
# Assessment of access barriers of people from marginalized communities to comprehensive family planning services and commodities in the UNFPA Eastern Europe and Central Asia region

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This report was prepared by Oana Blaga and Mihai Horga, East European Institute for Reproductive Health. The authors would like to thank the Eurasian Women's Network on AIDS (EWNA), the European Network on Independent Living (ENIL), and the Academic Network for Sexual and Reproductive Health and Rights Policy (ANSER), as well as the UNFPA Regional Office for Eastern Europe and Central Asia (EECA RO) and the Country Offices in the region for their support throughout this project.

# Contents

# Tables

## Graphs

# Acronyms

| | |
|---|---|
| FP | Family planning |
| FPF | Family planning facility |
| FPP | Family planning provider |
| FPS | Family planning service |
| WDIS | Women with disability/disabilities |
| WHIV | Women living with HIV |
| WIPV | Women survivors of intimate partner violence |

# Introduction

The Sustainable Development Agenda and its Leaving No One Behind framework provides a unique opportunity to curb inequalities, confront discrimination and fast-track progress for the furthest behind. The ambitious three UNFPA transformative goals of ending unmet family planning need, ending preventable maternal mortality and eliminating gender-based violence and harmful discriminatory practices serve as a catalyst and accelerator for that change.

Despite considerable progress, the needs of vulnerable communities have been traditionally underrepresented in national policies and programmes targeting Sexual and Reproductive Health and Rights in Eastern Europe and Central Asia. Societal taboos and prejudice associated with women and adolescent girls' sexuality, sexual and reproductive health and access to contraception become even more of a challenge if compounded with other vulnerabilities and discrimination associated with HIV status, sexual orientation, gender identity, disability, sex work, drug use and intimate partner violence. The COVID-19 pandemic has further aggravated existing vulnerabilities and revealed clear imperative to help countries build back better. Despite access to sexual and reproductive health services and commodities having been prioritized by WHO and UNFPA as essential to be secured at all times, some countries have nevertheless witnessed diverting the attention of Governments from them, a worrying trend which needs to be immediately addressed before it becomes a "new normal". Universal Health Care is not universal without addressing the SRH needs and realizing the rights of each individual, and most importantly, the rights of the most vulnerable people.

This is why the UNFPA Regional Office for Eastern Europe and Central Asia (EECA RO) has initiated an assessment of the access barriers of people from marginalized communities in the region to comprehensive family planning services and commodities. The purpose of this assessment is to shed light on perceived access barriers to and utilization of comprehensive family planning services by women living with HIV, women and girls living with disabilities, and survivors of intimate partner violence. The assessment explores also how the current COVID-19 pandemic and lockdowns, other mobility restrictions, income losses and associated conditions have affected access to and utilization of comprehensive and integrated family planning services and contraceptive commodities.

The objectives of this assessment were:

1. To assess the perceived availability, accessibility, acceptability and quality of family planning services and access to contraceptive commodities in the EECA region.
2. To produce recommendations for strengthening health systems and community services in support to inclusive and non-discriminatory family planning policies and programmes in the EECA region.

It is expected that the results of this assessment will help improve responsiveness of family planning programmes in the UNFPA region of Eastern Europe and Central Asia to barriers underlying inadequate demand, access and utilization of family planning services and modern contraceptive methods by all, with the focus on most marginalized and underserved people and communities.

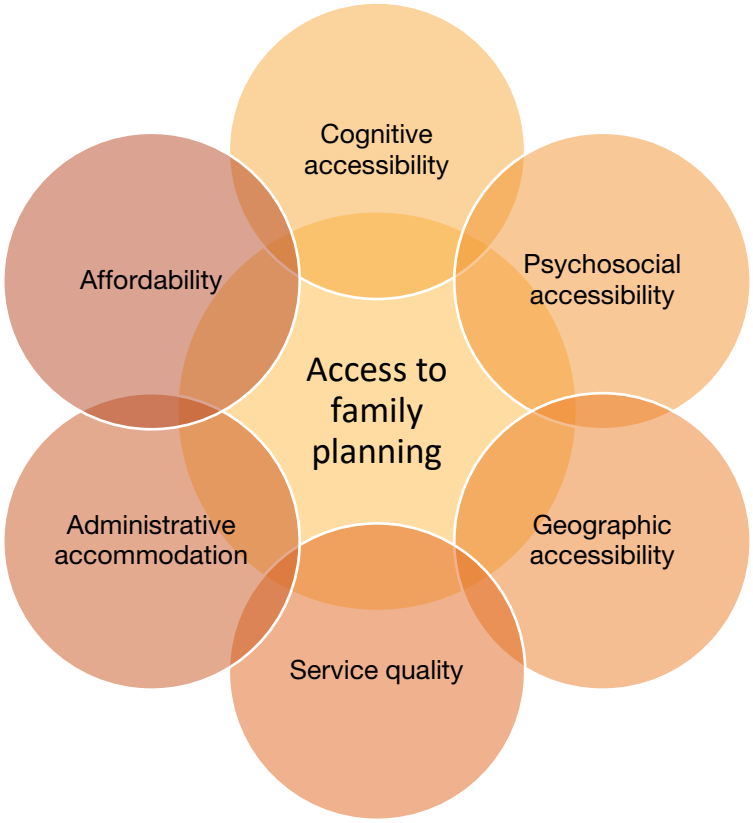
# Methodology

The assessment was conducted in two phases, using a combination of quantitative and qualitative methods.

The respondents in the assessment belonged to one or more of the following groups:

- Women of reproductive age in Eastern Europe and Central Asia countries/territories belonging to one or more of the following groups: women living with HIV, women living with disabilities and survivors of intimate partner violence.
- Providers of family planning services and contraceptive commodities at health facility level (formal health practitioners) or at community level (CSOs/NGOs working with the vulnerable groups).

Although ensuring access to family planning is an important topic, the definition of access is difficult, largely because of the complexity of the concept. It is generally agreed that access is a multi-dimensional concept affected by factors at individual, community, health provider and health facility levels. Various models and frameworks for understanding the different aspects of access were proposed. This assessment has used the conceptual framework described by Choi, 2000 (Choi Y, Short Fabic M, and Adetunji J. Measuring Access to Family Planning: Conceptual Frameworks and DHS Data. Studies in Family Planning 47(2) June 2016).




The six elements of access used in the assessment were: cognitive accessibility, psychosocial accessibility, geographic accessibility, service quality, administrative accommodation, and affordability (see Annex 1).

## The quantitative phase

During the first phase, a survey was self-completed by women identifying themselves as belonging to the following marginalized groups: women living with HIV, women living with disabilities, and women survivors of intimate partner violence. The respondents were identified by the implementing country level organizations and the UNFPA Country Offices in the participating countries/territories. The survey questionnaire included modules containing specific questions developed for each marginalized group (see Annex 2).

Due to the limitations imposed by the COVID-19 epidemic, the survey was conducted online between June and September 2021 by the Academic Network for Sexual and Reproductive Health and Rights Policy (ANSER) at Ghent University using the Open Data Kit software. The survey has been carried out conforming to the guidelines for good clinical practice (ICH/GCP) and the Helsinki declaration.

Participation in the survey was entirely confidential. Before starting the survey, each participant was asked to read an informed consent form and provide consent through checking a box. The informed consent form included a link to more detailed information on privacy regulations and management of data. At the end of the survey, the participants were informed about country-specific organizations where they can seek help.

Data was analysed using SPSS. Sociodemographic characteristics were summarized using descriptive statistics. The analysis examined variables associated with the key elements of access to family planning services and commodities.

The quantitative phase was implemented by the following organizations: the Eurasian Women's Network on AIDS (EWNA), as the regional umbrella organization responsible for targeting women living with HIV, the European Network on Independent Living (ENIL), as the regional umbrella organization responsible for targeting women and girls with disabilities. The East European Institute for Reproductive Health ensured overall coordination and management.

## The qualitative phase

During the second, qualitative phase, semi-structured interviews were conducted in Armenia and Ukraine with women living with HIV, women living with disabilities, and women survivors of intimate partner violence, and with providers of family planning services and contraceptive commodities at health facility level (formal health practitioners) or at community level (CSOs/NGOs working with the vulnerable groups). The respondents were identified by the ENIL researchers in the two participating countries.

The semi-structured interview guide for women consisted of a set of questions common across the three vulnerable groups and a set of specific questions developed for each marginalized group: women living with HIV, women living with disabilities, survivors of intimate partner violence (see Annex 3). The semi-structured interview guide for providers consisted of a set of questions eliciting their views on delivering family planning services to women from each marginalized groups, addressing the main challenges/problems they face in providing these services and identifying the changes they think need to be made to improve the access to family planning services and the quality of services for women belonging to marginalized groups (see Annex 4).

Due to the limitations of the COVID-19 pandemic, the interviews have been conducted face to face, through online videoconferencing tools, or through telephone, depending on the availability of subjects and researchers, between December 2021 and January 2022. For women with disabilities, special attention has been given to adjusting the interview guide and process to their needs. For example, one Ukrainian subject was totally non-verbal, but could communicate in writing. Thus, the interview has been conducted in writing, with the researcher sending sets of questions to the subject by email in an easy-to-read format, according to the UN Convention on the rights of persons with disabilities (Art. 2 for plain language and Art. 9, item 2d for easy-to-read information). Most interviews with women lasted for 35-60 minutes, whereas interviews with providers lasted from 60 to 120 minutes. Participation in the semi-structed was entirely confidential. Before starting the interview, each participant was asked to read an informed consent form and provide their consent to participate.

In order to be able to triangulate the results the qualitative phase with the quantitative findings from the survey conducted in phase one, data were analysed using a thematic analysis guided by the six elements of access to family planning services: cognitive accessibility, psychosocial accessibility, geographic accessibility, service quality, administrative accommodation, and affordability. Additional themes that emerged from the data included other barriers met while accessing/trying to access family planning services (i.e., informal payments), the experience of using online family planning services, challenges to providing services to women from marginalized groups, and suggestions for improvement of access to family planning services. Sociodemographic characteristics were summarized using descriptive statistics.

The qualitative phase was implemented by the European Network on Independent Living (ENIL) through two teams of researchers in Armenia and Ukraine. The East European Institute for Reproductive Health provided training on qualitative research to the teams of researchers, and ensured overall coordination and management of this phase,

# Sociodemographic characteristics

## Survey participants

Our sample consisted of 1071 women of reproductive age (18-49 years old) living in 16 countries/territories from the UNFPA Eastern Europe and Central Asia region: Albania, Armenia, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, North Macedonia, Serbia, Tajikistan, Turkmenistan, Türkiye, Ukraine, Uzbekistan and Kosovo* (see Table 1).

