges with their physicians to obtain the information required on general family planning issues, deciding to have children and to understand how the Covid-19 virus and vaccination affects their health, pregnancy and that of the foetus or newborn baby. In this context, efforts should be made to inform new mothers about online sources or sites that provide trustworthy and accurate information and to enrich the information available on them.

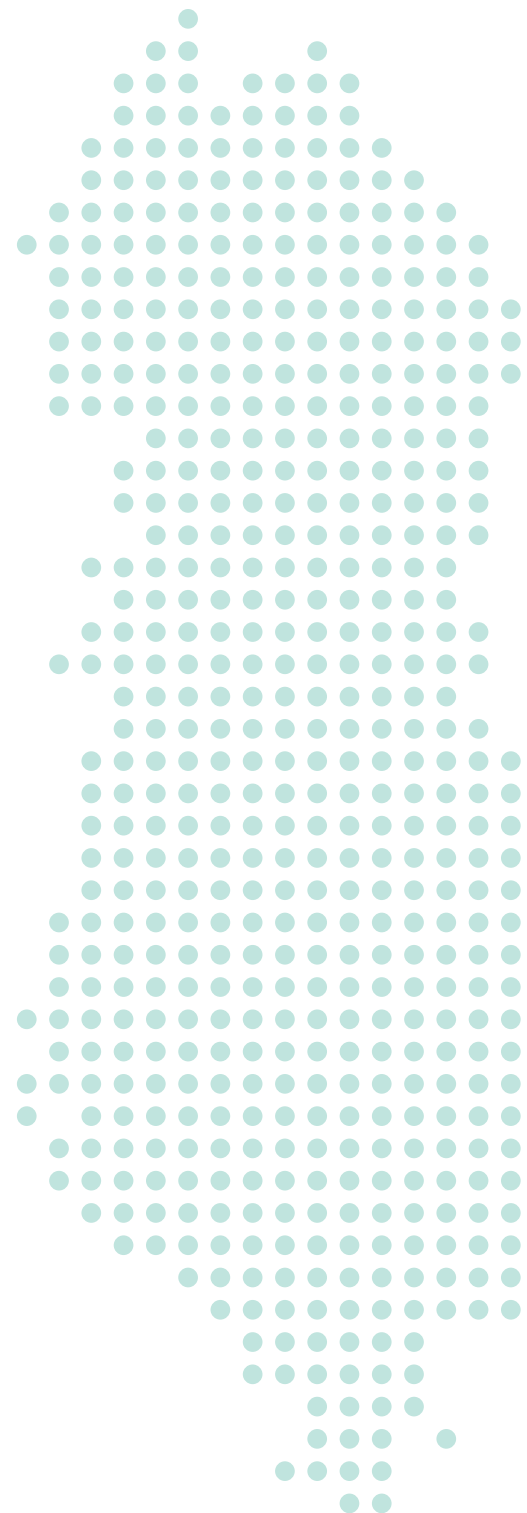
In terms of information availability and access to services, the following areas should be considered for further improvement, especially during times of crisis, given problems faced in this respect.

- Ensure that regular gynaecological and pregnancy monitoring check-ups are not missed. Health and safety precautions (against Covid-19) should be put in place at health centres and communicated to pregnant women to encourage them to be proactive in scheduling their visits and overcome their fears.
- Ensure adequate availability of medical staff, over and above that of doctors. The Covid-19 pandemic has put pressure on staff, which contributed to a lack of respect shown to pregnant women.
- Ensure that health care providers offer the necessary medical care—for example, through training and support. Incidents of unprofessionalism and negligence were reported by pregnant women.
- Ensure continued provision of fertility treatments and pregnancy testing by physicians. These were either not offered or could not be accessed due to the movement restrictions in place during the pandemic.
- Provide a clear fast-track channel for scheduling emergency visits. Pregnant women and new mothers were not assured of this service.
- Provide specialized psychological counselling for pregnant women, given their increased emotional needs arising from their situation and the pressure of the Covid-19 pandemic.

4.5 New mothers in North Macedonia

Feelings of fear, anxiety and stress were evident among pregnant women and new mothers, emanating from poor awareness, insufficient knowledge and conflicting information on how the Covid-19 virus affects their own health, that of the foetus or newborn baby and the implications for breastfeeding. Moreover, they were confused about how to schedule a consultation or monitoring check-up with a doctor. Thus, the following measures should be considered.

- Further support the development of internet and online platforms as effective solutions to the problems of new mothers in terms of difficulties in both physically going to health centres and reaching physicians over busy telephone lines. Such online platforms allow for asynchronous communication, meaning that a physician can respond at their earliest convenience or as soon as they are available, rather than missing a telephone call altogether.
- Extend the capacities of telephone lines themselves at health centres by increasing the number of lines and staff available to answer the initial calls.
- Disseminate information on pregnancy management, post-natal care and childbirth as a high priority—topics that were very important for new mothers during the Covid-19 pandemic.
- Better facilitate the process of scheduling and ultimately attending appointments. While the quality of services has not been an issue in this respect, obtaining information about how to access them has been a particular challenge during the Covid-19 pandemic.
- Consolidate and continue the positive practice, acknowledged by young mothers, of the government allowing them to work from home without any impact on their income.



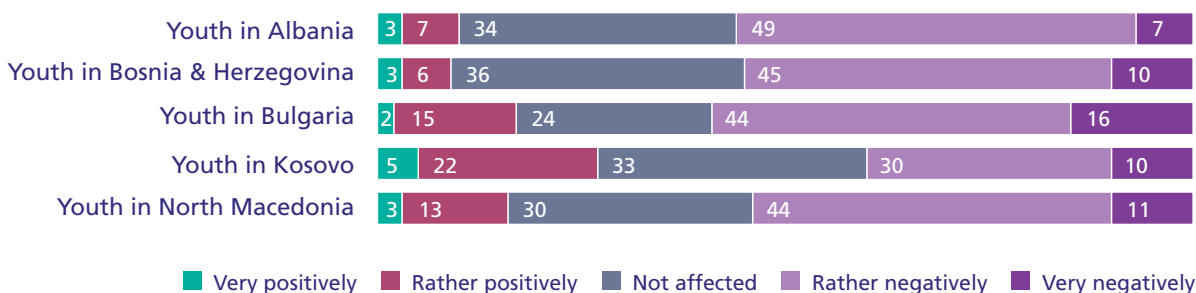
V. Mental Health

5.1 Effect of Covid-19 on psychological and mental health

As previously highlighted in this document, the topic of mental health and psychological well-being was high on the agenda and of great concern for young people across the region, both before and especially during the Covid-19 pandemic. The general youth population was negatively impacted

by the pandemic in terms of their psychological and mental health. Evidence from qualitative focus group discussions indicated that the emotional stress caused by restrictions on physical movement, an inability to interact physically with friends and peers, and violation of their privacy due to being monitored more closely by parents at home were common elements across the region in this respect.

Effect of Covid-19 on psychological and mental health - General youth population (% mentioning)

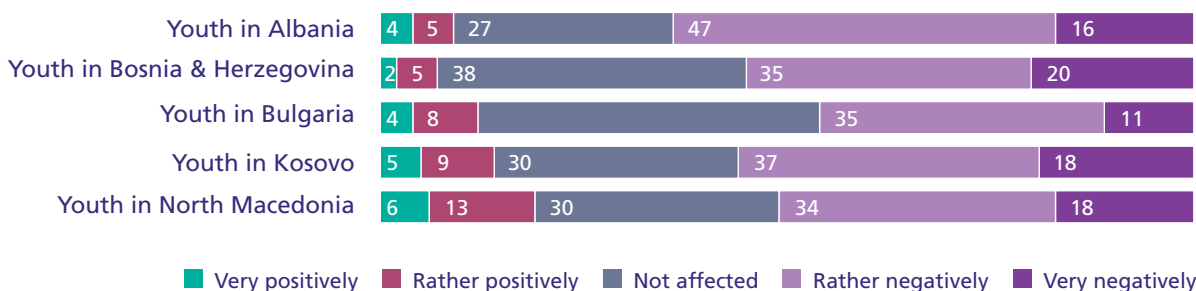


Source: Quantitative youth survey (2021)

The negative impact on the psychological and mental health of young people in vulnerable situations was greater than among youth in general in Albania, Bosnia & Herzegovina and Kosovo, though not very different in Bulgaria or North Macedonia. Within specific groups of young people in vulnerable situations, the negative impact was greatest on:

- Roma youth in Albania, Kosovo and Bosnia & Herzegovina;
- LGBT young people in Bulgaria, Bosnia & Herzegovina and Kosovo; and
- Youth in remote areas and new mothers in North Macedonia.

Effect of Covid-19 on psychological and mental health - Youth in vulnerable situations (% mentioning)

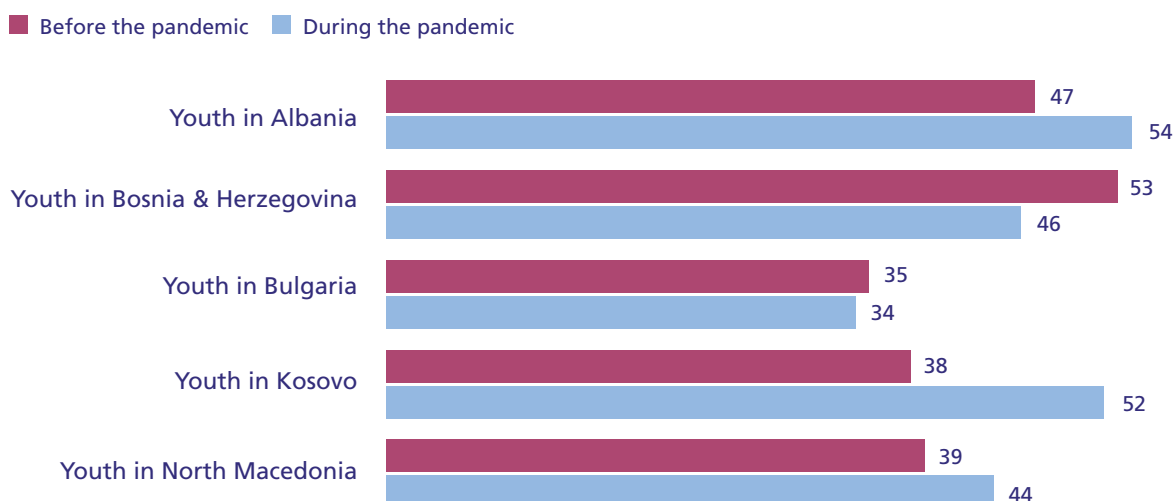


Source: Quantitative youth survey (2021)

5.2 Seeking psychological and mental health support during the Covid-19 pandemic

A notably higher proportion of the general youth population sought psychological support during the Covid-19 pandemic (compared to before the pandemic) in Kosovo, Albania and North Macedonia, though not in Bulgaria or Bosnia.

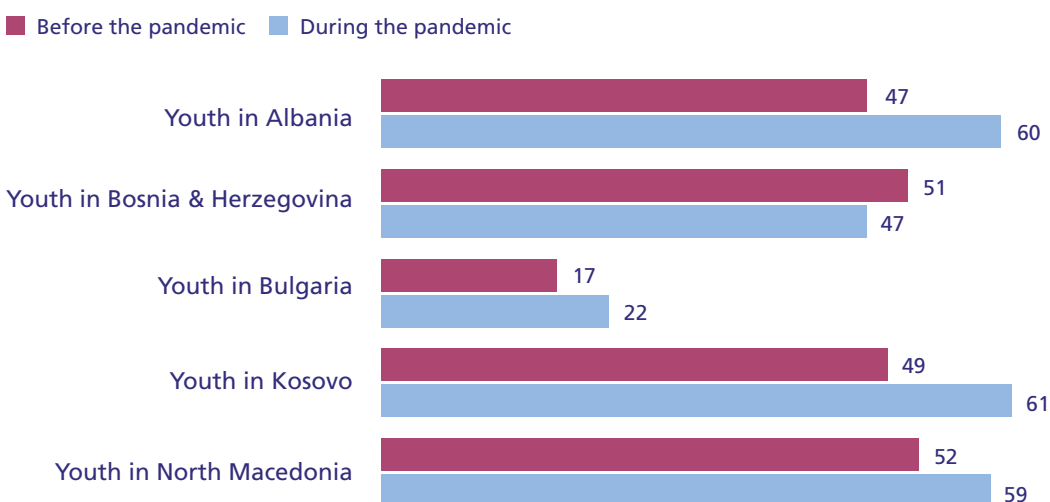
Share of youth seeking mental health or psychological support - General youth population (% mentioning)



A notably higher proportion of youth in vulnerable situations sought psychological support during the Covid-19 pandemic (compared to before the

pandemic) in Kosovo, Albania, North Macedonia and, to a lesser extent, Bulgaria.

- Youth in vulnerable situations (% mentioning)



Source: Quantitative youth survey (2021)

Specific barriers and patterns to seeking support were reported during focus group discussions with young people in vulnerable situations as follows.

In Albania:

- Young people in remote areas reported an additional need for psychological support. However, cultural barriers lead to reluctance to seek professional support.
- LGBT people stated that mental health is just as important as other SRHR services, driven by the discrimination they experience every day. However, they are very apprehensive and fearful about seeking support among family members. Instead, there is clear preference for: (i) professional psychologists; (ii) their partner; and (iii) NGOs providing support as important resources addressing their psychological needs.

In Bosnia and Herzegovina:

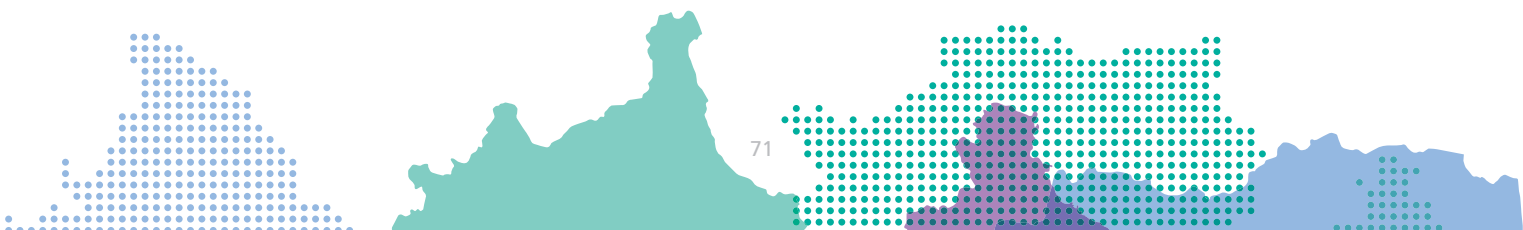
- There is a general belief that there is no real distinction between the services offered by a psychologist or a psychiatrist, since they are both placed in the 'medical sphere' in the minds of young people. The stigma associated with being 'sick' in this respect leads to some avoidance of seeking support. Despite their evident need for professional services, there is a strong feeling of a lack of motivation to actually act to address this need, overshadowed by the glut of information on and media coverage of physical health.
- Among young people living with their parents, obstacles are present within the family, with parents unable to understand or accept why their own children may need support and counselling from psychologists.
- Among already disadvantaged groups in general (financially or marginalized Roma), there are also additional limitations relating to limited awareness of psychological support services to turn to, a lack of awareness in particular of any free counselling, with young people aware only of private, paid-for services, which the majority are unable to afford, and digital illiteracy and a lack of internet access

In Bulgaria:

- In the urban Roma district of Faculteta, despite some initial concerns following the closure of the neighbourhood, the impact was minimal, with no one seeking psychological support, and even a feeling of liberation in missing school and avoiding other obligations.
- In the remote area of Kyustendil, the view of self-isolation as a protective measure has largely diminished the need to seek psychological support.