Most women who filled out the survey were from Ukraine (15.4%), Armenia (10.9%) and Moldova (9.2%). Only one woman from Turkmenistan participated in the survey. Given the country-level nature of the analysis presented in this report, this response was dropped from further analyses.

| Country/ territory | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Turkmenistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **N** | 56 | 117 | 68 | 71 | 75 | 63 | 29 | 99 | 20 | 49 | 69 | 1 | 32 | 165 | 68 | 89 | 1071 |
| **% *** | 5.2 | 10.9 | 6.3 | 6.6 | 7.0 | 5.9 | 2.7 | 9.2 | 1.9 | 4.6 | 6.4 | 0.1 | 3.0 | 15.4 | 6.3 | 8.3 | 100 |

Note: * valid percent

*Table 1. Number of participants in the LNOB regional assessment.*

In terms of the sociodemographic characteristics of the participants (see Table 2), their mean age was of 34.45, with an SD of 7.49 (range 18-49). Most women in the sample are living with HIV (53.8%), completed secondary education (31.2%), live in urban area (82.6%), and are currently in a relationship but not living together (35.3%). Regarding their household income, 62.5% of the women in the sample report their household income is not enough to cover their daily needs, whereas almost 40% described their self-perceived economic status as not at all well-off.

| Variable | | N | %* |
|---|---|---|---|
| **Marginalised group category**** | Woman living with HIV | 576 | 53.8 |
| | Woman with disabilities | 467 | 43.6 |
| | Woman survivors of IPV | 96 | 9 |
| **Education** | No formal education | 40 | 3.7 |
| | Some primary school | 56 | 5.2 |
| | Completed primary school | 72 | 6.7 |
| | Some secondary school | 97 | 9.1 |
| | Completed secondary school | 334 | 31.2 |
| | Some college or university | 138 | 12.9 |
| | Completed college or university | 261 | 24.4 |
| | Other | 73 | 6.8 |
| **Residence** | Urban | 885 | 82.6 |
| | Rural | 132 | 12.3 |
| | Other | 54 | 5.1 |
| **Relationship status** | Single | 317 | 29.6 |
| | Currently in a relationship and living together | 190 | 17.7 |

* References to Kosovo should be understood in the context of UN Security Council Resolution 1244 (1999).

| | | | |
|---|---|---|---|
| | Currently in a relationship but not living together | 378 | 35.3 |
| | Widowed | 61 | 5.7 |
| | Divorced or separated | 94 | 8.8 |
| | Other situation | 31 | 2.9 |
| **Household income enough to cover daily needs** | Not enough at all | 303 | 28.3 |
| | Not quite enough | 365 | 34.1 |
| | Enough on average | 169 | 15.8 |
| | Mostly enough | 157 | 14.7 |
| | Absolutely enough to cover our daily needs | 77 | 7.2 |
| **Self-perceived economic status** | Not at all well-off | 407 | 38.0 |
| | Not particularly well-off | 431 | 40.2 |
| | Fairly well-off | 159 | 14.8 |
| | Rather well-off | 65 | 6.1 |
| | Very well-off | 9 | .8 |

Note: *valid percent; ** some women reported being part of two or three marginalized groups,

*Table 2. Sociodemographic characteristics of the participants in the LNOB regional survey.*

## Interview respondents

Interviews were conducted with:

- 92 women of reproductive age belonging to one or more of the following groups: women living with HIV (N=15 in Armenia and 15 in Ukraine), women living with disabilities (N=15 in Armenia and 15 in Ukraine) and survivors of intimate partner violence (N=17 in Armenia and 15 in Ukraine) (see Table 3);
- 31 providers of family planning services and contraceptive commodities at health facility level (formal health practitioners) or at community level (CSOs/NGOs working with the vulnerable groups) (N=15 in Armenia and 16 in Ukraine) (see Table 4).

In both countries the interviews have been conducted with subjects located across rural and urban regions. In Armenia, subjects were from the regions of Shirak, Lori, Tavush, Kotayk, Armavir, Syunik, Yerevan, Ararat, Armavir, and Gegharkunik. In Ukraine, subjects were located in Kirovogradska, Cherkaska, Kyivska, Donetska, Kharkivska, Zaporizka, Lvivska, Zhytomyrska, Ivano-Frankivska, Rivnenska, Khmelnitska, Odeska, Dnipropetrovska, Sumska, Poltavska, and Khersonska oblast and the city of Kyiv.

Women enrolled in the qualitative phase were of Armenian, Ukrainian, and Russian ethnicity, most lived in urban areas and had a college or university degree. Subjects from Armenia had a mean age of 41.7 (range 22-68, SD=9.6), whereas subjects from Ukraine had a mean age of 36 (range 19050, SD=6). In terms of income, subjects from Ukraine reported higher income as opposed to subjects from Armenia. Similarly, across the two groups, most women did not have health insurance, especially women with disabilities from Armenia (N=13/15) and women exposed to IPV from Ukraine (N=13/15). The two samples are also different in terms of reproductive health history: only 4 women out of the 47 enrolled Armenian women were never pregnant, whereas 24/45 Ukrainian women were never pregnant. This difference can be also seen in the rate of current use of contraception: 29/47 of Armenian women do not currently use contraception whereas only 8/45 of Ukrainian women do not currently use contraception.

| | | Armenia (N=47) | | | Ukraine (N=45) | | |
|---|---|---|---|---|---|---|---|
| **Variable** | | WHIV N (%) | WDIS N (%) | WIPV N (%) | WHIV N (%) | WDIS N (%) | WIPV N (%) |
| **Ethnicity** | Armenian | 15 (100) | 15 (100) | 17 (100) | | | |
| | Ukrainian | | | | 14 (93.3) | 15 (100) | 15 (100) |
| | Russian | | | | 1 (6.6) | | |
| **Residence** | Rural | 8 (46.7) | 1 (6.7) | 5 (29.4) | 2 (13.3) | 4 (26.7) | 4 (26.7) |
| | Urban | 8 (53.3) | 14 (93.3) | 12 (20.6) | 13 (86.7) | 11 (73.3) | 11 (73.3) |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Education level** | No formal education | | | | | | |
| | Some primary school | | | | | | 1 (6.7) |
| | Complete primary school | | | | | | |
| | Some secondary school | | | 3 (17.6) | | 1 (6.7) | 1 (6.7) |
| | Complete secondary school | 7 (46.7) | 3 (20) | 10 (58.8) | 2 (13.3) | 1 (6.7) | 1 (6.7) |
| | Some college or university | | 4 (26.7) | | 8 (53.3) | 2 (13.3) | 1 (6.7) |
| | Complete college or university | 8 (53.3) | 8 (53.3) | 4 (23.5) | 5 (33.3) | 10 (66.7) | 11 (73.3) |
| | Other | | | | | 1 (6.7) | |
| **Economic status** | Not at all well-off | 2 (13.3) | 9 (60) | 4 (23.5) | 4 (26.7) | 3 (20) | 1 (6.7) |
| | Not particularly well-off | 5 (33.3) | 1 (6.7) | 5 (33.3) | 3 (20) | 8 (53.3) | 7 (46.7) |
| | Fairly well-off | 8 (53.3) | | 7 (41.2) | 7 (46.7) | 4 (26.7) | 5 (33.3) |
| | Rather well-off | | 4 (26.7) | | 1 (4.7) | | 2 (13.3) |
| | Very well-off | | 1 (6.7) | | | | |
| **Health insurance** | No | 15 (100) | 13 (86.7) | 17 (100) | 12 (80) | 10 (66.7) | 13 (86.7) |
| | Yes | | 2 (13.3) | | 3 (20) | 5 (33.3) | 2 (13.3) |
| **Relationship status** | Not in a relationship | 2 (13.3) | 6 (40) | 5 (29.4) | 1 (6.7) | 3 (20) | 5 (33.3) |
| | Legally/formally married | 11 (73.3) | 9 (60) | 9 (52.9) | 9 (60) | 8 (53.3) | 2 (20) |
| | Consensual union | 2 (13.3) | | 3 (17.6) | 5 (33.3) | 4 (26.7) | 7 (46.7) |
| **Ever pregnant** | No | 2 (13.3) | 2 (13.3) | | 9 (60) | 9 (60) | 6 (40) |
| | Yes | 13 (86.7) | 13 (86.7) | 17 (100) | 6 (40) | 6 (40) | 9 (60) |
| **Current contraception use** | No | 7 (46.7) | 12 (80) | 9 (53) | 2 (13.3) | 4 (26.7) | 2 (13.3) |
| | Yes | 8 (53.3) | 3 (20) | 8 (47) | 13 (86.7) | 11 (73.3) | 13 (86.7) |
| **Age** | Mean, range, SD | 41.7, range 22-68, SD=9.6 | | | 36, range 19-50, SD=6 | | |
| **Income (EUR)** | Mean, range | 230, range 83-400 | 240, range 75-930 | 175, range 56-175 | 625, range 245-1530 | 438, range 98-920 | 660, range 183-3062 |

Note: Income converted to EUR but initially reported in Armenian Dram (AMD) for Armenian subjects and Ukrainian hryvnia (UAH) for Ukrainian subjects;
1 AMD = 019 EUR; 1 UAH = 31 EUR

*Table 3. Sociodemographic characteristics of the women interviewed in the LNOB assessment.*

In terms of interviewed family planning service providers in the two countries, they had a similar mean age (43.8 in Armenia and 46.6 in Ukraine), most were females (14/15 in Armenia and 11/16 in Ukraine), and most worked in a hospital (7/15 in Armenia and 6/16 in Ukraine) or community centre/NGO (5/15 in Armenia and 6/16 in Ukraine). As regards the family planning services offered by these providers, most offered contraceptive counselling (10/15 in Armenia and 8/16 in Ukraine), contraceptive method provision, including emergency contraception (6/15 in Armenia and 4/16 in Ukraine), and pregnancy advice, testing, and referrals (13/15 in Armenia and 3/16 in Ukraine). Of note is that none of the family planning service providers in the Ukrainian sample offered pre-post exposure prophylaxis for HIV or support and referral in case of intimate partner violence.

| | | Armenia (N=15) | | Ukraine (N=16) | |
|---|---|---|---|---|---|
| | | N | % | N | % |
| **Age** | Mean, range, SD | 43.8, 38-60, SD=9.1 | | 46.6, 31-70, SD=11.08 | |
| **Gender** | Male | 1 | 6.7 | 3 | 19 |
| | Female | 14 | 93.3 | 11 | 69 |
| | Both | | | | |
| | Neither | | | 2 | 12 |
| **Ethnicity** | Armenian | 15 | 100 | | |
| | Ukrainian | | | 16 | 100 |
| **Institution** | Family physician office/GP | 2 | 13.3 | 2 | 13 |
| | Hospital | 7 | 46.7 | 6 | 38 |
| | Community center/NGO | 5 | 33.3 | 6 | 38 |
| | Pharmacy | | | | |
| | Other | 1 | 6.7 | 2 | 12 |

| | | | | | |
|---|---|---|---|---|---|
| **Family planning services offered** | Contraceptive counselling | 10 | 66.7 | 8 | 50 |
| | Contraceptive method provision, including emergency contraception | 6 | 40 | 4 | 25 |
| | Diagnosis and/or treatment for HIV | 9 | 60 | 1 | 6 |
| | Pre- or post-exposure prophylaxis for HIV | 2 | 13.3 | | |
| | Support and referral in case of intimate partner violence | 9 | 60 | | |
| | Pregnancy advice, testing and referrals | 13 | 86.7 | 3 | 19 |
| | Fertility treatment | 5 | 33.3 | | |
| | Termination of pregnancy advice, procedure, or referral | 11 | 73.3 | | |
| | Other (specify)____ | | | | |
| **How many women who visit FPF in one month are…** | Women living with HIV | 228 | 88.7 | 523 | 67.4 |
| | Women living with a disability | 22 | 8.6 | 161 | 20.7 |
| | Women experiencing IPV | 7 | 2.7 | 92 | 11.9 |

*All numbers in the table are valid %

*Table 4. The characteristics of the providers interviewed in the LNOB assessment.*

# Reproductive health history, status, and intentions

Table 5 illustrates some of the main reproductive health characteristics of the women from the three marginalized communities across the participating countries/territories. Full data on each element of access for each country/territory are presented in Annex 5.