In North Macedonia:

- Mental health services were perceived to have operated at a reduced capacity during the pandemic, on account of the overall emphasis of the health system on Covid-19. As a result, online consultations were said to have been overloaded, thus not a valid solution for people needing immediate mental health support.
- The stigmatization and taboos associated with using professional support and counselling are so strong that they severely discourage young people from actually asking for support. In this context, the anonymity of using the internet provides some comfort.
- Members of the LGBT community are reluctant to seek professional support, due to the discriminatory behaviour of mental health professionals.

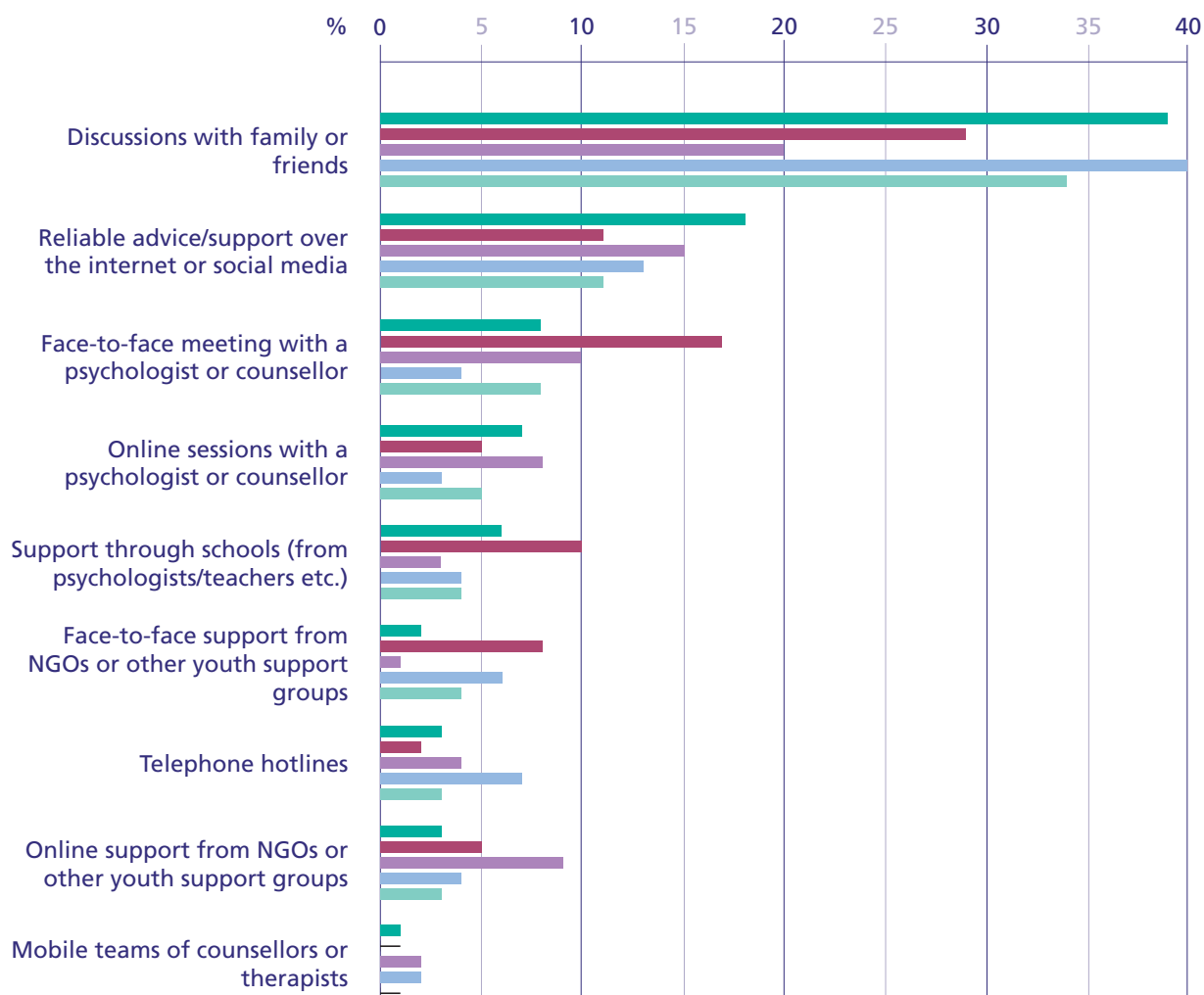


5.3 Channels used by the general youth population for psychological support during the pandemic

Discussions with family or friends were the main source of psychological support sought by youth in general in all countries during the Covid-19 pandemic.

Channels used for psychological support/services during the Covid-19 pandemic - General youth population (% mentioning)

■ Youth in Albania
 ■ Youth in Bosnia & Herzegovina
 ■ Youth in Bulgaria
 ■ Youth in Kosovo
 ■ Youth in North Macedonia



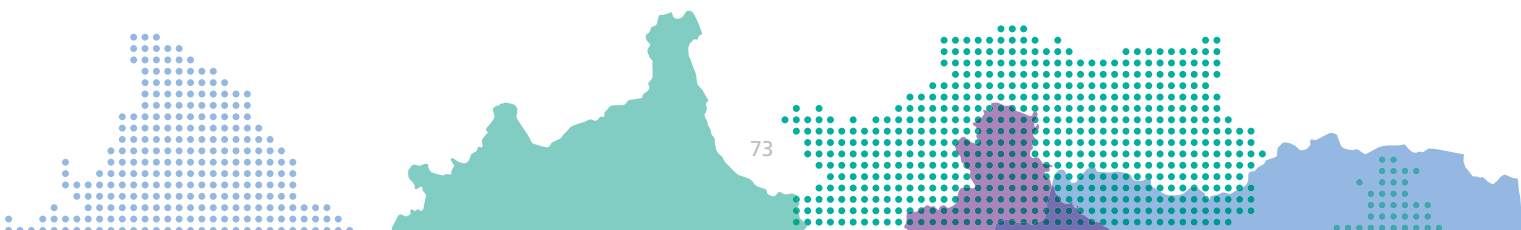
Source: Quantitative youth survey (2021)

As recorded in the quantitative survey, compared to before the pandemic there is evidence of increased usage during the pandemic of reliable advice over the internet or social media in all countries except Bosnia & Herzegovina. Moreover, an increased

uptake of online sessions with a psychologist or counsellor was reported in Albania and Bulgaria. NGO support was also more widely sought in Bulgaria and Bosnia & Herzegovina.

Channels with increased usage during the Covid-19 pandemic
 (% increase in channel usage during the pandemic compared to before among the general youth population)

	Albania	Bosnia & Herzegovina	Bulgaria	Kosovo	North Macedonia				
	%	%	%	%	%				
Discussions with family or friends	8	Face-to-face meeting with a psychologist or counsellor	9	Online support from NGOs or other youth support groups	9	Discussions with family or friends	17	Discussions with family or friends	15
Reliable advice/support over the internet or social media	7	Support through schools (from psychologists/ teachers etc.)	5	Reliable advice/support over the internet or social media	9	Reliable advice/support over the internet or social media	5	Reliable advice/support over the internet or social media	3
Online sessions with a psychologist or counsellor	5	Face-to-face support from NGOs or other youth support groups	3	Online sessions with a psychologist or counsellor	8	Telephone hotlines	1		



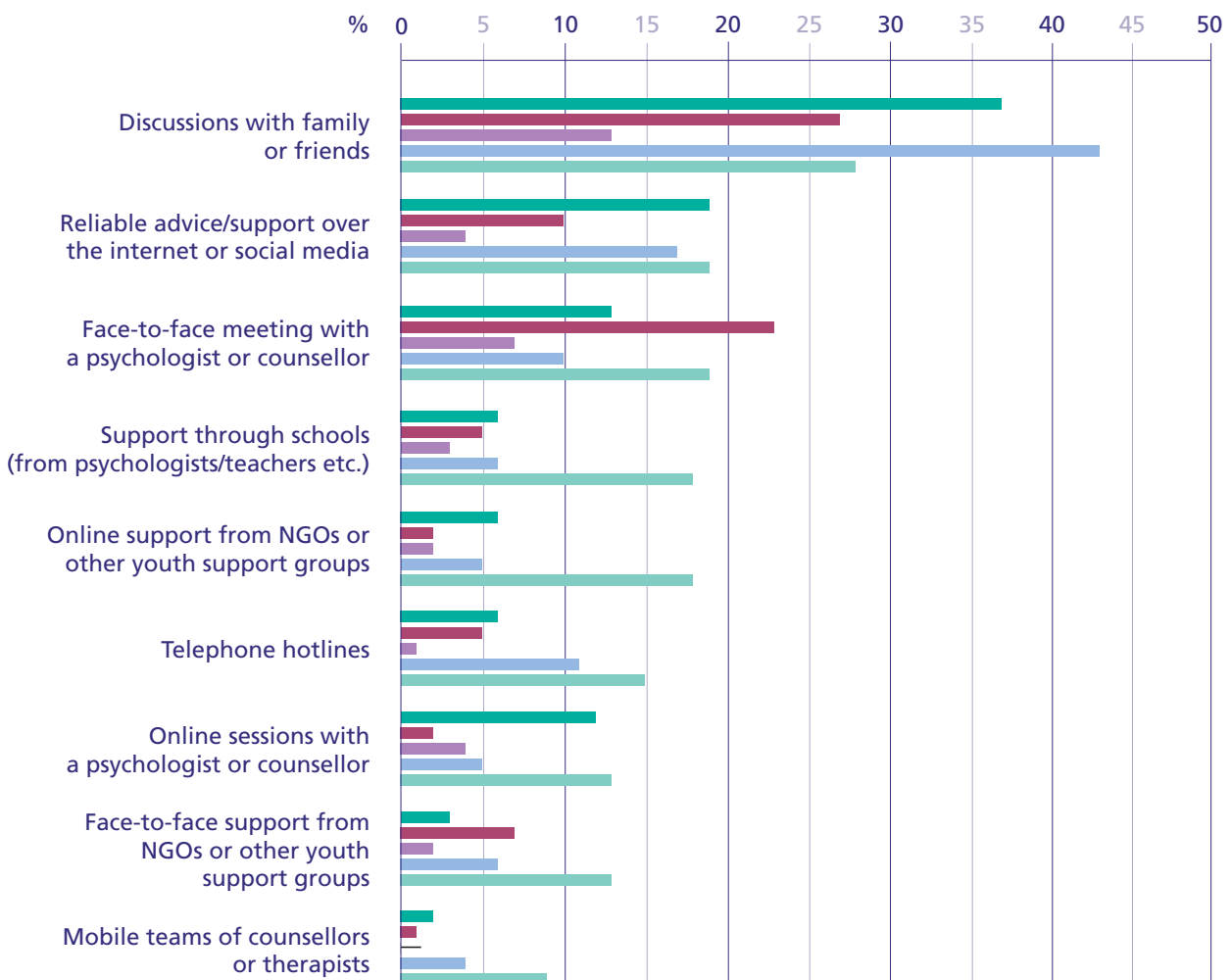
5.3 Channels used by young people in vulnerable situations for psychological support during the pandemic

Discussions with family or friends were also the main source of psychological support for youth in

vulnerable situations across all countries. However, advice over the internet or social media and, indeed, face-to-face meetings with psychologists were also sought across the region. Support through a wider range of channels was recorded in North Macedonia, including support from NGOs, through schools and online sessions with psychologists or counsellors.

Channels used for psychological support/services during the Covid-19 pandemic - Youth in vulnerable situation (% mentioning)

■ Youth in Albania ■ Youth in Bosnia & Herzegovina ■ Youth in Bulgaria
 ■ Youth in Kosovo ■ Youth in North Macedonia



Source: Quantitative youth survey (2021)

In addition to the increased reliance on family and friends, greater reliance on internet or social media resources was recorded in Albania among young people in vulnerable situations, while online sessions with a psychologist increased marginally

during the Covid-19 pandemic in Bulgaria and North Macedonia. Increased support through the education system was also recorded in Bosnia & Herzegovina and North Macedonia.

Channels with increased usage during the Covid-19 pandemic (% increase in channel usage during the pandemic compared to before among youth in vulnerable situations)

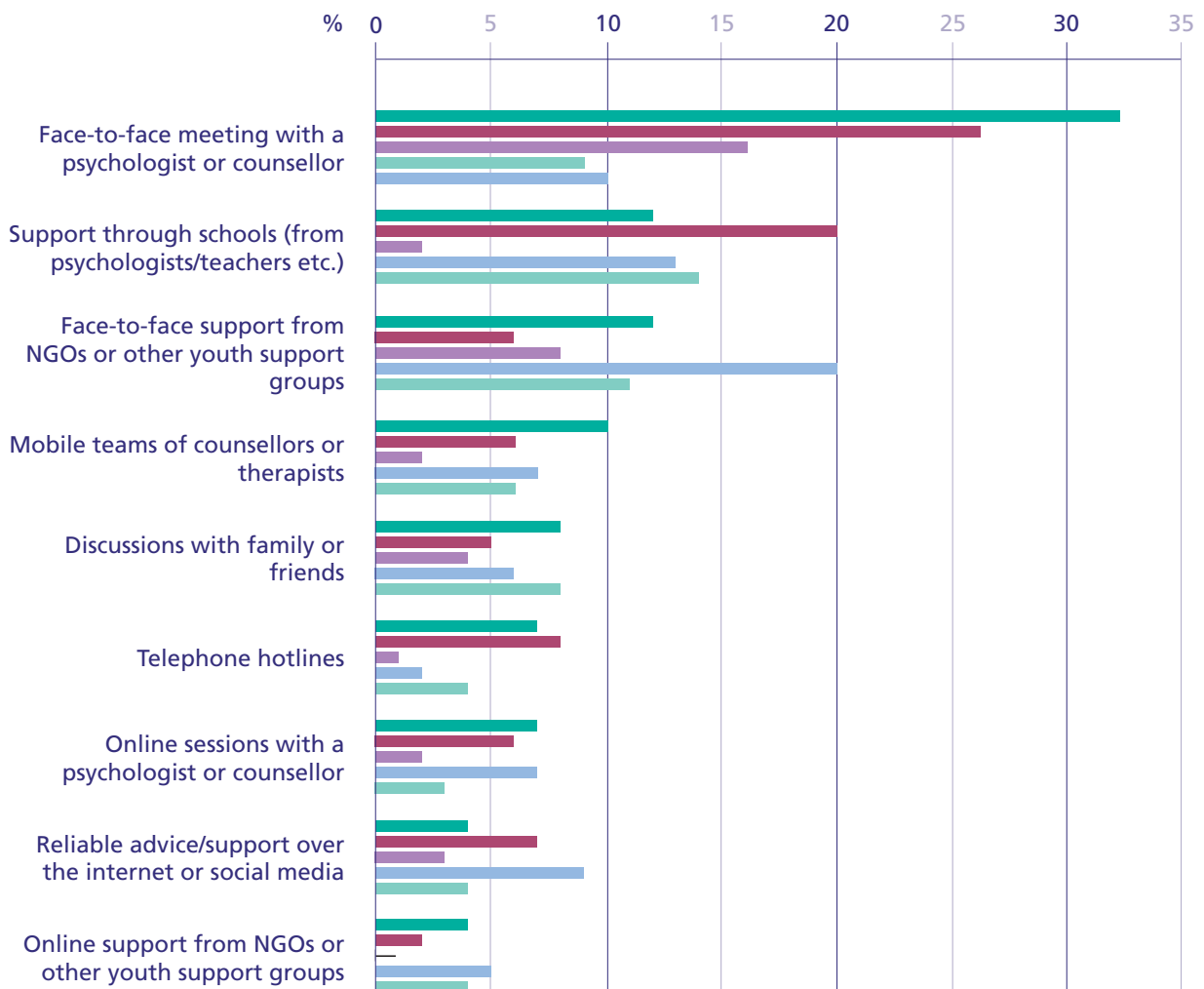
Albania		Bosnia & Herzegovina		Youth in Bulgaria		Youth in Kosovo		Youth in North Macedonia	
	%		%		%		%		%
Discussions with family or friends	13	Face-to-face meeting with a psychologist or counsellor	17	Discussions with family or friends	3	Discussions with family or friends	15	Discussions with family or friends	8
Reliable advice/support over the internet or social media	6	Support through schools (from psychologists/teachers etc.)	6	Online sessions with a psychologist or counsellor	3	Reliable advice/support over the internet or social media	6	Support through schools (from psychologists/teachers etc.)	4
Telephone hotlines	6			Face-to-face support from NGOs or other youth support groups	1	Telephone hotlines	6	Online sessions with a psychologist or counsellor	4

5.4 Channel barriers to accessing psychological and mental health support

As recorded in the quantitative survey, youth in general across the region faced significant problems in accessing psychological support from professionals (especially in Albania and Bosnia), NGOs (especially in Bulgaria) and in schools (primarily in Bosnia).

Channels that were difficult or impossible to access during the Covid-19 pandemic - General youth population (% mentioning)

■ Youth in Albania
 ■ Youth in Bosnia & Herzegovina
 ■ Youth in Bulgaria
■ Youth in Kosovo
 ■ Youth in North Macedonia



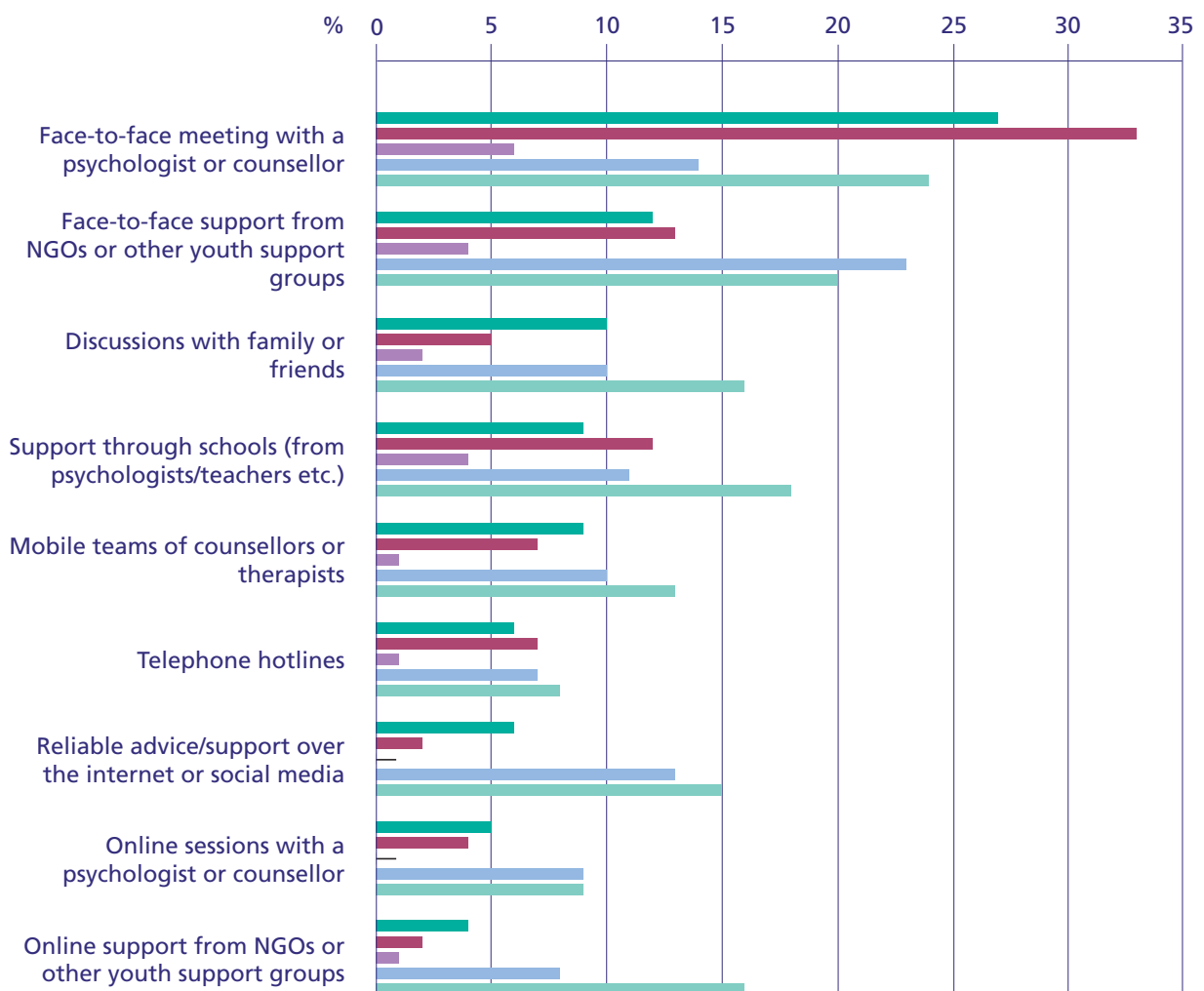
Source: Quantitative youth survey (2021)

A similar range of problems was recorded for youth in vulnerable situations. North Macedonia was the country where, despite increased efforts to acquire

professional psychological support, the widest range of problems was faced.

Channels that were difficult or impossible to access during the Covid-19 pandemic - Youth in vulnerable situation (% mentioning)

■ Youth in Albania
 ■ Youth in Bosnia and Herzegovina
 ■ Youth in Bulgaria
 ■ Youth in Kosovo
 ■ Youth in North Macedonia



Source: Quantitative youth survey (2021)

Moreover, qualitative focus group discussions, in-depth interviews with experts and the quantitative youth survey revealed the following issues creating obstacles for young people in vulnerable situations.

In Albania:

- 16% of youth in remote areas mentioned difficulties in having discussions with family or friends, and 16% reported obstacles in accessing face-to-face support from NGOs or other youth support groups.
- 16% of Roma youth expressed a difficulty or inability to access online sessions with a psychologist or counsellor.

In Kosovo:

- Confusion regarding the difference between a psychologist and a psychiatrist leads to insecurity in seeking consultations with professionals. Youth from rural areas (and also those in urban environments) are realizing the need for psychological support; however, due to cultural constraints, further reaching out for psychological counselling from public hospitals or even asking others is problematic, due to stigmatization.
- Roma, Ashkali and Egyptian girls and women reported a lack of knowledge about how to seek professional support, although there was an anecdotal positive mention of an NGO offering psychological consultations.
- Structural obstacles were identified relating to a paucity of resources, addressing the needs of special populations such as children, addressing various psychosocial problems such as financial problems as a result of the pandemic, issues with the stigmatization of mental health in general and mental health problems, the lack of a telepsychiatry service and the lack of an emergency preparedness plan for mental health services.

In North Macedonia:

- Mental health services were perceived to have operated at a reduced capacity during the pandemic on account of the overall emphasis of the health system on Covid-19. As a result, online consultations were said to have been overloaded, thus not a valid solution for people needing immediate mental health support.

- Focus group participants shared a very commonly held understanding and strongly stated belief that the stigmatization and taboos associated with using professional support and counselling are so strong that they severely discourage young people from actually asking for support. In this context, the anonymity of using the internet provides them with some comfort.

- Members of the LGBT community are reluctant to seek professional support, due to the discriminatory behaviour of mental health professionals.

- Funding problems were identified for those NGOs offering mental health support to the LGBT community.

In Bulgaria, mental health experts identified a series of factors and structural limitations that create reasonable concerns as to whether the existing mental health system can fulfil its purpose, including the following:

- A clear lack of inter-sectoral work with the Ministry of Social Policies and the Ministry of Education to inform about and prevent mental health and sexual health issues;

- There are just 23 specialist psychiatrists in Bulgaria, located in just two clinics in Varna and Sofia which are 'chronically' underfunded;

- A lack of mental health facilities (also pre-dating the pandemic): just seven outpatient facilities specifically for children and adolescents (including services for developmental disorders), no other outpatient services for children and adolescents (e.g. day care), and just two inpatient facilities specifically for children and adolescents (World Health Organization, 'Mental Health Atlas 2017', Member State Profile for Bulgaria);

- Despite the increased provision of mental health services in hospitals during the pandemic, it has not yet been formalized in the context of a national programme; and

- A lack of public campaigning to prevent depression and detect early signs of sadness, heartbreak, and psychotic disorders such as schizophrenia.

VI. Sexual and gender-based violence

6.1 Incidence of gender-based violence during the Covid-19 pandemic

Coupled with the area of mental health, and in many cases related to it, the issue of sexual and gender-based violence constitutes a key area of concern relating to SRHR, extending across various young audiences and throughout the region. There was a high level of agreement among young people and relevant experts in the field alike that the Covid-19 situation has led to an increase in sexual and gender-based violence. Indeed, there is a strong belief that the phenomenon is much more widespread than reported. Desk research has identified strong evidence of the increased incidence of sexual and gender-based violence across the region, as follows:

- **In Albania**, data published by the Albanian Women's Empowerment Network (AWEN) showed that about 2,000 telephone calls were received by the national hotline for women and girls aged 16–17 years during the quarantine period between 10 March and 18 May 2020 (three times as many as in the previous year).
- **In Bosnia & Herzegovina**, evidence from as early as March 2020 suggests a spike in the number of identified cases of gender-based violence linked to the closure of reception centres during the early phases of the pandemic, the high turnover of beneficiaries and an increase in returns from failed referrals (<https://ba.unfpa.org/en/publications/humanitarian-response-bosnia-and-herzegovina-supporting-women-and-youth>).

- **In Bulgaria**, the national helpline for children which offers information, counselling and help to children over the telephone received 80 reports of a parent abusing another parent in March 2020 alone (Minister of Internal Affairs), suggesting that violence against women and children had doubled compared to the months before the pandemic.

- **In Kosovo**, the study conducted by the NGOs KITU and ADMOVEVERE (2020) on the challenges of the Roma, Ashkali and Egyptian communities in Kosovo during the Covid-19 pandemic indicated a substantial increase in year-on-year reporting of cases of domestic violence in the communities in the range of 25%.

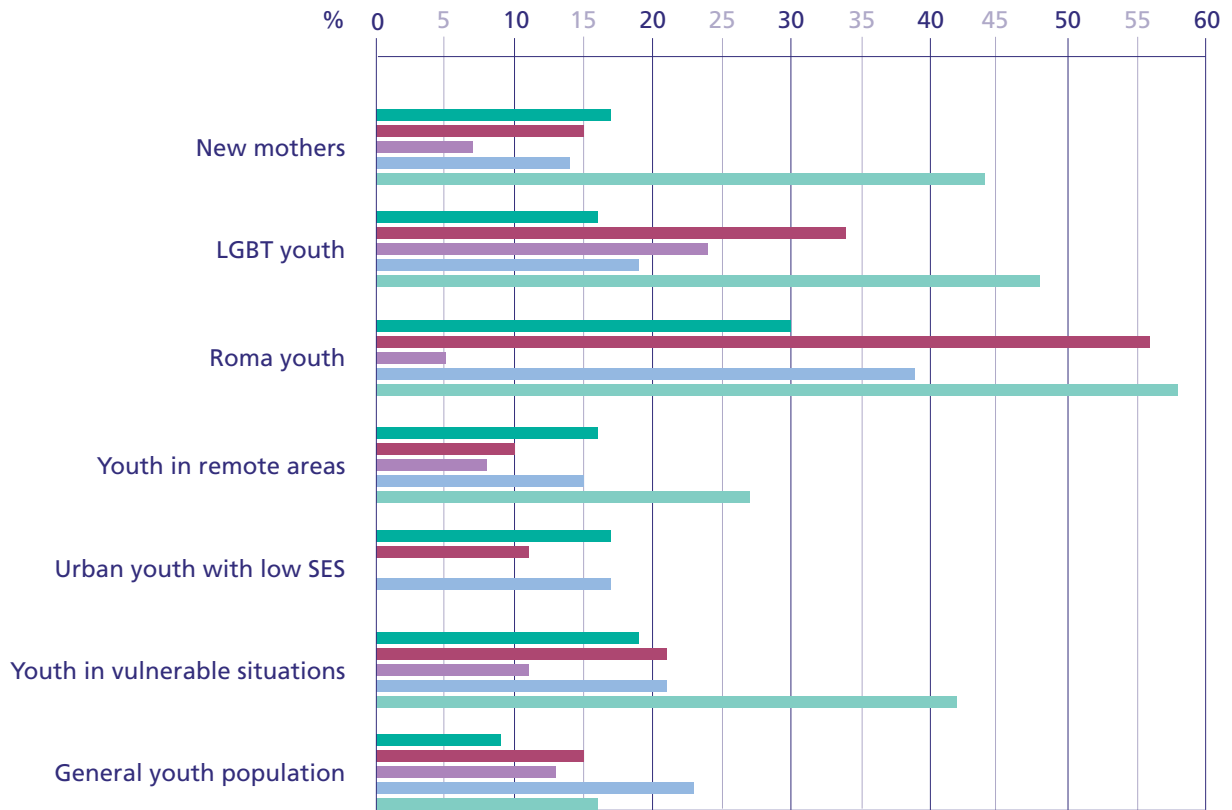
- **In North Macedonia**, during the course of 2020, the Ministry of Internal Affairs documented 34% more reports of domestic violence compared to 2019, and 50% more compared to 2018 ([MKD_COVID_CIP_WEB_kor.pdf \(coalition.org.mk\)](#)).