In total, around 60% of the women reported having been ever pregnant, whereas 18% of them reported not being able to have children. Also, 65% of them are not currently pregnant and do not wish to become pregnant soon.

| | | Region |
|---|---|---|
| **Ever pregnant** | No | 41.1 |
| | Yes | 58.9 |
| **Reproductive health status** | Currently/probably pregnant | 2.8 |
| | Currently trying to become pregnant | 8.5 |
| | Recently had a baby during the COVID-19 pandemic | 5.8 |
| | Not pregnant and don't wish to be in the near future | 64.6 |
| | Cannot have children | 18.1 |
| **Fertility intentions** | Postponed my decision to have a child | 8.0 |
| | Decided I want a child sooner | 4.7 |
| | Decided I don t want children while before COVID-19 I did want children | 5.5 |
| | Decided I do want children while before COVID-19 I did not want children | 1.4 |
| | I have not changed my plans | 80.3 |
| **Contraceptive use** | No | 54.9 |
| | Yes, sometimes | 8.4 |
| | Yes, most of the time | 9.9 |
| | Yes, all the time | 26.7 |
| **Methods used**** | Male/female condom | 59.9 |
| | Diaphragm | 3 |
| | Pills | 12 |
| | Patch/ring | 2 |
| | Copper IUD | 4 |
| | Hormonal IUD | 5.5 |

| | | |
|---|---|---|
| | Implant | 0 |
| | Injection | 1.3 |
| | Self or partner sterilization | 1.3 |
| | Withdrawal | 20.3 |
| | Natural methods (rhythm method) | 13 |
| | Birth control apps | 3.8 |
| | Other (specify) | 7.5 |
| Main reason for not regularly using contraception | Not regularly sexually active and don't need contraceptives | 59.1 |
| | Don't know what is the best method to use | 4.5 |
| | I am scared of the side-effects | 5.4 |
| | My partner objects | 6.9 |
| | I have not yet started menstruating | 2.1 |
| | I am in or through the menopause | 3.4 |
| | Other | 18.2 |
| COVID-19 measures stopped or hindered from seeking/ obtaining contraception in the last 3 months | No | 84.4 |
| | Yes | 15.5 |

*All numbers in the table are valid %

**Multiple selection question, % do not add up to 100%

*Table 5. Reproductive health history, status, and intentions.*

Contrary to the fertility intentions of respondents, it is apparent that very few are using any type of contraceptive method. Across all participating countries/territories, 54% of respondents are reporting not using any method to avoid or delay pregnancy or avoid contracting STIs, including condoms, contraceptive methods, and traditional methods. Percentages vary greatly across countries/territories. For example, 90% of respondents from Kyrgyzstan and 70% from North Macedonia were not using any contraceptive methods. On the other hand, around 60% of the Turkish, 34% of the Moldovan, and 33% of the Albanian respondents reported using contraceptive methods all the time. Most common reasons for not using contraception included not being sexually active (around 60%), the opposition of their partner (7%), and fearing potential side effects (5.4%).

# Barriers to accessing family planning services

Barriers to accessing family planning services in the UNFPA Eastern Europe and Central Asia region are summarized below. Full data on each element of access for each country/territory are presented in Annex 6. For easy reference, the percentages for the top three barriers by element of access and/or by country are highlighted in yellow.

The most important elements reported throughout the region were affordability (mentioned by 52.2% of respondents), followed by psychosocial factors related to the family and community (reported by 32.2% of respondents), and service quality barriers (reported by 30.9% of respondents).

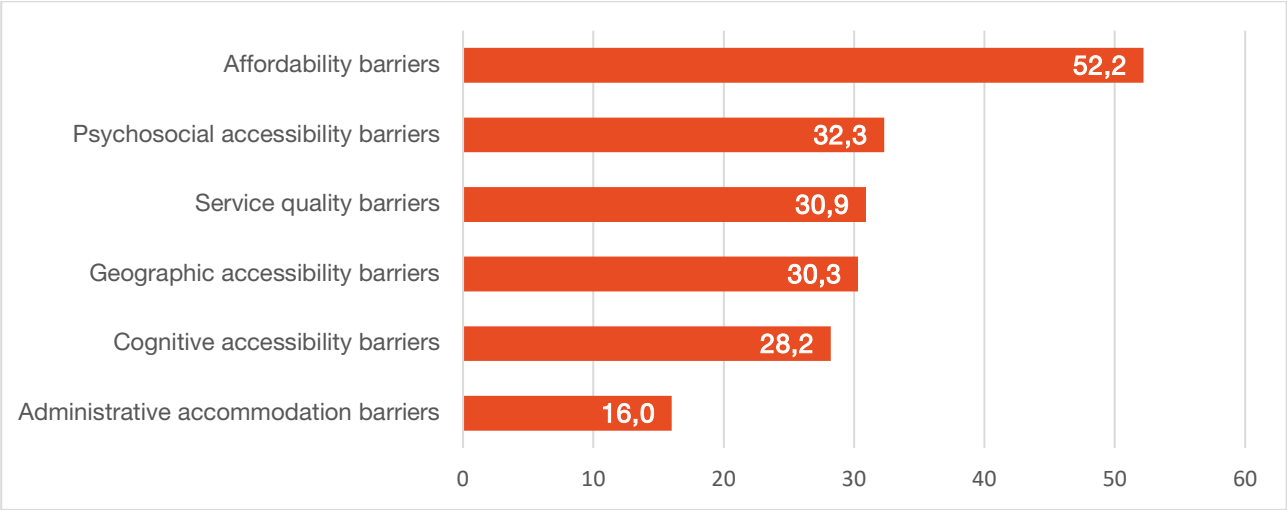



*Figure 1. Barriers to family planning access in the EECA region, by element of access, all countries/territories.*

| Element of family planning access* | Region |
|---|---|
| **Cognitive accessibility barriers** | **28.2** |
| Does not know she has the right to decide whether or not to have children | 9.9 |
| Not able to make own decisions about whether or not to have children and when | 20.5 |
| Does not know the places where she can receive FP information, services, and commodities | 43.8 |
| Did not receive information based on their disability specific needs | 16.3 |
| Has not been given adequate advice and information to make family planning decisions | 50.5 |
| **Psychosocial accessibility barriers** | **32.3** |
| Personal FP decisions were influenced by prejudice in her community or family | 35.4 |
| Has concerns about the attitude of the staff in FP facilities towards people with disabilities | 38.9 |
| Family or carers prevented her to seek FPS | 12.4 |
| Cannot discuss FPS with family or care givers | 45.1 |
| Has been pressured or forced to use a particular method of FP | 29.1 |
| Has been pressured or forced to have an abortion | 32.8 |
| **Geographic accessibility barriers** | **30.3** |
| Has to do a long travel to nearest FPF | 19.8 |
| Cannot afford the costs of travel to nearest FPF | 21.9 |
| Journey to FPF is difficult to make | 32.9 |
| Needs support to be able to reach FPF | 46.7 |
| **Service quality barriers** | **30.9** |
| FPP is not well-trained and knowledgeable | 30.6 |
| FPP is not friendly and supportive | 31.2 |
| Does not have confidence in FPP's advice and recommendations | 28.5 |
| Not offered the possibility to provide feedback/opinion on the FPS received | 43.4 |
| Prefers to receive FPS at the HIVAIDS centre than in a general health care setting because of better services there | 32.2 |
| Has not been advice by FPP about safe conception | 20.5 |
| FPF not fully accessible for people with impairments | 52.1 |
| Felt staff did not have adequate knowledge about FP for women with disabilities | 53.5 |
| Faced prejudice or inappropriate attitudes by staff | 25.9 |
| Facility not able to accommodate her disability specific needs | 22.9 |
| FPP did not offer enough information for her to understand what to expect, privacy and confidentiality | 30.5 |
| FPP did not offer necessary information for her to make a voluntary, informed decision | 27.2 |
| FPP did not explain she has the right to receive services confidentially, without family members present | 28.0 |
| FPP did not explain that all information provided will be held strictly confidential, including towards family members | 27.1 |
| FPP asked personal questions when other persons were present | 22.6 |

| | |
|---|---|
| Did not feel she can make FP decisions voluntary | 20.1 |
| FPP did not ask explicit consent before conducting physical examination | 20.3 |
| She does not feel she experiences FPS as any other women | 40.1 |
| **Administrative accommodation barriers** | **16.0** |
| FPF does not have opening hours convenient for her | 11.9 |
| Eligibility criteria prevented her from using FPS | 28.3 |
| FPF required the approval of partner to provide her contraceptive | 7.7 |
| **Affordability barriers** | **52.2** |
| Cannot afford the costs of FPS and commodities | 52.2 |

*All numbers in the table are valid %

*Table 6. Barriers to family planning access in the EECA region, by element of access, all countries/territories.*

Table 6 displays an overview of the distinct elements of access based on six main types of barriers previously proposed based on the study's conceptual framework. For the first set of barriers, cognitive accessibility barriers, the most important elements mentioned by women were the lack of adequate advice and information to make family planning decisions (50.5%), followed by the lack of knowledge regarding the places where women can receive FP information, services, and commodities (43.8%), and the inability to make their own decisions about whether to have children and when (20.5%). In terms of psychological barriers, what stands out is that women report not being able to discuss FPS with family or caregivers (45.1%), having concerns about the attitude of the staff in FP facilities towards people with disabilities (38.9%), and their personal FP decisions being influenced by prejudice in their family or community (35.4%). Regarding geographic accessibility barriers, the three most important aspects mentioned were the need for support in order to reach FPF (46.7%), the difficulty of the journey to FPF (32.9%), and the affordability of the costs to travel to nearest FPF (21.9%). Affordability of the costs of FPS and commodities was also mentioned as a barrier by more than half of the sample (52.2%).