The quantitative survey further recorded a substantial proportion of young people acknowledging that they had personally experienced or witnessed an incident of sexual and gender-based violence during the Covid-19 pandemic. The highest proportions were observed among youth in vulnerable situations, and especially:

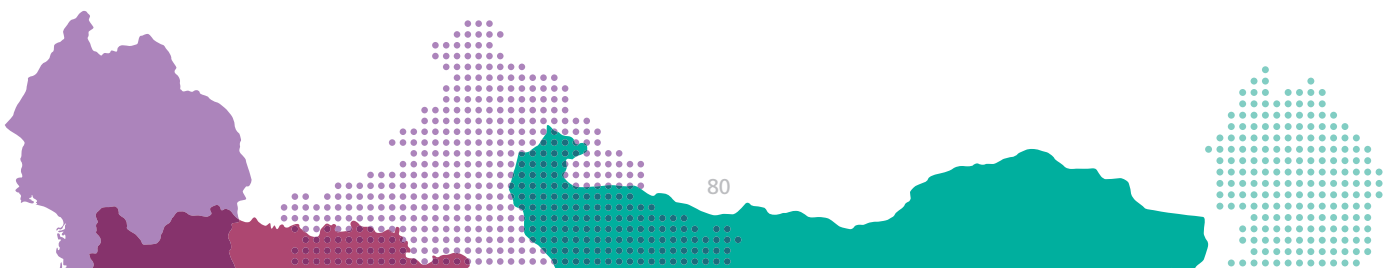
- Roma youth in all countries with the exception of Bulgaria;
- LGBT youth across all countries, and especially in North Macedonia and Bosnia & Herzegovina; and
- New mothers in North Macedonia.

Proportion of youth personally experiencing or witnessing incidents of sexual and gender-based violence during the Covid-19 pandemic (% mentioning)

■ Youth in Albania
 ■ Youth in Bosnia & Herzegovina
 ■ Youth in Bulgaria
■ Youth in Kosovo
 ■ Youth in North Macedonia



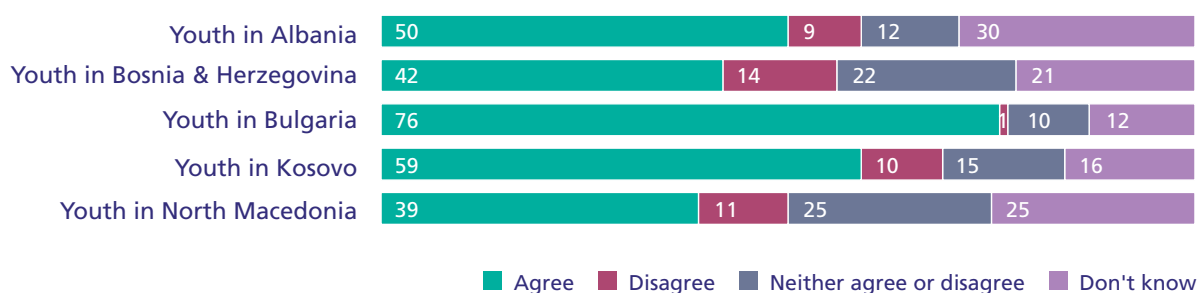
Source: Quantitative youth survey (2021)



6.2 Assessment of the State's response to sexual and gender-based violence during the Covid-19 pandemic

Young people across all countries studied are highly critical of the way that the State has responded to the rising incidence of sexual and gender-based violence during the Covid-19 pandemic. The highest levels of disapproval were recorded among the general youth population in Bulgaria, Kosovo and Albania, although there was also much discontent in Bosnia & Herzegovina and North Macedonia in this respect.

The State has not adequately tackled sexual and gender-based violence during the Covid-19 pandemic - General youth population (% mentioning)

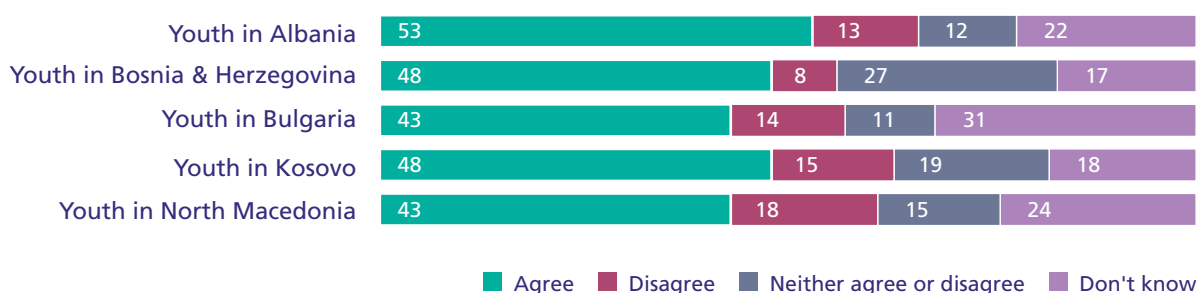


Source: Quantitative youth survey (2021)

Similarly, among youth in vulnerable situations there was a very high level of belief that the State has not adequately tackled the issue of sexual

and gender-based violence, with a similar level of disapproval across the five countries studied.

The State has not adequately tackled sexual and gender-based violence during the Covid-19 pandemic - Youth in vulnerable situations (% mentioning)

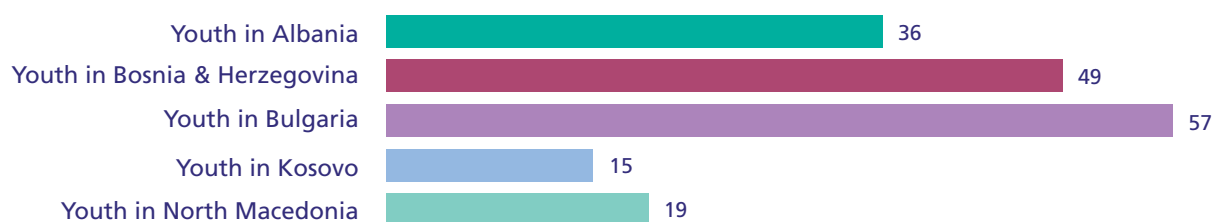


Source: Quantitative youth survey (2021)

6.3 Seeking support in cases of sexual and gender-based violence during the Covid-19 pandemic

Despite the clear importance of matters of sexual and gender-based violence to young people, a substantial proportion of those who experienced or witnessed such incidents during the Covid-19 pandemic either did not know where to seek support or did not take any action. This response was particularly common in Bulgaria, Bosnia & Herzegovina and Albania.

Proportion of youth who did NOT seek support or did not know where to turn to after experiencing or witnessing incident of sexual and gender-based violence during Covid-19 - All youth (% mentioning)



Source: Quantitative youth survey (2021)

Focus group discussions with young people and in-depth interviews with experts in the field revealed a series of obstacles to actively seeking support in the region, as follows:

In Albania, a series of underlying obstacles associated with the prevailing mentality and culture, as well as structural obstacles, represent barriers to actually seeking support or reporting cases of sexual and gender-based violence.

- On a general level, support services do not appear to form part of the way in which young people are raised. Hence, while young people are aware of the existence of centres/shelters for survivors of sexual and gender-based violence, these are not frequented or used much. As such, it would be particularly useful if teenagers especially could report such incidents to educators.
- LGBT people in particular expressed reluctance to go to the police regarding any issue of discrimination or sexual and gender-based violence, believing that rather than resolving their issue they will make them feel more judged and stigmatized. LGBT people mentioned that they would rely more on the associations offering help and support to LGBT individuals, such as the Alliance.

● Roma women/girls in particular feel a strong sense of stigma, prejudice and threat from their husband within the constraints of a patriarchal community. Coupled with a fear of judgement by the community and a 'silent acceptance' of such matters by the community, they would effectively prefer to resort to consulting a family doctor on issues related to sexual and gender-based violence.

In Bosnia & Herzegovina, the following were identified as key obstacles:

- An inability or difficulty to request help or support, on account of being locked down in the same house as the abuser due to the restrictions introduced during the pandemic;
- The stigma of cultural and gender stereotypes, with the fear of rejection and embarrassment not allowing young vulnerable people to discuss their problem with their friends;
- Teenagers expressed difficulties in recognizing forms of violence; it is clear that forms of violence such as extreme jealousy are considered normal expressions of love and attention;
- Members of the Roma community are evidently

more aware of behaviour that constitutes sexual and gender-based violence, due to first-hand personal experience; however, Roma women/girls do not have meaningful ways to report incidents or seek justice in cases of personal experience or those of others in their community, dictated by their financial (and psychological) dependence on their husband/perpetrator, the fear of removal of their children and loss of housing, the failure of their family circle to accept reports of such issues, and the fear of being harassed or punished by perpetrators in their close community;

- A clear lack of trust in public institutions is evidently discouraging young girls and women from seeking and obtaining meaningful protection in cases of sexual and gender-based violence across all target audiences. Police forces do not respond to or intervene in requests to deal with issues of sexual and gender-based violence, especially in rural areas, the Roma communities and smaller cities. In this context, further empowerment of police forces to be allowed to respond or intervene may be beneficial.

In Bulgaria, the lack of trust in institutions is clearly undermining the confidence of young girls and women to seek and obtain meaningful protection in cases of sexual and gender-based violence across all target audiences:

- Police forces have long since been distrusted and are also partly claimed to be involved in illegal drug trafficking and prostitution; and
- Police forces do not respond to requests to deal with issues of sexual and gender-based violence; there is an evident lack of conviction regarding whether calls made to the emergency number (112) have been effective in protecting victims.

In Kosovo:

- According to the study 'Addressing COVID-19 from a Gender Perspective: Recommendations to the Government of Kosovo' (https://womensnetwork.org/wp-content/uploads/2020/04/Addressing-COVID-19-from-a-Gender-Perspective_04_04_2020.pdf), the circumstances of the pandemic made it even harder for victims to report incidents of sexual and gender-based violence, as they were locked down with their abusers.

- Although shelters (run by NGOs) that provide support to people suffering violence reported that they are managing the extra workload well, the lack of provision of adequate psychological treatment for victims of domestic violence due to isolation

measures, coupled with the fear of social workers due to the risk of infection with Covid-19, may have been impacting their ability to provide effective services. As such, awareness of such issues may be instrumental in the relatively low proportion of people seeking support from shelters.

In North Macedonia:

- Institutions were reported as being 'practically useless' in handling any situation concerning violence of this kind. As such, trust in the police in this respect was said to be low—if not non-existent—and in some cases there is the common belief that even police officers are some of the more frequent abusers (referring to incidents that came to light where the perpetrators were a member of the police force). Moreover, this trust is constantly diminishing, since more and more cases of sexual and gender-based violence are reaching the news, without any follow-up reporting that the police has done something with regards to protecting and helping the victims, minimizing the problem or bringing the perpetrators to justice.

- There is also a lack of institutional and inter-sectoral communication and cooperation, which leads to victims remaining unprotected, and often having to continue living with their abuser.

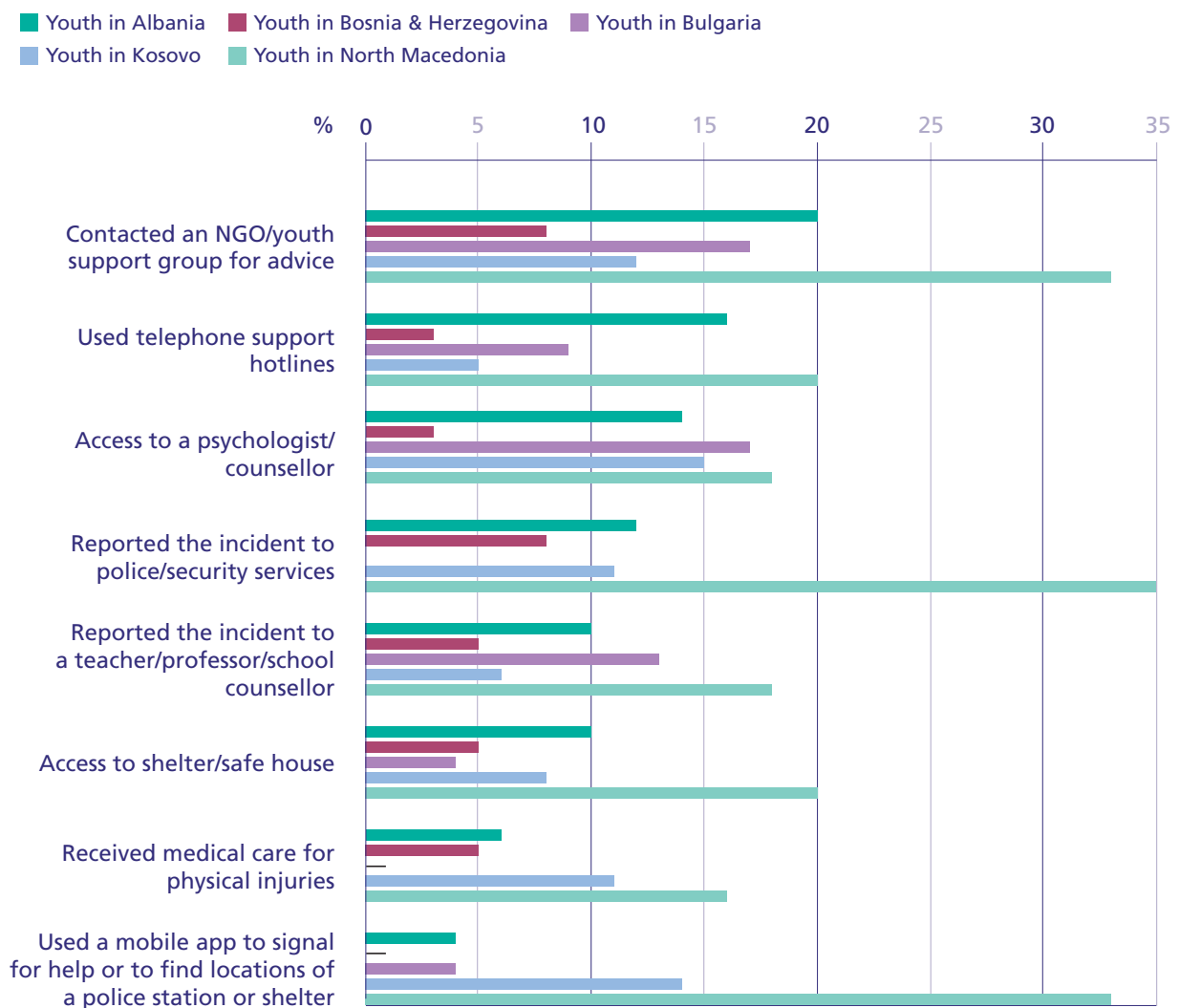
- The lack of government financial support for the safe house for the LGBT community, especially during the pandemic, created many problems in the shelter's ability and capacity to accept new victims of sexual and gender-based violence.

6.4 Action taken and support received in cases of sexual and gender-based violence during the Covid-19 pandemic

In light of the obstacles to seeking support, especially the considerable lack of trust in the police and authorities, the proportion of those

experiencing or witnessing an incident of sexual and gender-based violence who reported this to the police was exceptionally low in all countries except North Macedonia, where a large proportion of youth reported turning to NGOs and usage of mobile app technologies to signal for help. In contrast, in other countries, contacting NGOs and support groups is the main course of action taken by young people.

Action taken after experiencing or witnessing an incident of sexual and gender-based violence during Covid-19 (% mentioning)



Source: Quantitative youth survey (2021)

Ultimately, the degree to which young people were able to obtain the required support was limited,

with NGOs and support groups the main provider of support in all countries except Kosovo.

Sources from which managed to obtain support after reporting an incident of sexual and gender-based violence during Covid-19 (% mentioning)

■ Youth in Albania
 ■ Youth in Bosnia & Herzegovina
 ■ Youth in Bulgaria
 ■ Youth in Kosovo
 ■ Youth in North Macedonia



Source: Quantitative youth survey (2021)

VII. Assessment of the institutional response to Covid-19

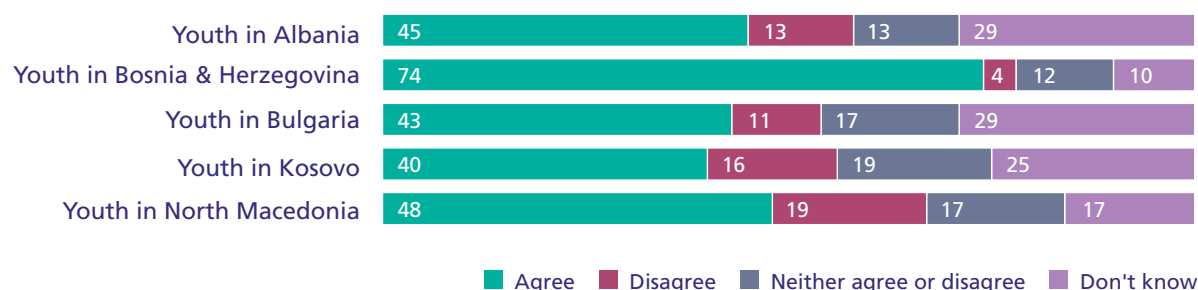
7.1 Overall assessment of the State's response to Covid-19 in relation to SRHR issues

All youth audiences strongly expressed the opinion in focus group discussions that the Covid-19 pandemic has clearly demonstrated how little attention is paid to SRHR issues and services by the authorities. A similar proportion holding this belief was also recorded in the quantitative survey across all countries studied.

The Covid-19 pandemic has shown how little attention is paid to SRHR by the authorities in this country - Genral youth population (% mentioning)



- Youth in vulnerable situations (% mentioning)



Source: Quantitative youth survey (2021)

Moreover, there is widespread agreement among experts in the region—as discussed during in-depth interviews—that the overwhelming problems with the State's response come from the lack of acknowledgement, in practice or in legislation, of any SRH service as an 'essential service' that would be provided without disruption in times of crisis.

Furthermore, across the countries a series of institutional shortcomings were further identified, as follows:

In Albania, young people across the board agreed unanimously that SRHR services were not given any importance during the Covid-19 pandemic by the authorities. Specifically, SRHR issues were not discussed on TV, in other media or on social networks, and it was also mentioned that the relevant ministries and other institutions did not address SRHR issues during the pandemic through their own channels of communication with the public.

In Bosnia & Herzegovina, feedback from experts confirmed the systemic shortcomings:

- The laws, decrees and actions taken in response to the pandemic did not take the needs of women, minorities and vulnerable people into account. This was also attributed to insufficient understanding among decision makers of human rights-based responses. The rushed emergency measures implemented by the government in this respect had a particularly negative and disproportionate impact on the rights of young women, thus widening the gender gap.
- There was a lack of consultation (before adopting restrictive measures) or consideration of the needs and opinions of those organizations such as civil society organizations operating safe houses, or institutions providing social protection to those most at risk, relating in particular to victims or potential victims of domestic and gender-based violence, victims or potential victims of trafficking in human beings, and women working in the grey economy.
- A very narrow adoption of measures, lacking intersectionality and failing to address overlapping categories of identity, such as gender and level of income, contributed to magnified negative effects of the emergency measures introduced.

In Bulgaria, a lack of prioritization of the needs of and support for health mediators was particularly noted, such as:

- Better synchronization between the Ministry of Health and municipalities in the implementation of national policies at local level.
- Greater flexibility of the Ministry of Health regarding the adoption of changes to secondary legislation relevant to SRH, targeted towards vulnerable groups and implemented by health mediators.
- Better interaction between the Ministry of Health and municipalities, in order to use at maximum the potential of the health mediators at local level. The existing system of funding for health mediators means that they are delegated by the Ministry of Health as function to municipalities, but have very few or nonexistent control mechanisms.
- Disparaging or underestimating attitudes of civil servants or local administrations towards health mediators related to discriminatory attitudes.

In Kosovo, over and above the complete lack of trust in public-sector institutions, it is evident that: (i) the political situation in Kosovo; (ii) the fact that the country is heavily dependent on external support, both financially and in terms of organizational support; and (iii) the lack of cohesion within a multicultural society all present particular challenges to meaningfully tackling SRHR issues both in general and during times of crisis.

In North Macedonia:

- The government neglected to put in place measures aimed at protecting the most vulnerable—particularly women—such as survivors of gender-based violence, victims or potential victims of trafficking in human beings, and women working in the grey economy, with little, if any, consultation with those providing support services to some of those groups, such as civil society organizations operating safe houses, or institutions providing social protection to those in greatest need.
- All measures failed in particular to use gender-sensitive language, making it difficult to avoid gender bias and to avoid being gender-blind to their potential consequences.
- Regarding sexual and gender-based violence specifically, although North Macedonia has signed and ratified the Istanbul Convention, there are no plans for its actual entry into legislation.

Across all countries, the single area where young people voiced satisfaction with the response of the authorities was in Bulgaria, in relation to pregnant women and new mothers: new mothers in Bulgaria considered that SRHR services related to pregnancy, birth and post-natal care were indeed prioritized by the government during the pandemic, because at least they continued to be offered on the same grounds as beforehand. The provision of free specialized psychological support for pregnant women and new mothers in public hospitals contributed significantly to this perception. This suggests that if governments take similar actions, youth audiences will be open to appreciating them.

VIII. Positive practices

Despite the youth perceptions that the authorities' response to Covid-19 was inadequate, a series of positive practices were identified as having been implemented during the pandemic, either as a continuation of previously established activities or as a direct response to the crisis.

While many of these practices may not have had a strong impact in terms of achieving their goals, their further implementation or expansion could yield promising results. Moreover, they also include a series of more general responses that may have

the potential to be transferred into the realm of SRHR information dissemination and service provision. The main practices and their implications suggested in terms of further actions/goals to be pursued are highlighted below. s strongly expressed the opinion in focus group discussions that the Covid-19 pandemic has clearly demonstrated how little attention is paid to SRHR issues and services by the authorities. A similar proportion holding this belief was also recorded in the quantitative survey across all countries studied.

8.1 Sex education, information and training

Albania

Practice

Further actions/goals

Online non-formal education platforms used by ACPD to conduct meetings, round tables, awareness-raising campaigns, policy dialogue workshops within the community of health care and education, and with local and high-level decision makers

Reported by ACPD

Maintain and enhance such activities.

Sexual Education as Life Skills cross-curriculum training implemented in 2020/2021, including:

- 700 teachers and 72 leaders trained to deliver Comprehensive Sexuality Education (CSE);
- 300 teachers and 360 non-teaching staff trained to deal with sexual abuse; and
- expansion of the programme in 51 local education offices of pre-university education.

Reported by the Ministry of Education; impact on teenagers is yet to be observed

Activities were largely focused on the educators themselves.

Establish an online platform for the provision of CSE for young people, including those from vulnerable groups, to enable access in times of crisis and post-crisis. Platforms should allow access to information on available SRH services and service providers.

Training for young people on using technology (e.g. on video conferencing platforms) adopted by faculties of social sciences at universities.

Reported by education experts

Extend general training to the use of platforms focusing on SRHR issues.

Albania continued

Practice

Further actions/goals

<p>Early organization of online workshops with a focus on CSE in the early months of the quarantine</p> <p>Reported by education experts</p>	<p>Embed such workshops as part of an ongoing online curriculum.</p>
<p>Ongoing work by the Act for Society NGO in collaboration with the Care International programme with support from UNFPA in 11 cities to deliver CSE once a month through youth clubs and to prompt debate</p> <p>Reported by Act for Society</p>	<p>Use 'stable' youth clubs and expand their number to extend into various communities.</p>
<p>Training for experts: during the pandemic, ACPD was using the modern telemedicine network, covering 12 regional hospitals, 5 university hospitals and 3 municipal hospitals, to organize training for health care providers on SRH issues.</p> <p>Widely acknowledged by all stakeholders</p>	<p>Maintain such training and provide add-on digital options for services to be offered by the network.</p>

Bosnia & Herzegovina

Practice

Further actions/goals

<p>NGOs provide informal Comprehensive Sexuality Education (CSE). Peer education conducted by NGOs is a very good practice.</p> <p>Recognized and valued by young people and stakeholders alike</p>	<p>CSE should become part of the official school curriculum.</p> <p>Support NGOs and other associations to create peer education in schools in general.</p> <p>Educate teachers about CSE.</p>
<p>Create channels and ways for NGOs to continue their informal sex education activities during times of school closures.</p> <p>To meet young people's needs, agreed to by stakeholders</p>	<p>Establish a mechanism whereby NGOs are linked with and have access to school activities as part of a standard framework.</p>
<p>Local community and youth centres offer information on SRHR.</p> <p>Valued wherever applied by young people outside urban areas in particular</p>	<p>Local community and youth centres should be prioritized and remain open and functioning during crises such as the Covid-19 pandemic.</p>

Bulgaria

Practice

Online academy for young people organized by the Red Cross in Bulgaria

Reported by a Red Cross official and also referred to by other expert stakeholders, though no reference to or awareness of this among the youth respondents

The Loveguide educational site for teenagers (<https://loveguide.bg/>), operating since before the pandemic, with 60,000 subscribers and over 10 million views, has continued operating during the pandemic, offering:

- a new video uploaded each week;
- online programme lessons on four main SRHR topics; and
- a special mobile SRHR app for teenagers.

Reported by Loveguide, though no reference to or awareness of this among the youth respondents

The U-Report global platform was launched by UNICEF and partner organizations in Bulgaria in 2020:

- enabling children and young people aged 14–29 to express their opinions on issues important to them and in an accessible way;
- using VIBER chat to research the opinions of young people on issues that concern them; and
- providing useful information and referral to various services: the content of each proposed consultation and any information, as well as any public U-Report event, are discussed by a wide range of organizations, experts and children and young people, to be as useful as possible.

Reported by Ministry of Health officials and other stakeholders

The LARGO (Roma support group) long-term programme for shooting and distributing short educational videos continued operating during the early period of the pandemic but has halted its activities due to negative attitudes and reactions to its programme.

Reported by the LARGO organization; references to such organizations were also made by Roma community members, though with no specific reference to LARGO

Further actions/goals

Further implement and raise awareness of such schemes through online and social media communication.

Maintain a flow of information on SRHR matters during times of crisis for teenagers and young people with access to technological means through similar activities.

Despite continuing to operate, use of Loveguide has not shown any increase during the pandemic.

A need to further raise awareness of this and other similar activities to improve the dissemination of knowledge on SRHR matters among young people.

Giving voice to children and young people and involving them in discussions on SRHR-related issues as a way to increase their involvement in the subject matter.

Extend features to provide useful information on the issues and matters that are of importance to users, such as mental health, ethnic discrimination etc.

Safeguard the operation of NGOs during pandemics to maintain a flow of credible educational information to marginalized communities.

Efforts need to be made to disassociate perceptions of such groups from the political establishment.

Kosovo

Practice

Educational support for the Roma, Ashkali and Egyptian communities' SRH during the Covid-19 pandemic, provided by Balkan Sunflowers (volunteer-based NGO) in a project supported by UNFPA:

- establishment of five youth clubs with learning centres, allowing youth to raise and address issues related to SRH, as well as overall health issues caused by the pandemic;
- survey driven by five learning centre coordinators, focusing on health issues (number of pregnant women, antenatal care, STIs, cervical cancer, breast cancer, Covid-19, family planning, HIV, people with diabetes, people with disabilities, people with respiratory health issues, hypertension, cardiovascular problems);
- engagement and empowerment of at least 20 youth from Roma, Ashkali and Egyptian communities in health-related activities, through a three-day training course related to SRH and information on health policies and health mechanisms;
- home visits to approximately 1,500 families, to raise awareness of STIs and Covid-19; and
- personal visits to pregnant women, to raise their awareness related to healthy pregnancy, family planning, STIs, protection from Covid-19, and the baby's well-being.

Strongly reported by NGOs, but limited awareness among the youth audience interviewed

Further actions/goals

Raise awareness of the existence of such youth clubs with a learning and exchange focus on SRHR matters.

Extend the number of such learning youth clubs into a greater number of communities.

Extend such initiatives to marginalized ethnic groups and LGBT communities.

Kosovo Population Foundation (KOPF), supported by UNFPA, has carried out virtual training on SRHR with youth from the remote municipality of Dragash.

It included a module on the Covid-19 pandemic based on World Health Organization materials, and 22 young people had the opportunity to attend these training sessions from the safety of their own homes, thus enhancing their knowledge on SRHR and protecting themselves and their families from possible infection with Covid-19.

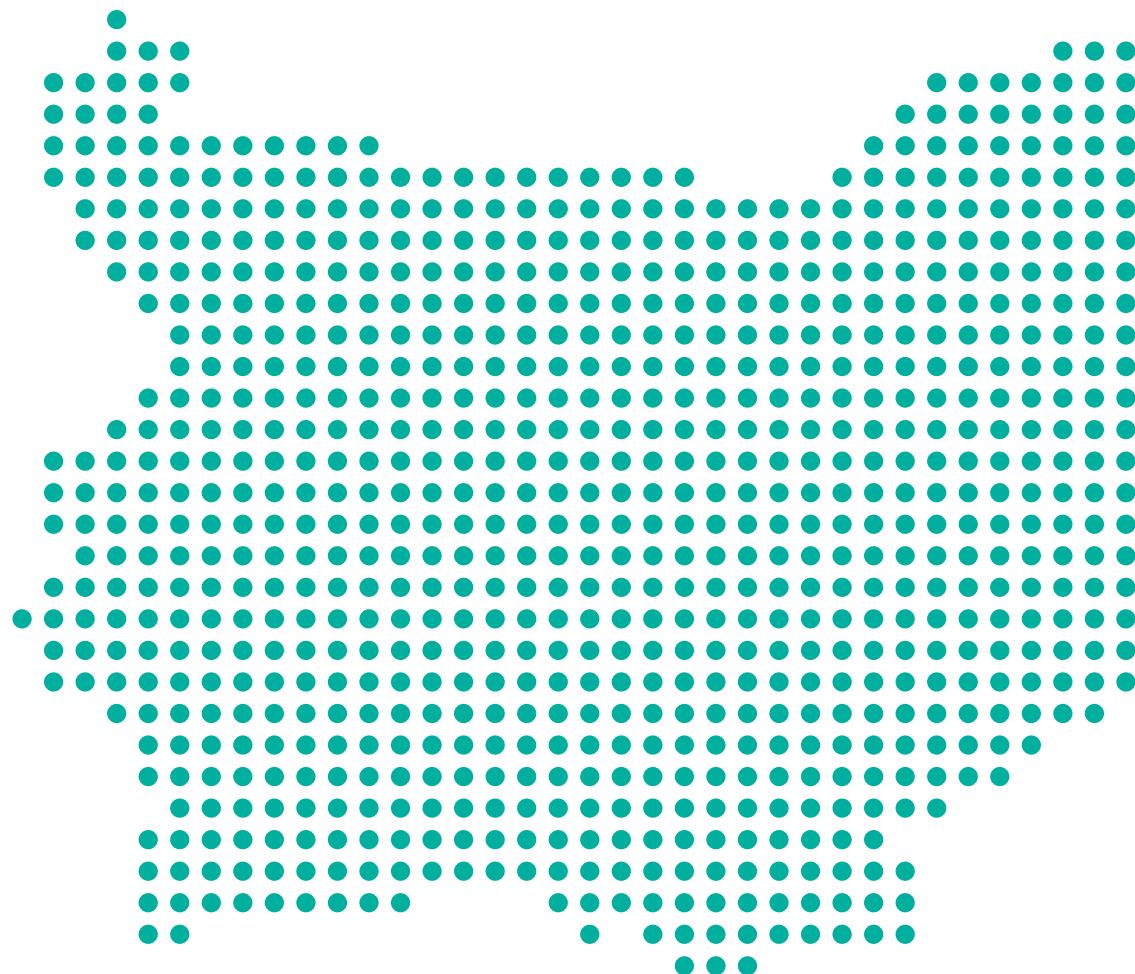
Identified through desk research

Use international materials such as those produced by the World Health Organization, but possibly also add tailor-made aspects for greater relevance to local youth.