It is apparent that virtually half of the participants in the survey felt that FPF are not fully accessible for people with disabilities and that the FPF staff did not have adequate knowledge about FP for women with disabilities. These two aspects, along with not being offered the possibility to provide feedback on the FPS received represent the three most important service quality barriers mentioned by women in the sample (43.4%).

From the six main types of barriers, administrative accommodation barriers were the least reported by women. For example, around 30% mentioned that eligibility criteria prevented them from using FPS, whereas 11% indicated opening hours not being convenient for them.

Breakdown by country showed the perceived importance of the different types of access barriers across the EECA countries/territories.

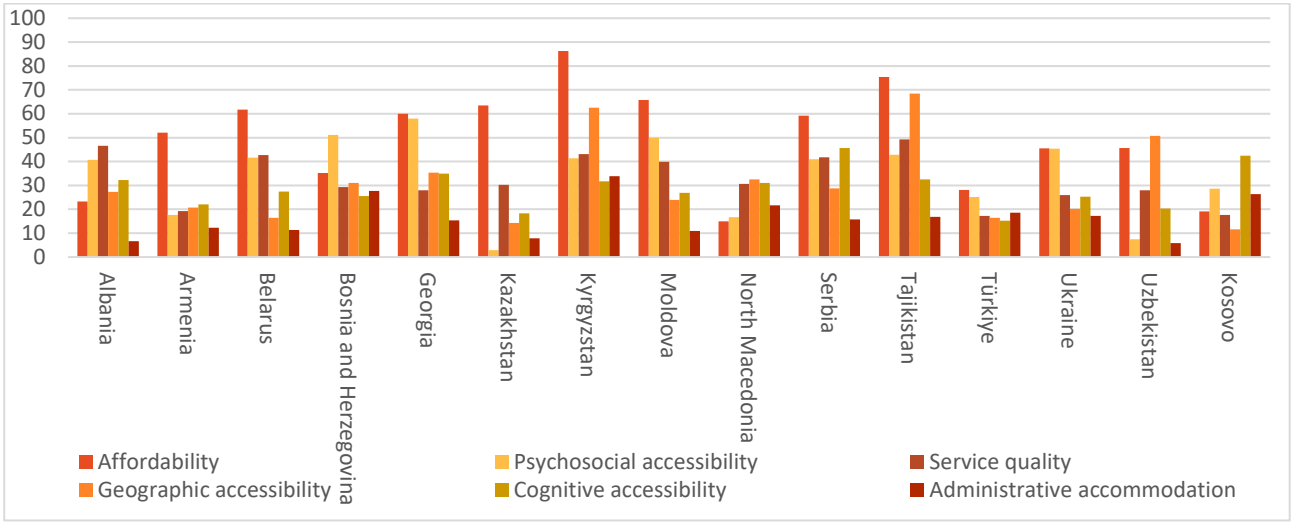



*Figure 2. Barriers to family planning access in the EECA region, by element of access and country.*

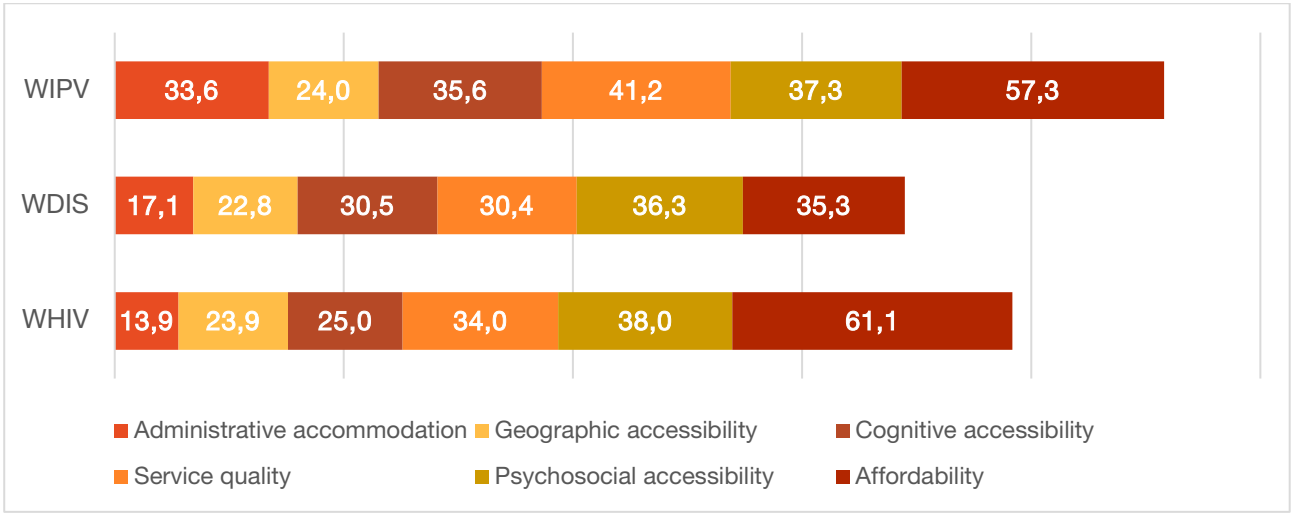
| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cognitive accessibility | 32.2 | 22.1 | 27.4 | 25.6 | 34.9 | 18.3 | 31.7 | 26.9 | 31.0 | 45.7 | 32.5 | 15.2 | 25.3 | 20.3 | 42.5 | 28.2 |
| Psychosocial accessibility | 40.7 | 17.6 | 41.6 | 51.2 | 58.0 | 2.9 | 41.4 | 50.0 | 16.7 | 40.9 | 42.8 | 25.2 | 45.4 | 7.4 | 28.6 | 32.3 |
| Geographic accessibility | 27.3 | 20.7 | 16.4 | 31.0 | 35.3 | 14.3 | 62.5 | 23.9 | 32.5 | 28.8 | 68.5 | 16.4 | 20.2 | 50.7 | 11.6 | 30.3 |
| Service quality | 46.6 | 19.3 | 42.7 | 29.3 | 27.9 | 30.2 | 43.1 | 39.9 | 30.6 | 41.8 | 49.3 | 17.2 | 25.9 | 28.0 | 17.6 | 30.9 |
| Administrative accommodation | 6.6 | 12.3 | 11.3 | 27.7 | 15.3 | 7.9 | 33.9 | 11.0 | 21.7 | 15.8 | 16.9 | 18.6 | 17.3 | 5.9 | 26.3 | 16.0 |
| Affordability | 23.2 | 52.1 | 61.8 | 35.2 | 60.0 | 63.5 | 86.2 | 65.7 | 15.0 | 59.2 | 75.4 | 28.1 | 45.5 | 45.6 | 19.1 | 52.2 |

*All numbers in the table are valid %

*Table 7. Barriers to family planning access in the EECA region, by element of access and country.*

Data from Table 7 compares the prevalence of the elements of family planning access across countries/territories and offers an indication of the most important barrier for each country. For example, in Albania, the most important issue was reported to be the quality of FP services (46.6%). In Armenia (52.1%), Belarus (61.8%), Georgia (60%), Kazakhstan (63.5%), Kyrgyzstan (86.2%), Moldova (65.7%), Serbia (59.2%), Tajikistan (74.5%), Türkiye (28.1%), Ukraine (45.5%), and Uzbekistan (45.6%), affordability of FPS and commodities was the most critical barrier. On the other hand, women in Bosnia and Herzegovina and women in Kosovo mostly encountered psychosocial barriers (51.2%) and cognitive accessibility barriers (42.5%) in their attempts to access FPS. For women in North Macedonia, geographic barriers most often prevented them to access FPS (32.5%).

Breakdown of the access barriers by each marginalized group are summarized below. Full data on each element of access for each marginalized group and for each country/territory are presented in Annexes 7, 8 and 9.



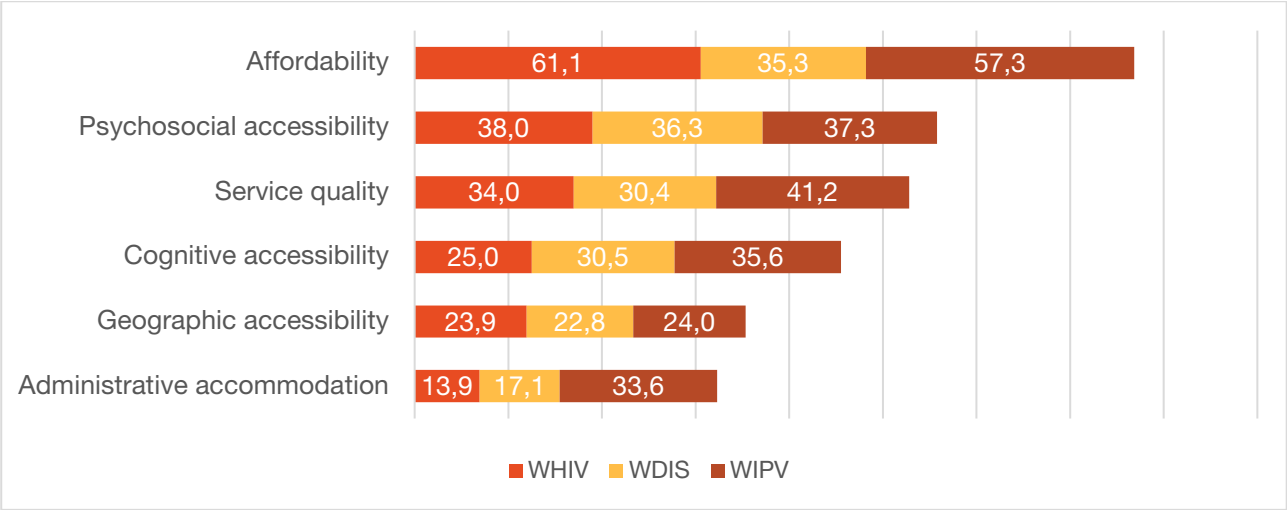



*Figure 3. Family planning access barriers in the EECA region, by element of access and marginalized group.*

| Element of family planning access* | Women living with… | | |
|---|---|---|---|
| | HIV | Disability | IPV |
| Cognitive accessibility | 25.0 | 30.5 | 35.6 |
| Psychosocial accessibility | 38.0 | 36.3 | 37.3 |
| Geographic accessibility | 23.9 | 22.8 | 24.0 |
| Service quality | 34.0 | 30.4 | 41.2 |
| Administrative accommodation | 13.9 | 17.1 | 33.6 |
| Affordability | 61.1 | 35.3 | 57.3 |

*All numbers in the table are valid %

*Table 8. Family planning access barriers in the EECA region, by marginalized group.*

Breakdown by marginalized group shows that survivors of intimate partner violence disproportionally reported grater cognitive accessibility barriers (35.6%), geographic accessibility (24%), service quality (41.2%), and administrative accommodation (33.6%) barriers. On the other hand, women living with HIV reported the most psychosocial accessibility (38%) and affordability (61.1%) barriers. Across the elements of family planning, women with disabilities mostly encountered affordability barriers (35.3%) and psychosocial barriers (36.3%).

The barriers are discussed in detail below by marginalized group, with a focus on identifying the most relevant elements of family planning access across the region and among the three marginalized communities. Quantitative and quantitative data is triangulated to offer a comprehensive understanding of the barriers to accessing family planning services and commodities in the UNFPA Eastern Europe and Central Asia region.

## Cognitive accessibility barriers

Across all countries/territories, half of the respondents report not having been given adequate advice and information to make family planning decisions, 43.8% are not aware of the places where they can get family planning information, services, and commodities, and 20.5% are not able to make their own decisions about whether to have children and when.

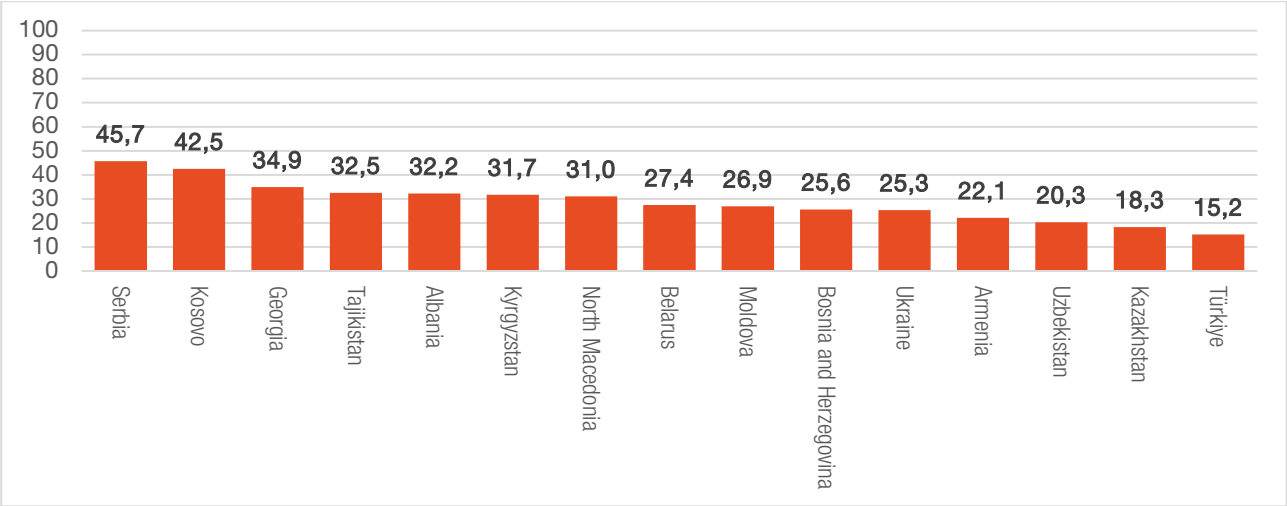



*Figure 4. Cognitive accessibility barriers to family planning access in the EECA region, by country.*

Analysis of this access element by country revealed several differences, with Georgia (34.9%), Kosovo (42.5%), and Serbia (45.7%) having the highest three average scores based on women's responses.

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cognitive accessibility | 32.2 | 22.1 | 27.4 | 25.6 | 34.9 | 18.3 | 31.7 | 26.9 | 31.0 | 45.7 | 32.5 | 15.2 | 25.3 | 20.3 | 42.5 | 28.2 |
| Does not know she has the right to decide whether to have children | 3.6 | 2.6 | 5.9 | 7.0 | 17.3 | 1.6 | 17.2 | 3.0 | 10.0 | 30.6 | 18.8 | 3.1 | 5.5 | 5.9 | 27.0 | 9.9 |
| Not able to make own decisions about whether to have children and when | 21.4 | 7.7 | 16.2 | 21.1 | 13.3 | 4.8 | 37.9 | 13.1 | 5.0 | 59.2 | 31.9 | 3.1 | 15.8 | 11.8 | 65.2 | 20.5 |
| Does not know the places where she can receive FP information, services, and commodities | 17.9 | 41.9 | 39.7 | 22.5 | 54.7 | 11.1 | 31.0 | 24.2 | 65.0 | 57.1 | 26.1 | 31.3 | 43.6 | 39.7 | 95.5 | 43.8 |
| Did not receive information based on their disability specific needs | 59.1 | 13.0 | - | 23.9 | 35.7 | | - | 32.4 | 15.0 | 20.5 | - | 16.7 | 25.5 | - | 2.5 | 16.3 |
| Has not been given adequate advice and information to make family planning decisions | 58.9 | 45.3 | 75.0 | 53.5 | 53.3 | 55.6 | 72.4 | 61.6 | 60.0 | 61.2 | 85.5 | 21.9 | 36.4 | 44.1 | 22.5 | 50.5 |

*All numbers in the table are valid %

*Table 9. Cognitive accessibility barriers to family planning access in the EECA region, by country.*

As this table shows, women in Kosovo (27%), Serbia (30.6%), and Tajikistan (18.8%) seem less aware of their right to decide whether to have children. The countries/territories in which women mostly reported that they are not able to make their own decisions about whether to have children and when are Kosovo (65.2%), Serbia (59.2%), and Kyrgyzstan (37.9%). Regarding women's knowledge of the places where they can receive FP information, services, and commodities, this is lowest in Kosovo, and North Macedonia, where 95.5% and 65% of women report not being aware of this information. Women in Albania (59.1%), Georgia (35.7%), and Moldova (32.4%) did not receive information based on their disability specific needs. Last in terms of cognitive accessibility barriers, the lack of advice for making appropriate family planning decisions was mostly mentioned by women in Tajikistan (85.5%), Belarus (75%), and Kyrgyzstan (72.4%).

As expected, qualitative data has revealed that cognitive accessibility to FP is lower in rural areas and individuals from vulnerable groups. In addition, awareness of family planning services and facilities is lower in Armenia as opposed to Ukraine, where awareness is higher according to women's and FP providers' accounts. For example, all Ukrainian women but one (Subject 325, woman with disability, urban area, Ukraine) have used contraception methods in some period of their life.

In Armenia, the knowledge about contraception is very limited and insufficient among women in general, and men play a dominant role in the use of contraceptives, that is, they decide which contraceptives should be used by their partner and whether to use them at all or not. In many cases, according to the interviewees, women keep the fact that they are using contraception a secret from their partner: *"It is accepted in our mentality that only prostitutes use contraceptives, and a woman with a family honour cannot use it"* (Subject 204, provider, NGO, urban area, Armenia). In this context, it is worth mentioning that Armenian families are mostly patriarchal; decisions are made mainly by men, and extramarital sex is not very common among women: *"Very few people, especially girls, do not make any decision on their own. It is very discriminatory towards girls. There is always a more positive attitude towards men in society"* (Subject 106, women with disability, urban area, Armenia).

In Ukraine, according to FP providers, disadvantaged groups (e.g., Roma, people misusing substances, and homeless people) have a low level of sexual education and awareness of FPS and contraception, methods in particular: *"Some women do not know at all what is contraception. That is why we need educational programs"* (Subject 405, director of social centre, NGO, urban area, Ukraine).

### *Women living with HIV*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cognitive accessibility | 66.7 | 23.0 | 32.4 | | 41.4 | 17.3 | 48.8 | 25.4 | | | 47.5 | | 27.9 | 23.5 | | 25.0 |
| Does not know she has the right to decide whether or not to have children | | 2.0 | 6.3 | | 19.0 | 1.6 | 17.9 | 4.8 | | | 19.1 | | 2.6 | 6.0 | | 7.8 |
| Not able to make own decisions about whether or not to have children and when | 100.0 | 4.0 | 15.6 | | 13.8 | 3.2 | 39.3 | 16.1 | | | 32.4 | | 7.9 | 11.9 | | 14.6 |
| Does not know the places where she can receive FP information, services, and commodities | 50.0 | 30.0 | 39.1 | | 55.2 | 11.3 | 32.1 | 17.7 | | | 25.0 | | 44.7 | 38.8 | | 33.7 |
| Did not receive information based on their disability specific needs | | | | | | | | | | | | | 22.2 | | | 10.5 |
| Has not been given adequate advice and information to make family planning decisions | 50.0 | 58.0 | 75.0 | | 55.2 | 54.8 | 75.0 | 67.7 | | | 85.3 | | 36.8 | 43.3 | | 58.3 |

*All numbers in the table are valid %

*Table 10. Cognitive accessibility barriers to family planning access in the EECA region for women living with HIV, by country.*

For women living with HIV, cognitive accessibility issues were most often reported in Albania (66.7%), Kyrgyzstan (48.8%), and Tajikistan (47.5%). Across countries/territories, Albania had the largest number of HIV women who reported not being able to make their own decisions about whether to have children and when (100%). In Armenia (58%), Belarus (75%), Kazakhstan (54.8%), Kyrgyzstan (75%), Moldova (67.7%), Tajikistan (85.3%), and Uzbekistan (43.3%), the most important issue highlighted by women was that they

have not been given adequate advice and information to make family planning decisions. In Georgia and Ukraine, Respondents who reported limited knowledge of the places where they can receive FP information, services, and commodities were mostly from Albania (50%), Georgia (55.2%), and Ukraine (44.7%).

This can be explained, in part, by the fact that they receive FPS at the AIDS centres they regularly attend for antiretroviral therapy and the staff is prepared to meet their needs: *"Women living with HIV are often perceived as unable to negotiate the use of contraceptives with their marital partners, especially with those who are seasonal migrants. I have heard this view many times from medical staff. That is why for any kind of consultation I prefer to attend AIDS centres, which have a high specialization, where the staff is very professional and their attitude and worldview are non-discriminatory"* (Subject 145, woman living with HIV, rural area, Armenia).

Yet, physicians in the sample who work outside of AIDS centres noted that women with HIV often show stress and fear (Subject 411, female, obstetrician-gynaecologist, head of the advisory department of a maternity hospital, urban area, Ukraine), fear of disclosure of the diagnosis, anxiety regarding the transmission of HIV to a child or partner, and are worried about lack of funds for expensive diagnostics (Subject 412, female, obstetrician-gynaecologist, AIDS centre, urban area).