Continued training of health workers by NGOs, on antenatal care, visiting homes through phone appointments, and sexual and gender-based violence

Reported by experts

A good practice that can be extended to a wider number of SRHR issues such as contraception, practising safe sex, family counselling and others.



North Macedonia

Practice

Further actions/goals

Providing sex education online, including both synchronous and asynchronous learning, implemented by HERA

Synchronous learning: In-person Comprehensive Sexuality Education (CSE) sessions were adapted as online Zoom workshops for young people. They involved Zoom breakout rooms, screen-sharing of Google slides, and the sticker feature on Zoom as a way to promote interaction between participants.

Asynchronous learning and story creation/sharing: Using Instagram stories, HERA youth peer educators posted video answers to the questions posed by followers on SRH topics. Through the creation of an Instagram story template with the statement "CSE taught me..." and sharing it with followers, young people who followed the CSE programme could each continue the sentence by describing something meaningful that they learned during the sessions, share it on their story and nominate friends to share it with.

Reported by the NGO HERA

An excellent way to not only maintain but also enhance sex education through informal channels

Such activities should be further supported and conducted/disseminated in cooperation with government institutions and ministries.

Creation and sharing of short videos by peer educators covering topics of pleasure, SRH and violence were posted on social media as a way to educate young people and offer them a glimpse of what CSE is about.

Reported by NGOs

Attractive to all young people with internet access, and can act as an effective way to raise awareness and introduce sex education and SRH topics, even for those young people with limited knowledge

A series of video animations of the most frequently asked questions and concise answers regarding the CSE pilot programme was initiated in September 2021 to inform young people and the general public, and to prevent the spread of misinformation regarding the Covid-19 virus and its implications for people's health.

Reported by NGOs

Adoption of the questions and answers schematic could be applicable and relevant beyond the Covid-19 pandemic in the future.

The use of video animations is a highly attractive hook to encourage people to use such sites.

12 NGOs worked together to analyse the effects of Covid-19 on youth and prepared a set of recommendations for improving the policies and measures that the government should introduce to minimize negative consequences.

Conducted by the Youth Educational Forum

It is vital to maintain such cooperation between institutions in the future after the pandemic; it can also focus specifically on SRH matters.

Providing a single online entry point/portal for dissemination of such findings should be considered not only in terms of general policy measures but also in terms of providing feedback for future sex education programmes both inside and outside schools.

8.2 Maintaining a credible information flow and awareness of SRH issues

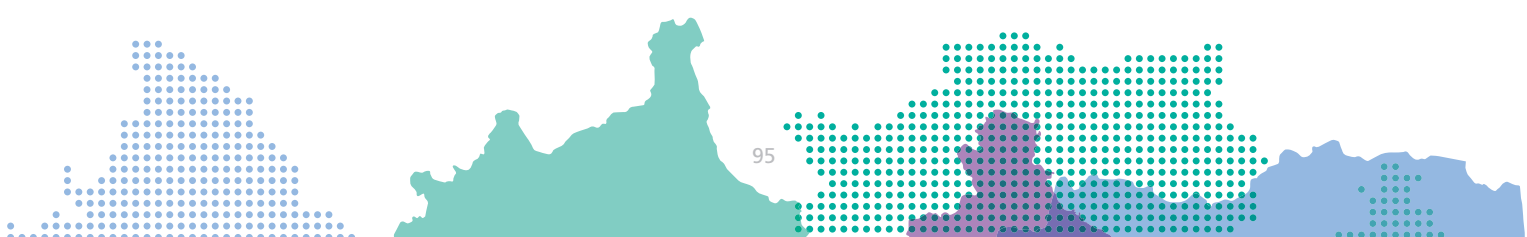
Albania

Practice

Further actions/goals

<p>Online support through direct telephone lines with family doctors</p> <p>Acknowledged by youth audiences and stakeholder experts alike</p>	<p>Establish permanent telephone and online contact channels between patients and their personal doctor, with prescriptions issued remotely.</p>
<p>United Nations agencies, the Swedish Embassy and the European Union were active in providing online information and education</p> <p>Reported by stakeholder experts; possibly not adequately reaching youth audiences</p>	<p>Promote such websites, their credibility and benefits via communication activities.</p>
<p>Wide use of Facebook pages, websites, WhatsApp and Zoom platforms by various organizations working for women's rights, such as:</p> <ul style="list-style-type: none"> • Center for Civic Rights Initiatives • Monitor of Sexual and Gender Based Violence • The Network for Women's Empowerment • Albanian Center for Population and Development • Act for Society • Albanian Community Assist • Center for Children's Rights <p>Reported by stakeholder experts; possibly not adequately reaching youth audiences</p>	<p>Promote such websites, their credibility and benefits via communication activities.</p>
<p>Targeted information activities by the Aksion Plus organization towards drug users and by the LGBTI Alliance towards the LGBTI community</p> <p>Reported by relevant stakeholders and acknowledged by LGBT community members in focus group discussions</p>	<p>Maintain and enhance such activities by NGOs.</p>
<p>Medical TV programmes featuring increased focus by doctors on women/girls and young people arguing that the Covid-19 pandemic should not interfere with people's reproductive health (e.g. Hipokrati programme broadcast by Top Channel)</p> <p>Reported by educated youth audiences</p>	<p>Use traditional TV channels to raise or maintain awareness of the importance of SRH issues at a time when they are being crowded out by the Covid-19 virus and the pandemic.</p>

<p>Information on the World Health Organization website</p> <p>Acknowledged by youth audiences and stakeholders alike</p>	<p>Identify and promote other credible international online sources in addition to the World Health Organization.</p>
<p>Social network posts by trusted physicians</p> <p>Mentioned by youth audiences</p>	<p>Consolidate posts from trusted well-known physicians into a single social media platform for this purpose.</p>
<p>The Ministry of Health and Social Protection was using its website and Facebook page to inform the entire population and young people about Covid-19 implications and vaccinations, and its impact on SRH, such as the provision of emergency services only</p> <p>Reported by the Ministry of Health, but restricted in terms of perceived usefulness by youth audiences or indeed in terms of any meaningful reference to SRH services</p>	<p>Incorporate SRH issues in communications from the Ministry of Health through all its channels.</p>
<p>Albanian Community Assist (ACA)'s health mediators have been delivering information via leaflets in three areas of Tirana (Selite, Shkoze and Allias)</p> <p>Reported by stakeholders</p>	<p>Carry out similar activities elsewhere.</p>
<p>Information targeting the Roma community by NGOs offering valuable and useful information about women's health, personal hygiene, sexual health etc., with in-person sessions after the lifting of restrictions, to make up for the deficiencies created by restrictions</p> <p>Well received and appreciated by Roma community members</p>	<p>Explore ways to ensure a rapid response and constant contact with the Roma community depending on the geographic area and the access of sub-communities to technology.</p>



Bosnia & Herzegovina

Practice

Further actions/goals

Internet/online platforms in general

Acknowledged and well received by young people in urban centres with reliable and frequent internet access

Make a strong link to information on 'next steps' and 'portals' in terms of how to access related services.

Stronger promotion of sources of information on SRHR that provide truthful and adequate information through virtual events, online resources and training.

NGOs continued their work and extended activities by adopting online offerings and applications.

Well received by young people in urban areas with internet access, but also by marginalized Roma with NGO centres operating in their close vicinity

Provide financial support to the NGOs so that they can increase their activities in the local communities without interruption during times of crisis.

Mobile teams of doctors, nurses or other professionals visit communities.

Although such activities continued, young people were either unaware of them or perceived a significant downsizing during the Covid-19 pandemic.

Not adequately implemented during the pandemic, but valued highly by young people in remote areas

Authorities should make it a priority to have such programmes operating throughout the country, as opposed to in just a small number of communities or areas.

Support the activities of health mediators and GPs during times of crisis.

Not adequately implemented during the pandemic, but seen as very necessary by young people and stakeholders

Financial and operational support should be increased and sustained during times of crisis.

The Ministry of Health should adopt a permanent dialogue with health mediators, accepting and supporting that health mediators play a key role in understanding the needs of vulnerable groups and in determining the existing capacities and needs of the health care system.

Bulgaria

Practice

HealthBuddy+ digital tool launched online and as a mobile app in May 2020 by the World Health Organization/Europe and UNICEF ECARO to help debunk false claims about the virus while supporting the dissemination of truthful information on Covid-19 in the European region.

Implemented in Bulgaria by UNICEF Bulgaria and also available in the Bulgarian language (in addition to 20 other languages)

Reported by expert stakeholders; an apparent need for addressing misinformation was reported by youth in general

Rapid response to Covid-19 by well-known organizations such as the Red Cross, the World Health Organization, BFPA and Animus in both online and traditional media:

- online seminars, consultations and training
- presence in mass media (TV and radio) discussions
- disseminated very high-quality and verified information through various information channels: websites, YouTube, Facebook and others

Very strong references from expert stakeholders; despite such activities taking place, impact is restricted to a small 'elite' of urban young people with access to technology

GPs and doctors report heavy activity on Facebook, disseminating information to patients:

- report having profiles of up to 5,000 patients each
- direct communication and questions asked by patients are answered directly
- feedback and support provided to health mediators directly

Discussed by physicians and also partly mentioned by youth audiences

Further actions/goals

Need to further elevate awareness of the tool

Ensure its funding to render it and maintain it as a credible sustainable hub for health literacy and mental health beyond the Covid-19 crisis.

Maintain and update its local language information.

Need for fast and verified information from trusted sources

Use organizations that are not associated with the political establishment to publicize such information.

Raise awareness of such organizations further as the primary expert sources of information.

Identify channels for such organizations to reach those without access to technology, those in remote areas and marginalized groups.

Establish and maintain contact and a flow of advice for patients with their most trusted source of information (personal doctors).

Further use of social media by physicians to disseminate information

Kosovo

Practice

The municipality of Fushë Kosovë has established an emergency sub-headquarters for communities, led the Deputy Mayor for Communities, to deal with issues related to SRHR.

Identified through desk research

The Network of Roma, Ashkali and Egyptian Women's Organizations of Kosovo (RROGRAEK) has organized two awareness-raising campaigns on early marriages and gender discrimination, reaching out to 270 Roma, Ashkali and Egyptian families, mainly those with young girls at risk of dropping out of school and potentially entering into early marriages.

Reported by RROGRAEK and targeting issues acknowledged by these communities as being highly important to them

Pregnant women are recognized as a priority target audience in public health facilities.

Acknowledged by both new mothers and expert stakeholders

Continuing support offered by NGOs to the LGBT community

Singled out by LGBT people as the only reliable source of support during the Covid-19 pandemic

Further actions/goals

This was referred to as a very good practice and should be looked at and maybe implemented by other communities as well.

Involve municipality authorities in the wider sense as the public authority with greatest access to local communities for providing practical information.

Excellent example of targeted communication. Such activities need to be maintained beyond the Covid-19 pandemic.

Similar targeted localized face-to-face approaches may be beneficial for other youth audiences on other areas such as contraception, practising safe sex and family counselling.

Prioritization of SRHR issues is likely to be well received by interested youth audiences.

Making a wider range of SRH services 'essential' in practice and (if possible) in legislation is also likely to protect against a lack of focus on them in future crisis situations.

NGOs have proven their worth during the crisis and should be further supported financially and given a greater say in policymaking.

8.3 Availability and distribution of supplies

Albania

Practice

State programme support for door-to-door delivery of condoms through Public Health Directorates

Reported by Ministry of Health officials, though not significantly experienced by youth audiences

ACPD has provided pregnancy tests and condoms through community outreach, and a few HIV organizations provided condoms to key populations.

Reported by ACPD

Further actions/goals

Expand the programme and raise awareness about it.

Expand the programme and raise awareness about it.

Bulgaria

Practice

Early response during the pandemic by the Red Cross in Bulgaria:

- distribution of consumables, condoms and kits for personal use
- fundraising campaigns for medicines and consumables
- distribution of duty-free masks, gloves, visors and disinfectants to the most vulnerable groups
- examinations for pregnant women and new mothers at the beginning of the pandemic, when all other health facilities were closed

Reported by the Red Cross and acknowledged by the Ministry of Health

Adoption of longer opening hours for pharmacies

Discussed as an aspect of preference by young people, and peripherally also by stakeholders

Further actions/goals

Providing the minimum supplies required to ensure sexual health can be maintained

Expanding access opportunities for supplies, kits and medication

Bulgaria continued

Practice

Home delivery of supplies by pharmacies

Discussed as a preference among young people when prompted; also peripherally discussed by stakeholders

Further actions/goals

Ensuring access to supplies, kits and medication

Need to extend/establish this across geographical locations, to remove the need/obstacle of remote community residents needing to travel outside their neighbourhoods

UNICEF in Bulgaria has provided a multidimensional response to support the government, municipalities, NGOs, business and the media to provide better results for children, especially the most vulnerable ones, through:

- distribution of food, medicine, information, clothes and any other support; and
- creation of a localized information hub (in Silven) running a local helpline.

Reported by stakeholders

Overcome the barrier of a lack of trust in local institutions.

Use international humanitarian organizations as a means to—at least—not increase underlying economic disparities for vulnerable population groups.

Extend such activities to the realm of SRHR information and supplies.

Kosovo

Practice

NGOs provided free tests for HIV and other STIs to the LGBT community.

Appreciated by LGBT people both per se and by showing a genuine practical interest in their needs

Further actions/goals

Extend such practices of supply provision to wider youth audiences, particularly contraceptive products to those most likely to be having sexual intercourse for the first time.