## *Women with disabilities*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cognitive accessibility | 19.1 | 21.7 | 32.0 | 22.0 | 27.1 | | 40.0 | 23.8 | 29.0 | 44.1 | 40.0 | 14.0 | 30.6 | 30.0 | 40.3 | 30.5 |
| Does not know she has the right to decide whether or not to have children | 2.3 | 2.9 | 20.0 | 7.0 | 14.3 | | 50.0 | | 10.0 | 34.1 | | 3.3 | 12.8 | | 25.0 | 12.0 |
| Not able to make own decisions about whether or not to have children and when | 15.9 | 10.1 | 40.0 | 21.1 | 14.3 | | 50.0 | 5.4 | 5.0 | 59.1 | | 3.3 | 38.3 | | 62.5 | 28.3 |
| Does not know the places where she can receive FP information, services, and commodities | 11.4 | 50.7 | 40.0 | 22.5 | 57.1 | | | 37.8 | 65.0 | 59.1 | 100.0 | 33.3 | 48.9 | 50.0 | 95.0 | 49.5 |
| Did not receive information based on their disability specific needs | 2.3 | 10.1 | | 5.6 | 14.3 | | 50.0 | 29.7 | 5.0 | 9.1 | | 10.0 | 19.1 | | | 21.4 |
| Has not been given adequate advice and information to make family planning decisions | 63.6 | 34.8 | 60.0 | 53.5 | 35.7 | | 50.0 | 45.9 | 60.0 | 59.1 | 100.0 | 20.0 | 34.0 | 100.0 | 18.8 | 41.5 |

*All numbers in the table are valid %

*Table 11. Cognitive accessibility barriers to family planning access in the EECA region for women with disability, by country.*

In terms of the cognitive accessibility of women with disabilities, most do not know the places where they can receive FP information, services and commodities (49.5%). 41.5% state that they have not been given adequate advice and information to make family planning decisions and 28.3% stated that that were not able to make own decisions about whether or not to have children and when. Most cognitive barriers were reported in this group in Serbia, Kosovo and Kyrgyzstan.

Not knowing where to access FPS is due, in part, to the fact that these services are mostly available in country capitals and larger cities across the countries in the region, and are less available or inexistent in rural areas: *"I live in a small village and have no access to information and any kind of interaction with*

*doctors or other services"* (Subject 111, woman with disability, rural area, Armenia) and *"In the city, everything is well accessible for people who are more mobile and can use public transportation"* (Subject 114, woman with disability, urban area, Armenia).

Not surprisingly, the analysis of interviews with women and FP providers shows that the decision-making processes regarding the FPSs and/or the use of contraceptives is different for women with different impairments. The interviewed women with physical impairments are more independent in making their own decisions rather than those who require additional care and assistance from a family member or a partner on a daily basis and who mostly depend on their will.

Of note is that the views of FPS providers for WDIS about the cognitive accessibility of WDIS diverge. The medical doctors (Subjects 403, FPS provider, gynaecologist, rural area; 406 and 413, both FPS provider, both gynaecologists, both urban area, Ukraine) believed that patients with disabilities are aware of family planning and contraceptive methods. On the other hand, the FPS providers with psychological backgrounds and working for the community-based non-governmental facilities (Subjects 408 and 410, both FPS providers, both urban areas, Ukraine) said that their clients with intellectual and psychosocial disabilities are not aware either of their need to get FPS, or about contraception methods. They are usually accompanied to the facility by their legal representatives, parents in the majority of cases. One FPS provider said: *"They are brought to the consultation by their parents who have the proper awareness"* (Subject 408, male psychologist, urban area, Ukraine).

### *Women survivors of intimate partner violence*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cognitive accessibility | 30.0 | 25.0 | 52.8 | | 33.3 | 32.1 | 50.0 | 31.3 | | 40.0 | | 40.0 | 30.9 | 75.0 | 56.7 | 35.6 |
| Does not know she has the right to decide whether or not to have children | 10.0 | | 11.1 | | | | 33.3 | 25.0 | | 16.7 | | | | 50.0 | 41.7 | 16.7 |
| Not able to make own decisions about whether or not to have children and when | 30.0 | | 44.4 | | 33.3 | 14.3 | 66.7 | 25.0 | | 66.7 | | | 9.1 | 50.0 | 91.7 | 43.8 |
| Does not know the places where she can receive FP information, services, and commodities | 40.0 | | 55.6 | | 16.7 | 14.3 | | | | 50.0 | | | 18.2 | 100.0 | 100.0 | 45.8 |
| Did not receive information based on their disability specific needs | | | | | | | | | | | | 100.0 | 100.0 | | | 11.1 |
| Has not been given adequate advice and information to make family planning decisions | 40.0 | 100.0 | 100.0 | | 83.3 | 100.0 | 100.0 | 75.0 | | 66.7 | | 100.0 | 27.3 | 100.0 | 50.0 | 60.4 |

*All numbers in the table are valid %

*Table 12. Cognitive accessibility barriers to family planning access in the EECA region for women survivors of intimate partner violence, by country.*

This marginalized group of subjects reported the greatest barriers in cognitive accessibility across the sample. Most importantly, they stated they were not been given adequate advice and information to make family planning decisions (60.4%), that they do not know the places where they can receive FP information, services, and commodities (45.8%) and that they lack the power to decide whether to have children (43.8%). Most cognitive barriers were reported in this group in Uzbekistan, Kosovo, and Belarus.

Many WIPV reported that family planning services were unreachable and inaccessible to them, as they even struggled to leave home alone: *"My husband would never let me go alone, even if I tried, he would come home and would start beating me, cursing and swearing at me"* (Subject 128, IPV woman, rural area, Armenia). Subjects from rural areas particularly mentioned that their lack of knowledge regarding FP locations was due to their limited contact with the outside world, and instead, their husbands and mothers-in-law always decide what to do, where to go, what service to get, to get pregnant or not, even how many children to have. Almost all of the women interviewed said that they needed training, meetings, and courses to learn about services provided free of charge by the state and by local and international NGOs. Service providers also mentioned the importance of the training programs; they noted that many innovations can be learned only through discussions and meetings with field specialists: *"We need more skills and experience and sensitivity to work with women from vulnerable groups, this should be taken into consideration by different stakeholders. The state, the civil society, and international donors should think about this"* (Subject 211, Service provider, urban area, Armenia).

## Psychosocial accessibility

The breakdown of psychosocial accessibility barriers in Table 5 shows that women mostly report not being able to discuss FPS with family or other caregivers (45.1%), having concerns about the attitude of the staff in FP facilities (38.9%), and having their FP decisions influenced by prejudice in their community or family (35.4%). Georgia (58%), Bosnia and Herzegovina (51.2%), and Moldova (50%) had the highest three average scores on psychosocial accessibility barriers based on women's responses.

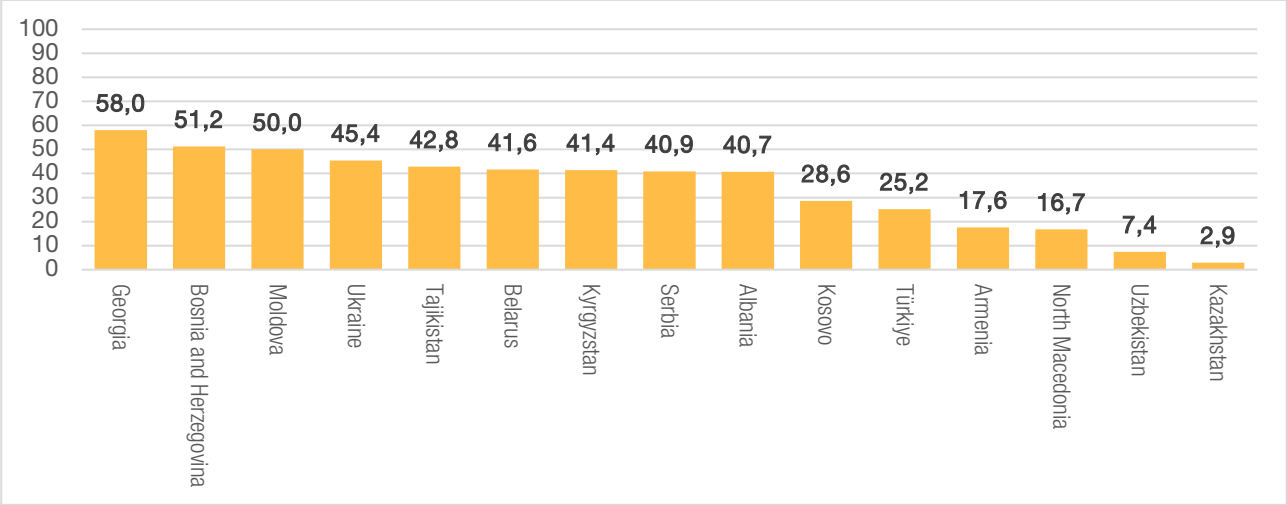



*Figure 5. Psychosocial accessibility barriers to family planning access in the EECA region, by country.*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Psychosocial accessibility | 40.7 | 17.6 | 41.6 | 51.2 | 58.0 | 2.9 | 41.4 | 50.0 | 16.7 | 40.9 | 42.8 | 25.2 | 45.4 | 7.4 | 28.6 | 32.3 |
| Personal FP decisions were influenced by prejudice in her community or family | 71.4 | 27.4 | 29.4 | 28.2 | 48.0 | 17.5 | 48.3 | 32.3 | 35.0 | 61.2 | 56.5 | 31.3 | 23.6 | 36.8 | 20.2 | 35.4 |
| Has concerns about the attitude of the staff in FP facilities towards people with disabilities | 72.7 | 23.2 | 40.0 | 42.3 | 64.3 | | 50.0 | 40.5 | 30.0 | 52.3 | 100.0 | 53.3 | 38.3 | | 16.3 | 38.9 |
| Family or carers prevented her to seek FPS | 4.5 | 8.7 | | 25.4 | 21.4 | | 50.0 | 16.2 | 5.0 | 34.1 | | 6.7 | 10.6 | | 15.0 | 12.4 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cannot discuss FPS with family or care givers | 81.8 | 36.2 | 60.0 | 23.9 | 42.9 | | 50.0 | 35.1 | 30.0 | 45.5 | 100.0 | 50.0 | 34.0 | | 87.5 | 45.1 |
| Has been pressured or forced to use a particular method of FP | 4.5 | | 60.0 | 93.0 | 85.7 | | | 89.2 | | 29.5 | | 6.7 | 78.7 | | 17.5 | 29.1 |
| Has been pressured or forced to have an abortion | 9.1 | 10.1 | 60.0 | 94.4 | 85.7 | | 50.0 | 86.5 | | 22.7 | | 3.3 | 87.2 | | 15.0 | 32.8 |

*All numbers in the table are valid %

*Table 13. Psychosocial accessibility barriers to family planning access in the EECA region, by country.*

Most prominent barriers reported referred to the fact that the woman could not discuss family planning with her family (45m1%) and that personal decisions were influenced by prejudice in her community or family (35.4%). Concerns about the attitude of the staff in FP facilities towards people with disabilities. Most psychosocial barriers were reported in this group in Georgia, Bosnia and Herzegovina and the Republic of Moldova. The qualitative data collected from Armenian and Ukrainian women support and add context to these findings.