North Macedonia

Practice

NGOs working in Skopje and other cities offered supplies, medicines and other SRHR products to vulnerable groups.

Reported by stakeholders

Further actions/goals

The NGOs need to be supported further, and cooperation between NGOs and government institutions should be created and further developed. Such practices should also be extended to rural areas.

8.3 Services and medicines

Albania

Practice

Further actions/goals

<p>Antiretroviral therapy for people living with HIV was provided through local health care units.</p> <p>Reported by experts in the LGBT field</p>	<p>Need to explore ways to reach people with such services during lockdowns</p>
<p>Digital mobile map app currently administered by a private initiative to show distance and directions specifically to doctors, health centres, support centres and supplies related to SRH services in the area/region where people live</p> <p>Reported by Ministry of Health officials</p>	<p>Extend to Ministry of Health platforms.</p>
<p>Ministry of Health targeted campaigning towards LGBT people with respect to scaling up HIV self-testing, offering multi-month dispensing (MMD) of pre-exposure prophylaxis (PrEP), condoms and lubricants, and expanding access to three- and six-month MMD of antiretrovirals to members of key at-risk populations</p> <p>Reported by the Ministry of Health and relevant experts</p>	<p>Service delivery innovations and adaptations that reduce congestion at clinics and ensure uninterrupted access to HIV services despite lockdowns and restrictions are further required to render them effective.</p>
<p>Pregnancy care acknowledged by new mothers as having been prioritized</p>	<p>Strong indication that where services are indeed prioritized, youth audiences are very receptive</p> <p>Use as an advocacy tool to push for recognition of other SRH areas as a top priority.</p>

8.4 Mental health

Albania

Practice

Further actions/goals

<p>Establishment of a government-approved telemedicine network of mental health professionals, psychologists and counsellors, including mobilization by the Ministry of Health of a network of psychologists from the Order of Psychologists to provide free counselling</p> <p>Applied by the Ministry of Health</p>	<p>Raise awareness of this option, particularly the dimension of free counselling</p>
<p>Electronic platform (now translated into Albanian) for the treatment of depression, developed by the European Alliance Against Depression (EAAD) and considered by the European Commission as the most important evidence-based treatment to date for the prevention of suicide</p> <p>The platform is being used in three community mental health centres, in Tirana, Korça and Shkodra.</p> <p>During the pandemic, especially during 2020, the majority of people using the online platform on depression were young people (40% of them aged 14–30 years).</p>	<p>Raise awareness of the platform, to:</p> <ul style="list-style-type: none"> • increase the number of people suffering from depression receiving treatment at community mental health centres; • increase access even in cases when people cannot physically go to the centre; • reduce the stigma of treating depression; • improve the quality of life of people suffering from depression, and their families; and • prevent suicidal behaviours and reduce the number of suicides.
<p>Support programme with a focus on key populations and marginalized young people who need mental health support, in cooperation with partners (such as NGOs)</p> <p>Reported by the Ministry of Health</p>	<p>Targeted community communication</p>
<p>Online mental health consultations (in conjunction with provision of antiretroviral therapy and condoms at home) for people with high HIV risk under the national HIV/AIDS programme</p> <p>Reported by experts</p>	<p>Further communicate through LGBT-focused NGOs</p>
<p>Hotline number (08004040) for the entire population used for both Covid-19 and mental health problems, communicated widely through mass TV media</p> <p>Reported by experts, though young audiences are not clear as to its specialization on mental health issues</p>	<p>Consider a separate hotline for psychological support only.</p>
<p>Mental health support activities carried out by Save the Children</p>	<p>Maintain and communicate further.</p>

Bosnia & Herzegovina

Practice

Further actions/goals

<p>NGOs' work and activities in relation to mental health</p> <p>Generally appreciated by young people</p>	<p>NGOs should be supported in their efforts to reach out to young people by all possible means.</p>
<p>Online campaign by an NGO related to mental health in the promotion of SRHR but also included aspects on the preservation of mental health during the Covid-19 pandemic</p> <p>Noted by an expert from a mental health organization</p>	<p>Distinguish mental health online campaigns (and via other channels) as a stand-alone campaign separate from other SRHR and health issues.</p>
<p>Youth centre funded by the European Union and Council of Europe organized free counselling for LGBT people throughout Bosnia & Herzegovina. Through the counselling, the personal capacities of LGBT people in this period of the crisis were reinforced, allowing for greater equality in treatment and mental health care for all young people irrespective of sexual orientation.</p> <p>Reported by stakeholders, though not mentioned by young people</p>	<p>Expand this successful programme to other marginalized or disadvantaged groups, in the area of mental health, providing support on mental health and psychological needs during Covid-19 or other similar times of crisis in the future.</p>
<p>Telephone hotline or telephone communication</p> <p>Not adequately implemented during the pandemic, but valued highly by young people in terms of its potential</p>	<p>Reduce overloading of telephone lines on mental health (public health) and provide distinct numbers specialized on mental health.</p> <p>Involve teams of well-trained young people to offer peer support at the local level.</p>
<p>Mobile teams of doctors, nurses or other professionals visit communities. Although there is some awareness of mobile teams operating, it was not referred to in the context of mental health or psychological support services.</p> <p>Not adequately implemented during the pandemic, but rated highly by young people in general</p>	<p>Extend services of mobile teams to the realm of mental health.</p>

Bulgaria

Practice

Psychological and mental health support provided in hospitals for pregnant women during the pandemic was significantly better than before the pandemic, due to a higher number of specialized psychologists available in public hospitals and offering their services.

Acknowledged as a vast improvement by new mothers and stakeholders alike

Norwegian programme in collaboration with the World Health Organization to create textbooks for teaching mental health in schools for different ages

Not currently recognized, supported or implemented in Bulgaria

Identified through secondary research

Translation and video interpretation in the Bulgarian language of the book My Hero is You for children and parents:

(<https://www.unhcr.org/bg/wp-content/uploads/sites/18/2020/04/My-Hero-is-You-Storybook-for-Children-on-COVID-19-1.pdf>)

An initiative for mental health support and how to cope with the Covid-19 pandemic for children and parents

Identified through secondary research

Further actions/goals

Lock in this good practice as a default good practice for the long term, rather than just a short-term measure.

Advocate for the implementation of this programme in Bulgaria.

Introduce mental health dimensions into any plans or programmes for SRH education.

Raise awareness and increase dissemination.

Adopt similar visual storytelling tools.

Kosovo

Practice

The Ministry of Health established a free hotline providing psychosocial support during the pandemic.

Reported by the Ministry of Health; there was some increase in the uptake of telephone and hotline services by youth during the pandemic, though not greatly singled out as specializing in mental health matters

The QIPS organization created a hotline for suicide prevention.

Identified through desk research

Further actions/goals

Greater communication about such a hotline is needed, including clear communication in a manner that destigmatizes the search for psychological support.

Ensure a long-term phone channel is dedicated to suicide prevention.

8.6 Sexual and gender-based violence

Albania

Practice	Further actions/goals
<p>At policy level:</p> <ul style="list-style-type: none"> • two protocols on better coordination of Coordinating Referral Mechanisms were approved by the Ministry of Health; and • revised standard operating procedures for sexual and gender-based violence were formally approved by Minister's Orders and published in the Official Gazette. 	<p>Establish a monitoring mechanism to assess effectiveness.</p>
<p>Online platforms/websites offering information for young people on sexual and gender-based violence from different organizations and the Ministry of Health</p> <p>Reported by the Ministry of Health</p>	<p>Communicate widely.</p>
<p>Center for Civic Rights Initiatives active in providing information, counselling for survivors of sexual and gender-based violence and referrals through social media, online platforms such as Zoom, WebEx and the organization's website</p> <p>Reported by stakeholder experts</p>	<p>Maintain and communicate further.</p>
<p>NGOs and shelters generally perceived as being particularly useful</p> <p>Mentioned by youth in remote areas and LGBT people in particular, though with little reference to any specific organization</p>	<p>High perceived usefulness; need to be linked to specific organization names and contact links</p>
<p>Development of an app by the Ministry of Health to help people seeking support in cases of sexual and gender-based violence</p> <p>Acknowledged by both youth audiences and experts</p>	<p>Very strong tool; requires further promotion and credibility in terms of leading to effective and timely protection.</p>
<p>Trokitja Women Group supported housing issues because of divorce for women survivors of abuse and violence who are household heads, and addressed them in a letter to public officials/decision makers.</p> <p>Identified through desk research</p>	<p>Expand such localized activities.</p>

ACPD, with the support of IPPF, has developed the online platform 'Safe from Gender-Based and Sexual Violence', which provides basics for preventing, reporting and responding to sexual and gender-based violence for young people aged 14–25 years in and out of school.

Reported by ACPD

Extremely useful tool; may be considered to be linked digitally or functionally with the activities of the Shelter for Abused Women and Girls (SAWG) in the context of a 'one-stop' platform.

UNDP, by partnering with the Community Development Centre 'Today for the Future' and the Shelter for Abused Women and Girls (SAWG), offered direct support to women and girls, survivors of domestic violence and their families in the context of the Covid-19 pandemic through the Coordinated Referral Mechanisms for cases in Tirana, Lezha and Durres.

- from May to June 2020, the SAWG produced a set of user-friendly materials addressing issues related to women, and held an online competition on healthy relationships, which reached 23,000 people on Facebook
- preparation of a user-friendly booklet for children and families, with messages from public figures addressing the potential contribution of men to household duties and promoting equal family gender roles
- provision of a green phone number for reporting violence, also printed on face masks
- women supported with free legal counselling
- women supported with online psychological counselling

Identified through desk research

Extremely high potential to integrate awareness-raising, empowering messages and meaningful support

Should be further highlighted and promoted as a 'one-stop shop' for addressing sexual and gender-based violence.

Bosnia & Herzegovina

Practice

Free information online that victims of violence can use to report incidents

In principle, well received by young people, though effectiveness in terms of having a positive protective result is questioned

Telephone hotline introduced by the Ministry of Health allows victims of sexual and gender-based violence to report incidents.

Highlighted by stakeholders, though awareness among young people is low or doubted in terms of protective measures or means offered

Education and information campaigning on what constitutes violence

Not well implemented either before or during the Covid-19 pandemic, according to young people, but considered very important

Further actions/goals

Address structural issues of how the police respond to reports of incidents of sexual and gender-based violence by individuals.

Address structural issues of how the authorities in general respond to reports of incidents of sexual and gender-based violence by individuals.

Possibly introduce hotlines to NGOs supporting victims of sexual and gender-based violence, since there is a collective perception that the police respond better when incidents are reported by shelters/safe houses.

Adopt widespread information campaigning back to the roots of what constitutes violence, to address historical shortcomings in terms of knowledge and awareness of exposure to incidents.

Use the Covid-19 pandemic as an opportunity to introduce such a campaign, since youth audiences are very open to hearing and receiving related messages or information due to the pressures they are currently experiencing.

Bulgaria

Practice

Rapid response by the Bulgarian Fund for Women, as early as March 2020:

- informing women survivors of sexual and gender-based violence where they can seek support
- early communication about the long-established helpline supported by Animus Foundation, which continued to work around the clock during the pandemic

Identified through secondary research; reported by stakeholders and some youth also

Further actions/goals

Use all relevant NGOs and organizations that have access to women, to disseminate information related to support-seeking.



Kosovo

Practice

NGOs extended acceptance of women survivors of domestic violence (more than 500) with support from UN Women within the regional programme on ending violence against women in the western Balkans.

Identified through desk research

UNFPA is addressing gender-based violence in the Eastern Europe and Central Asia region, including in Kosovo, by:

- **supporting national strategies** to ensure the prevention of gender-based violence and raising awareness through the development of social media products and activities based on the needs of refugee/migrant populations;
- **ensuring the continuity and accessibility of multisectoral services** for gender-based violence against women and adolescent girls. This includes medical support, psychosocial counselling, support hotlines, availability of safe spaces for survivors of violence, case management and referrals;
- **improving the capacity and skills of front-line service providers**, particularly health and psychosocial workers and the police, aimed at strengthening a coordinated multisectoral response to gender-based violence in the context of Covid-19; and
- **adapting a guideline for the development of remote essential services** for gender-based violence, considering social distancing measures and limited mobility. The guideline incorporates the specific needs of women and girls with disabilities and survivors of gender-based violence, specifically focusing on psychosocial support services and their referral in the context of the Covid-19 crisis.

Identified through desk research and reported by experts

UN Women in Kosovo has recently supported the establishment of a **national database for domestic violence**. It documents cases of domestic violence and allows the police, social services and legal firms to access the information to bring perpetrators to justice. It has implemented a tracking system to trace cases of abuse.

Identified through secondary research

Further actions/goals

Further raise awareness of the scheme.

Provide financial support to NGOs to extend their 'survival' period beyond 6 months in times of greater need.

Comprehensive support scheme for victims of gender-based violence

Referral mechanisms for victims can be prioritized beyond the pandemic, turning the guideline into practice.

Ensure constant updating of the database.

Possibly add a monitoring dimension to observe how protective agencies and the police resolve reported cases of sexual and gender-based violence.

A public campaign with **short videos from influential leaders** in Kosovo has joined UN Women's 'Report Violence, Save Lives!' campaign against domestic violence.

The Prime Minister and the first woman Assembly Speaker joined the campaign, as did other ministers, politicians and survivors of domestic violence.

The campaign reached 200,000 people on social media within 2 days, and over a million individuals within a few weeks (UN Women Kosovo Facebook account)

Social media campaigns can be particularly useful in reaching youth audiences and can be extended to other areas of SRH.

Involvement of political and public figures on a consistent basis and across the range of SRH issues may go some way towards overcoming public distrust in institutions.

Efforts made by NGOs to seek emergency funds for shelters to buy hygiene equipment

Reported by an NGO

Emergency financial support is greatly needed in times of crisis.

Need to ensure a more permanent flow of financial resources, to avoid the need for 'last minute' emergency funds

Direct cooperation of NGOs with UN Women for the provision of technological equipment such as telephones to continue counselling support for women survivors of sexual and gender-based violence

Reported by an NGO

Need to recognize that women who are victims often fall into the most financially disadvantaged groups of the population

Investment in technology and literacy among vulnerable groups needs to be set out as a longer-term policy goal.

NGO cooperation with the Ministry of Justice to make the employment of women in shelters legally and practically possible

Reported by an NGO

A strong empowerment and inclusion tool that has the potential to make the option of seeking protection in a shelter more attractive to women

North Macedonia

Practice

The BE SAFE **online app** was launched by the Ministry of Social Policy in cooperation with UNDP. This mobile application aimed to ensure survivors of violence could obtain all the help they need and protection from domestic violence during the Covid-19 pandemic. It was made available in Macedonian, Albanian and Roma languages.

The mobile app includes a red button through which victims can instantly send their telephone number and geolocation to the national SOS helpline for victims of domestic violence.

It also includes a list of contact numbers (police, social work centres, specialist services for survivors of domestic and sexual violence), a list of rights of survivors of domestic violence, practical advice for those at risk of attack, legal protocols on protection from domestic violence, and anonymous personal success stories from victims of violence.