## *Women living with HIV*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Psychosocial accessibility | 50.0 | 38.0 | 60.2 | | 48.3 | 16.1 | 58.3 | 64.0 | | | 57.4 | | 51.7 | 22.6 | | 38.0 |
| Personal FP decisions were influenced by prejudice in her community or family | 50.0 | 28.0 | 28.1 | | 48.3 | 16.1 | 50.0 | 33.9 | | | 57.4 | | 21.1 | 35.8 | | 33.5 |
| Has concerns about the attitude of the staff in FP facilities towards people with disabilities | | 50.0 | 33.3 | | | | 100.0 | 50.0 | | | | | 55.6 | | | 47.4 |
| Family or carers prevented her to seek FPS | | 50.0 | 100.0 | | | | | 100.0 | | | | | 100.0 | 100.0 | | 10.5 |
| Cannot discuss FPS with family or care givers | | | 66.7 | | | | 100.0 | 50.0 | | | | | 11.1 | | | 26.3 |
| Has been pressured or forced to use a particular method of FP | | | 66.7 | | | | | 50.0 | | | | | 55.6 | | | 42.1 |
| Has been pressured or forced to have an abortion | | 100.0 | 66.7 | | | | 100.0 | 100.0 | | | | | 66.7 | | | 68.4 |

*All numbers in the table are valid %

*Table 14. Psychosocial accessibility barriers to family planning access in the EECA region for women living with HIV, by country.*

This marginalized group of women reported the highest level of psychosocial accessibility barriers among the three marginalized groups included in this report. More specifically, 68.4% said they have been pressured or forced to have an abortion, and 42.1% have been pressured or forced to use a particular method of FP. Most psychosocial barriers were reported in this group in the Republic of Moldova, Belarus, and Kyrgyzstan.

Qualitative data show that this leads women with HIV to avoid accessing medical services in the local polyclinics, especially in small communities, as they are afraid that their status will become known and that they will be labelled and discriminated against by both the medical staff and the members of their community. This issue is common and was described in detail by both Ukrainian and Armenian women, but one quote from an Armenia woman particularly stands out and explains the double discrimination faced by

women with HIV: *"…in week 24 of my pregnancy, the parents of my husband forced me to have an abortion having arranged everything with a doctor from Yerevan beforehand. After discovering my HIV-positive status, the parents of my husband made us divorce and spread the information throughout the community. Then, learning about my HIV status the members of the community forbid me to use public transport… After having walked several kilometres while bleeding, I reached the polyclinic where I was denied medical aid, in particular, an ultrasound examination. The reason was that they had to change the equipment after examining me"* (Subject 144, woman living with HIV, rural area, Armenia).

This type of discrimination makes women with HIV more likely to prefer receiving FPS and commodities in specialized AIDS centres and not within the facilities closest to them. Women with HIV are afraid to disclose their status even to a general practitioner. For example, one of the subjects was concerned about *"refusal of surgical intervention based on the HIV status"* (subject 324, woman with HIV, urban area, Ukraine). Another woman shared: *"I am afraid to go to the doctor because I have a previous negative experience"* (subject 337, woman with HIV, urban area, Ukraine).

### *Women with disabilities*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Psychosocial accessibility** | **41.3** | **17.4** | **43.3** | **51.2** | **57.1** | | **33.3** | **50.0** | **16.7** | **41.7** | **33.3** | **25.0** | **46.5** | **8.3** | **27.9** | **36.3** |
| Personal FP decisions were influenced by prejudice in her community or family | 75.0 | 26.1 | 40.0 | 28.2 | 42.9 | | | 32.4 | 35.0 | 65.9 | | 30.0 | 29.8 | 50.0 | 16.3 | 35.1 |
| Has concerns about the attitude of the staff in FP facilities towards people with disabilities | 72.7 | 23.2 | 40.0 | 42.3 | 64.3 | | 50.0 | 40.5 | 30.0 | 52.3 | 100.0 | 53.3 | 38.3 | | 16.3 | 39.0 |
| Family or carers prevented her to seek FPS | 4.5 | 8.7 | | 25.4 | 21.4 | | 50.0 | 16.2 | 5.0 | 34.1 | | 6.7 | 10.6 | | 15.0 | 15.2 |
| Cannot discuss FPS with family or care givers | 81.8 | 36.2 | 60.0 | 23.9 | 42.9 | | 50.0 | 35.1 | 30.0 | 45.5 | 100.0 | 50.0 | 34.0 | | 87.5 | 49.0 |
| Has been pressured or forced to use a particular method of FP | 4.5 | | 60.0 | 93.0 | 85.7 | | | 89.2 | | 29.5 | | 6.7 | 78.7 | | 17.5 | 39.0 |
| Has been pressured or forced to have an abortion | 9.1 | 10.1 | 60.0 | 94.4 | 85.7 | | 50.0 | 86.5 | | 22.7 | | 3.3 | 87.2 | | 15.0 | 40.7 |

*All numbers in the table are valid %

*Table 15. Psychosocial accessibility barriers to family planning access in the EECA region for women with disability, by country.*

For women with disabilities, the largest psychosocial barriers to accessing FPS and commodities were the fact that they cannot discuss FP with family or caregivers (49%), that they have been pressured or forced to have an abortion (40.7%), and the attitude of the staff in FP facilities towards people with disabilities (39%). Most psychosocial barriers were reported in this group in Georgia, Bosnia and Herzegovina and the Republic of Moldova.

Interestingly, women with disabilities who participated in qualitative interviews in both Armenia and Ukraine all stated that they do not have any individual constraints and are not affected by any prejudice from their family and community in regard to accessing FPS and commodities. However, it became clear during conversations that they rarely use any FPS because they consider FPS and any kind of tests and examinations very costly, while most WDIS are highly dependent on their family members both economically and emotionally.

Armenian WDIS said that the prejudice in society towards people with intellectual and mental health impairments, for example, leads to views that such people should not get married or have children to prevent children with similar impairments from being born. Thus, most constraints for Armenian WDIS came from the side of the community: *"In the community there are still so many patriarchal attituded against women with disabilities who want to have children and family"* (Subject 204, PFS provider, NGO, urban, Armenia). Yet, women also stated that it is difficult to get a referral for free examinations in polyclinics The procedures for referrals are unclear and it is difficult to understand why one WDIS gets free medical investigations and another – not, even though they both experience financial difficulties: *"They [the doctors] don't meet our needs, because so many investigations are not free, and I had to convince them to give me a referral"* (Subject 111, women with disability, rural, Armenia).

In Ukraine, WDIS described having constraints in accessing FPS due to their religion (which prohibits abortions), their disability or impairment (i.e., difficulties climbing the obstetrics chair – Subject 315), and dependence on external care due to extreme disability, or societal stigma around marginalized groups. The FPS providers mention that families' views could affect the decisions related to pregnancies. As one provider said, *"There are cases when husbands or boyfriends insist on abortions, but women want to preserve the pregnancies. In such cases, the doctors may invite the husband and discuss responsible paternity"* (Subject 403, FPS provider, gynaecologist, rural environment, Ukraine). Concerns were also expressed about the families who take care of an adult person with an intellectual disability. One provider pointed out that *"the parents tell their adult daughter that sex must only happen after marriage, but the marriage will happen after the woman is able to earn money, so, it never happens"* (Subject 408, male FPS provider, urban environment, Ukraine). Another provider, with a background in psychology, stressed that *"families of WDIS, particularly if the disability is severe, are led by a widely spread myths that a WDIS remains a child (angel) and an angel does not need sexuality"* (Subject 410, FPS provider, urban environment, Ukraine).

## *Women survivors of intimate partner violence*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Psychosocial accessibility** | **60.0** | | **44.4** | | **66.7** | **28.6** | **100.0** | | | **52.8** | | **66.7** | **37.9** | **100.0** | **40.7** | **37.3** |
| Personal FP decisions were influenced by prejudice in her community or family | 60.0 | | 44.4 | | 66.7 | 28.6 | 100.0 | | | 16.7 | | 100.0 | 27.3 | 100.0 | 37.5 | 40.6 |
| Has concerns about the attitude of the staff in FP facilities towards people with disabilities | | | | | | | | | | | | | 100.0 | | 13.3 | 16.7 |
| Family or carers prevented her to seek FPS | | | | | | | | | | | | 100.0 | 100.0 | | 66.7 | 33.3 |
| Cannot discuss FPS with family or care givers | | | | | | | | | | 100.0 | | 100.0 | | | 93.3 | 88.9 |
| Has been pressured or forced to use a particular method of FP | | | | | | | | | | 100.0 | | | | | 13.3 | 16.7 |
| Has been pressured or forced to have an abortion | | | | | | | | | | 100.0 | | 100.0 | | | 20.0 | 27.0 |

*All numbers in the table are valid %

*Table 16. Psychosocial accessibility barriers to family planning access in the EECA region for women survivors of intimate partner violence, by country.*

The greatest concern of women survivors of IPV regarding psychosocial accessibility was the fact that they cannot discuss FPS with family or caregivers (88.9%). In addition, around 40% report their FP decisions being influenced by prejudice in their community or family, with 33.3% also declaring that family or caregivers prevented them to seek FPS. Most psychosocial barriers were reported in this group in Kyrgyzstan, Uzbekistan and Georgia.

These findings are supported by qualitative interviews with Armenian women, but only party by interviews with Ukrainian women. This difference can be attributed to the fact that women from the Armenian sample are living in rural and remote areas and in traditional communities, whereas most women from the Ukrainian sample reported living in small or large cities where accessibility to PFS and commodities is easier.

For example, the interviews showed that many Armenian women do not have direct access to family planning services because their families do not support and encourage them due to stereotypes, socio-economic status of the family, religious-cultural habits, low level of education and awareness: *"I will not lie if I say that I had more than 10 unwanted pregnancies, because I was afraid to use an IUD, as I have been told by my friends and neighbours that IUD would cause cancer and my husband and mother-in-law banned me from using it"* (Subject 123, 46-year-old IPV woman from small rural town, Armenia). Most often, these women do not benefit from the help of their either: *"I can still hear my father's accusations when I was forced to run away and come back to my father's house being pregnant with my baby and heavily beaten by my husband. My relatives told me that the wife should stay with her husband no matter what happened, and even the doors of my relatives' house were closed to me"* (Subject 125, 31-year-old woman with disability, survivor of IPV, from a small/rural town, Armenia).

On the providers' side, they have emphasized the importance of programs to fund free access to FPS and commodities. Almost all service providers mentioned that there are no more training courses organized at the state level by local or international partners. Up until a couple of years ago, there were such courses, and they gave a good chance to family planning service providers to learn and share experience and knowledge about the services provided, including to women and girls from various vulnerable groups. They also stated that in many small and distant communities, health care providers are not fully informed and sensitive to many issues: *"I wish there were some programs for free IUD for women from marginalized and socially vulnerable groups, not to mention women with intellectual and psycho-social disabilities. Our laws and policies are not based on individual need; they are not inclusive at all"* (Subject 206, 51-year-old service provider from urban community, Armenia).