Identified through desk research and reported by stakeholders

In response to the growing need for legal support for women victims of violence during the Covid-19 pandemic, the Association for Emancipation, Solidarity and Equality of Women set up the online platform '**Ask for advice**', which offers registered users free legal advice related to protection from domestic violence, divorce processes, child support etc.

Identified through desk research ([MKD COVID CIP WEB kor.pdf \(coalition.org.mk\)](#))

The NGO Hope participated in the preparation of a document submitted to the government that was prepared by the National Network against Violence. The document aimed to ensure that if a victim had to leave their home during curfew, they would not be penalized. This was accepted, as well as other measures that were proposed.

Reported by stakeholders

Further actions/goals

This government initiative should be a beacon for other similar initiatives on SRH matters touching on human rights violations, discrimination, filling of complaints etc.

Such an initiative should be further promoted through advertising and a variety of communication channels.

Long-term funding for the smooth operation of the app should be secured.

An additional feature of monitoring and logging the resolution of cases/action taken can be implemented in the background for use by the authorities, hence also making the app an effective monitoring tool.

Such NGOs need to be further supported, and cooperation between NGOs and government institutions should be created and further developed.

A positive rapid response by the government to initiatives taken by the NGO sector

In times of crisis and travel restrictions, 'exemptions' secured in this manner can provide short-term protection. In the long term, such exemptions should be pursued even outside pandemic times, to ensure that governments always consider victim protection an essential service.

Practice

The National Network for the Protection of Women asked for **free helpline** commercials to be broadcast:

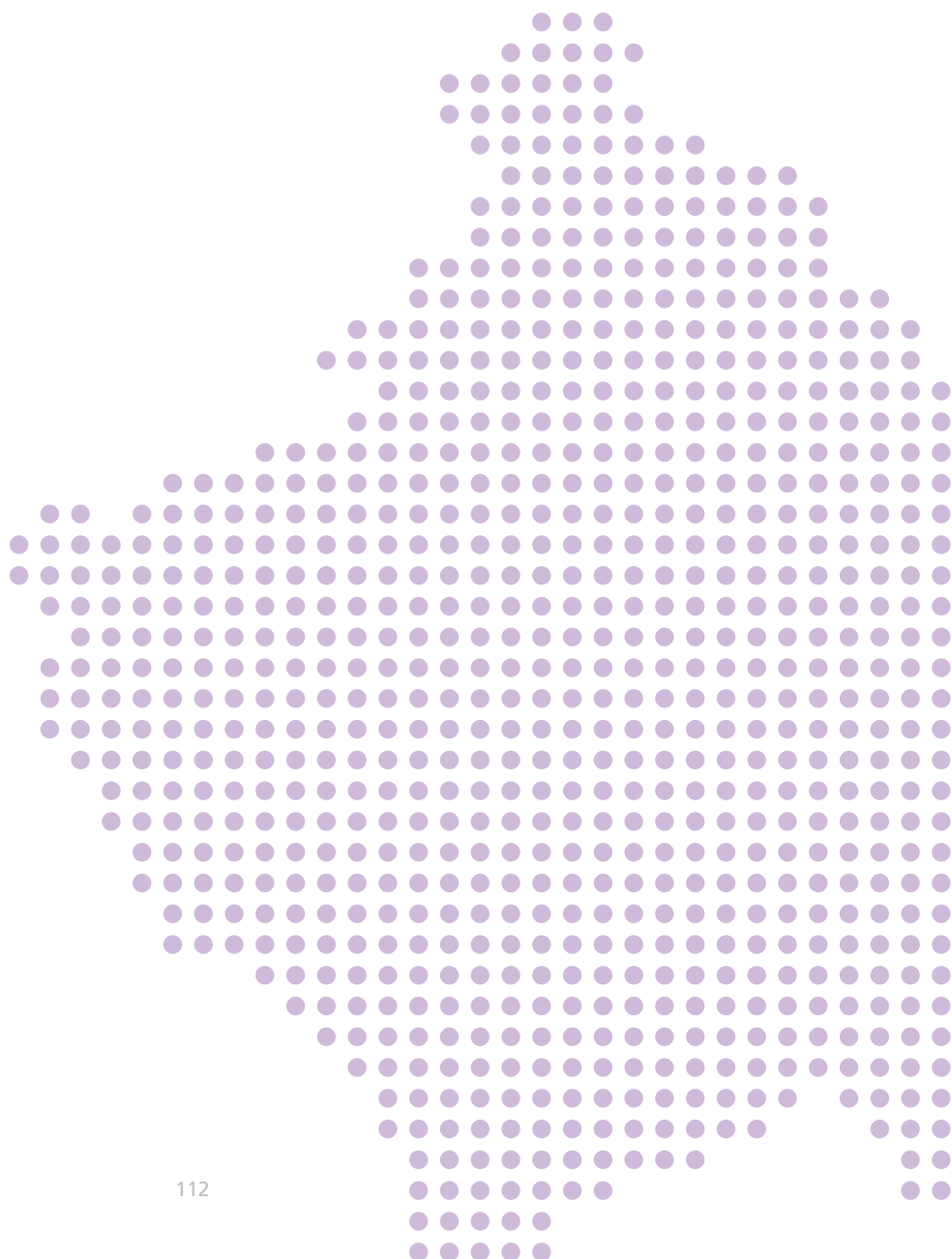
- for child victims of violence;
- to preserve the health of women/child survivors of violence; and
- to reduce the contact between the children and the perpetrator of abuse, to prevent any kind of violence that might occur because of Covid-19.

Reported by stakeholders

Further actions/goals

Raising awareness of free helpline numbers targeting specific audiences such as children and their parents is a positive practice to be further enhanced.

Ongoing or periodic communication of such numbers is vital to ensure that all those in need of assistance can readily access it whenever needed.



8.7 NGOs supporting particular groups of vulnerable youth online and in person

North Macedonia

Practice

Further actions/goals

<p>Online groups for support and helpful resources such as 'Together in Isolation' were set up to curb the effects of isolation on LGBT people in particular.</p> <p>Reported by LGBTI Macedonia, but also wider acknowledgement by LGBT people themselves of positive practices introduced by NGOs such as transferring training programmes online, and providing safe houses for survivors of sexual and gender-based violence</p>	<p>Online channels are particularly relevant to allow ongoing connection between members of the LGBT community.</p> <p>Such internet channels offer an 'escape route' for LGBT people who are confined within the family home in times of travel restrictions and lockdowns.</p> <p>Online channels should be further explored and extended beyond pandemic times, with a specific focus on the needs of the LGBT community.</p>
<p>Skopje Pride organized online events and discussions during Pride Month to enable alternative ways of connection, thereby overcoming isolation.</p> <p>Reported by LGBTI Macedonia</p>	<p>Awareness-raising and community support through such events is critical in times of movement restrictions, to maintain feelings of bonding and allegiance.</p> <p>Such online events should complement major events such as Pride even after the pandemic.</p>
<p>Adoption/use of online platforms for pregnant women and young mothers such as e-gynaecologists</p> <p>Pregnant women or new mothers who needed information on gynaecological issues or newborn babies increasingly turned to such platforms for information</p>	<p>Further raise awareness of such platforms.</p>
<p>Field visits and online support offered to Roma women specifically by NGOs working with the community such as the Women's Initiative from Suto Orizari</p> <p>Moreover, reference was made to cooperation between NGOs and gynaecologists during the Covid-19 pandemic, to manage the process and lobby municipal authorities to acquire equipment. This effort extended beyond information provision to the distribution of hygiene kits (dignity kits) both in Shutka and other locations.</p> <p>Targeted support identified through desk research</p>	<p>It is crucial to maintain targeted support for the Roma community in times of crisis.</p> <p>NGOs able to offer such services across the country should be identified and supported to conduct similar activities.</p>

The government decided to allow **all pregnant women to work from home** during their pregnancy during the pandemic.

Very positively recognized by pregnant women and young mothers as a positive response with a significant effect on their emotional situation

Such facilitation can be lobbied for and applied to other groups in vulnerable situations, essentially acknowledging the special circumstances they are in.

Free telephone hotline for psychological support heavily promoted, with the number and information being available on all government documents and websites

Most positively acknowledged by LGBT people

Enhanced communication of such helpline numbers relating to mental health is vital during times of crisis and should be supported through further funding.

The LGBT support centre opened its first **safe house**—a shelter for LGBT people facing the risk of homelessness—in 2017. It offers accommodation, support services in times of crisis and acute violence, long-term protection, re-integration and re-socialization programmes and others.

Reported by stakeholders, but severely limited by its housing capacity of only seven people and the discontinuation of government funding in 2020

Such a shelter is critical for the LGBT community in terms of offering a physical safe haven.

Funding needs to be in place to enable it to continue to operate in times of crisis and for further expansion beyond the Covid-19 pandemic and into the future.

G. Key considerations

Based on the study findings among young people in five countries of the Western Balkans outlined in this report, a number of issues need to be considered in devising and implementing policies and programmes that will address the needs of young people in relation to SRHR, in general and in times of crisis such as the Covid-19 pandemic. Specifically, the following should be considered at a broad collective level:

- Recognize the important and key role that NGOs and civil society actors have played during the crisis in the provision of essential SRH services, outreach and education to people living in vulnerable situations, but also in defending their rights and raising awareness of their needs, which is acknowledged by the young people surveyed. In this context it is important to support NGOs and civil society also beyond crisis situations.
- Acknowledge the important role that NGOs can play in terms of reaching out to young people in vulnerable situations in particular, and both allow and support their activities as a matter of key democratic principle for the inclusion of all young people.
- Ensure respect for the human rights, including sexual and reproductive rights, of all young people living in vulnerable situations, and particularly address the stigma and discrimination they are facing within the health care sector, which forms a barrier to asserting their right to access high-quality services and support during and beyond emergency situations.
- Train health care professionals to provide SRH care in a youth-friendly manner, and without any judgement, bias, stigma or discrimination, particularly to marginalized young people. Such training should adopt an intersectional lens to address multiple and intersecting discrimination.
- Inform young people of their rights, and empower them to advocate for themselves when seeking health care.
- Ensure that the sensitivities, cultural barriers, and privacy and confidentiality concerns of young people—particularly those living in vulnerable situations such as the Roma and LGBT communities—are considered when selecting the type of communication activity and its content, as well as when determining how to ensure uninterrupted provision of SRH services and supplies.
- Ensure that information during times of crisis and beyond is both available and disseminated through channels and means that reach all youth target audiences.
- Establish centralized sources of trustworthy information in relation to SRH matters at the national level that would complement highly trusted international sources. Such sources could also play a strong role in identifying the sources and nature of misinformation and, ultimately, prevent it from being disseminated.
- Increase communication activities, campaigns and activities at local community levels during times of crisis, in an effort to put or keep SRH issues high on the agenda of young people.
- Carry out all information campaigns and activities using youth-friendly language and focusing on specific issues related to SRH. Currently, there is confusion among young people as to what the general reference to 'sexual and reproductive health' (SRH) means personally to them.
- Provide information in a clear and structured way as to how SRH services are re-organized during times of crisis and how and where young people can access the services they need.
- Prioritize SRH and/or specific topics as 'essential services' in legislation, policy, practice and financial investments. This prioritization will facilitate the uninterrupted provision of services and supplies during times of crisis. In this respect, the availability of required medical and counselling staff resources must always be retained at sufficient levels to ensure delivery of essential SRH services to young people.
- Prioritize the distribution of supplies during times of crisis, so that they can be accessed easily by all groups of young people at affordable prices. In this respect, to the greatest extent possible, a variety of channels such as pharmacies, local community centres and NGOs may be particularly beneficial for young people in vulnerable situations.
- Specifically consider how young people in remote areas are affected by measures implemented to control the spread of the Covid-19 virus, and

closures or limited working hours of health centres in their vicinities. Practical problems relating to the availability of services close by and transportation should also be taken into account in this respect. Ensuring the continued operation of local community centres and NGOs can be a key part of this effort.

- Allocate a major role to GPs and family doctors in delivering both SRH information and services to young people. Such a role should be structured and supported via technological means to ensure continued access to this level of support by young people—for example, by issuing prescriptions online.
- Ensure that SRH services are offered in a youth-friendly manner, especially during times of crisis. Practical measures relating to the provision of telephone, hotline or online services on sensitive matters to young people and tailored to specific topics can be beneficial in this respect.
- Address SRH knowledge gaps of young people by targeting the problem at its roots, namely by establishing effective Comprehensive Sexuality Education in schools, and supporting this with online platforms and linkages between the school environment and NGOs/youth clubs.
- Ensure that pregnancy, birth and post-natal services are highly prioritized in general and especially during times of crisis. They should, therefore, be classified as ‘essential services’. Pregnant women and new mothers in particular have been affected emotionally by misinformation during the Covid-19 period and need unambiguous information, routine pregnancy monitoring evaluations and emergency services alike.
- Address the general needs of young people relating to contraception, practising safe sex, and abortion. Moreover, during times of crisis it is particularly important to focus on the increased needs of young people for sexuality education and counselling.
- Consider fully the impact of the crisis on the mental health and psychological well-being of young people, and address the increased needs in a holistic manner. General information and, especially, counselling support services should be made available for young people, with clear information on how and where to receive such services, preferably at very low prices or free of charge.
- Address issues and cases of sexual and gender-based violence in a coordinated and high-quality manner among all agents involved, and ensure that operational mechanisms are in place, and also available during times of crisis. This includes the mechanisms for reporting cases of sexual and

gender-based violence, ensuring an effective and respectful response by the police after cases are reported, being physically protected or sheltered, and having access to legal and psychological support. With respect to the reporting of cases and seeking support in particular, the implementation of mobile apps or digital tools could be particularly beneficial for victims of sexual and gender-based violence.

- Use technology, internet-based and digital tools as part of wider policies, programmes and activities.
- Implement support programmes that aim to transition towards digital health interventions—for example, the delivery of health care services, counselling and information online, including on SRH; investing in telemedicine and digital technologies; the modernization of health care facilities; IT skills training for health care professionals; and improving access to digital health for all.
- Ensure that during times of crisis those mobile teams of doctors visiting communities continue to do so with the same frequency and punctuality.
- Ensure financial commitments and investment by national governments and at the local government level to improve access to SRH services.
- Consider using European regional fora (i.e. the European Union (EU) or the Council of Europe (CoE) to set standards, and encourage and support Western Balkans countries to improve access to SRH for young people, particularly the most marginalized.
- Encourage the sharing and implementation of good practices and innovation between countries and all actors involved in the SRH field, in an effort to improve young people’s access to quality SRH services and education in times of crisis, through bilateral or regional exchanges that could be facilitated by the EU or the CoE.
- Ensure ambitious political commitments, policy frameworks and financial investments to improve access to SRH for young people through EU policies and budgets related to, for example, the EU neighbouring and accession countries, youth, anti-discrimination, gender equality and the fight against gender-based violence, fundamental human rights, health and education.

IPPF European Network is one of the International Planned Parenthood Federation's six regional networks. IPPF EN works in over 40 countries across Europe and Central Asia to empower everyone, especially the most socially excluded, to lead safe and dignified sexual and reproductive lives, free from harm and discrimination.

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