On the other hand, women survivors of IPV in Ukraine claimed they are generally unconstrained by psychological, attitudinal, or social factors in seeking FP service. They tend to demonstrate a positive attitude towards contraception in general: *"When my son gets older, I will tell him everything about contraception"* (Subject 305, woman experiencing IPV, urban area, Ukraine). Women experiencing IPV realize their right to make their own decision about contraception but prefer to keep it secret from people who could interfere or judge them. This refers mainly to their partners and a lesser degree – to their parents and friends, colleagues, and the community): *"I try to use contraception in secret - so that he does not know. Our relations got worse during lockdown and distance work...I do not have stability in my marriage, I plan to leave him. I do not want to solve my problems by having another child… It is not safe to discuss contraception with my husband"* (Subject 319, woman experiencing IPV, small city, Ukraine). In addition, they seem to benefit from the support of their family to a larger extent than their Armenian counterparts do: *"My sister supports me - 'Don't even dare to get pregnant from him!"* (Subject 311, woman experiencing IPV, urban area, Ukraine) or *"My mother told me - 'I do not want grandsons from him"* (Subject 313, woman experiencing IPV, rural area, Ukraine).

One of the most striking narratives that emerged from the interviews with Ukrainian providers on this topic was that women from disadvantaged groups, including women survivors of IPV, are provided with IUDs without their knowledge: *"It is a social program…If she finds threads of IUD, we say that it is a treatment, otherwise she will get cancer - Roma, homeless people often have HIV"* (Subject 401, gynaecologist in maternity hospital, urban area, Ukraine).

## Geographic accessibility

Barriers to geographic accessibility were mostly reported by women in Tajikistan (68.5%), Kyrgyzstan (62.5%), and Uzbekistan (50.7%). Out of the four elements of geographic accessibility, the need for support to be able to reach FPF (46.7%), the difficulty of the journey to FPF (32.9%), and the costs of travel to the nearest FPF (21.9%) were the most reported. Across marginalized groups, women exposed to IPV reported the most geographic accessibility barriers (24%).

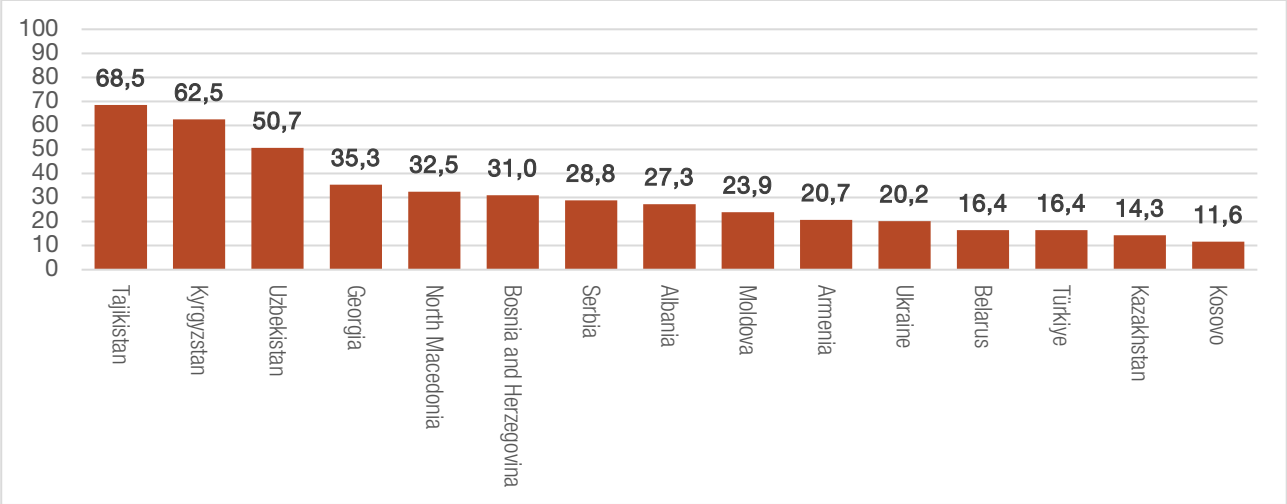



*Figure 6. Geographic accessibility barriers to family planning access in the EECA region, by country.*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Geographic accessibility | 27.3 | 20.7 | 16.4 | 31.0 | 35.3 | 14.3 | 62.5 | 23.9 | 32.5 | 28.8 | 68.5 | 16.4 | 20.2 | 50.7 | 11.6 | 30.3 |
| Has to do a long travel to nearest FPF | 3.6 | 28.2 | 26.5 | 8.5 | 20.0 | 27.0 | 44.8 | 24.2 | 25.0 | 6.1 | 37.7 | 9.4 | 18.8 | 29.4 | 7.9 | 19.8 |
| Cannot afford the costs of travel to nearest FPF | 12.5 | 15.4 | 19.1 | 15.5 | 42.7 | 30.2 | 55.2 | 25.3 | 20.0 | 20.4 | 36.2 | 6.3 | 15.2 | 23.5 | 13.5 | 21.9 |
| Journey to FPF is difficult to make | 43.2 | 15.9 | 20.0 | 40.8 | 35.7 | - | 50.0 | 10.8 | 40.0 | 20.5 | 100.0 | 16.7 | 17.0 | 100.0 | 15.0 | 32.9 |
| Needs support to be able to reach FPF | 50.0 | 23.2 | - | 59.2 | 42.9 | - | 100.0 | 35.1 | 45.0 | 68.2 | 100.0 | 33.3 | 29.8 | 50.0 | 10.0 | 46.7 |

*All numbers in the table are valid %

*Table 17. Geographic accessibility barriers to family planning access in the EECA region, by country.*

In general, lack of geographic accessibility is an issue for women living in rural areas. Women from an urban area point to the geographic accessibility of FPS, as they can reach any of them on foot or by utilizing public transport.

## *Women living with HIV*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Geographic accessibility | 25.0 | 38.0 | 11.7 | | 31.0 | 29.0 | 49.1 | 13.7 | | | 36.0 | | 13.5 | 50.2 | | 23.9 |
| Has to do a long travel to nearest FPF | | 36.0 | 26.6 | | 20.7 | 27.4 | 42.9 | 27.4 | | | 36.8 | | 19.3 | 28.4 | | 27.6 |
| Cannot afford the costs of travel to nearest FPF | 50.0 | 16.0 | 20.3 | | 41.4 | 30.6 | 53.6 | 27.4 | | | 35.3 | | 12.3 | 22.4 | | 26.0 |
| Journey to FPF is difficult to make | | 50.0 | | | | | | | | | | | 11.1 | 100.0 | | 21.1 |
| Needs support to be able to reach FPF | | 50.0 | | | | | 100.0 | | | | | | 11.1 | 50.0 | | 21.1 |

*All numbers in the table are valid %

*Table 18. Geographic accessibility barriers to family planning access in the EECA region for women living with HIV, by country.*

The longest travel to access FPS was reported by women living with HIV (27.6%). Most geographic barriers were reported in this group in Uzbekistan, Kyrgyzstan and Armenia.

There seems to be a preference to receive FPS and commodities in specialized AIDS centres as women have concerns that the disclosure of their HIV status would impact the care their receive from the healthcare staff. Therefore, since most women with HIV deliberately seek FSP services from AIDS centres, there are geographical constraints to the access to FPS, which have increased when COVID-19 quarantine measures were introduced: *"I live in the regional centre. The journey from my place of residence to the healthcare facility where I receive the services from a family planning doctor takes 20 to 30 minutes. There are also difficulties during the quarantine, when there are restrictions to reduce the numbers of people using public transport, so the time spent travelling increases, but still, the service remains quite accessible"* (Subject 331, woman with HIV, urban area, Ukraine).

## *Women with disabilities*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Geographic accessibility | 25.0 | 19.2 | 10.0 | 31.0 | 33.9 | | 87.5 | 22.3 | 32.5 | 29.5 | 100.0 | 16.7 | 18.1 | 87.5 | 11.3 | 22.8 |
| Has to do a long travel to nearest FPF | | 23.2 | 20.0 | 8.5 | 14.3 | | 100.0 | 18.9 | 25.0 | 6.8 | 100.0 | 10.0 | 10.6 | 100.0 | 7.5 | 12.6 |
| Cannot afford the costs of travel to nearest FPF | 6.8 | 14.5 | | 15.5 | 42.9 | | 100.0 | 24.3 | 20.0 | 22.7 | 100.0 | 6.7 | 14.9 | 100.0 | 12.5 | 16.5 |
| Journey to FPF is difficult to make | 43.2 | 15.9 | 20.0 | 40.8 | 35.7 | | 50.0 | 10.8 | 40.0 | 20.5 | 100.0 | 16.7 | 17.0 | 100.0 | 15.0 | 24.6 |
| Needs support to be able to reach FPF | 50.0 | 23.2 | | 59.2 | 42.9 | | 100.0 | 35.1 | 45.0 | 68.2 | 100.0 | 33.3 | 29.8 | 50.0 | 10.0 | 37.5 |

*All numbers in the table are valid %

*Table 19. Geographic accessibility barriers to family planning access in the EECA region for women with disability, by country.*

Almost 40% of WDIS declare that they need support to be able to reach FPF and that the journey to FPF is difficult to make (24.6%). Although polyclinics are situated close to WDIS who live in urban areas, the inaccessibility of public transport for wheelchairs users makes it more difficult for them to access polyclinics. Most geographic barriers were reported in this group in Tajikistan, Uzbekistan and Kyrgyzstan.

According to women's accounts, WDIS need to spend extra money to visit FPSPs. WDIS with mobility problems, using crutches and/or a wheelchair, need to use private cars or taxi services, which are very expensive for them, given their low pension and socio-economic status: *"I had to take a car and pay for it approximately 10 dollars. This is too expensive, compared to the pension and the salary"* (Subject 111, woman with disability, rural, Armenia). The most problematic situation in terms of geographic proximity was described by one of the respondents, who is blind and lives in a rural area (Subject 328, woman with disability, rural environment, Ukraine). At first, she used the public FPS of the local gynaecologist. However, they demonstrated a negative attitude towards WDIS so she decided to turn to the FPS in the distant regional centre. As she is blind, she needs somebody to accompany her everywhere she travels. Therefore, to visit FPS service both she and her mother spend a whole day traveling. When the COVID quarantine red zone was introduced and the use of public transportation was very limited, she had to rent a car from her neighbour and pay for that as she had an urgent need to visit the gynaecologist.

### *Women survivors of intimate partner violence*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Geographic accessibility | 25.0 | 50.0 | 11.1 | | 58.3 | 42.9 | 83.3 | 37.5 | | 54.2 | | | 14.8 | 100.0 | 16.7 | 24.0 |
| Has to do a long travel to nearest FPF | 20.0 | 100.0 | | | 33.3 | 28.6 | 66.7 | 25.0 | | | | | 36.4 | 100.0 | 8.3 | 22.9 |
| Cannot afford the costs of travel to nearest FPF | 30.0 | | 22.2 | | 83.3 | 57.1 | 100.0 | 50.0 | | 16.7 | | | 22.7 | 100.0 | 25.0 | 34.4 |
| Journey to FPF is difficult to make | | | | | | | | | | 100.0 | | | | | 20.0 | 22.2 |
| Needs support to be able to reach FPF | | | | | | | | | | 100.0 | | | | | 13.3 | 16.7 |

*All numbers in the table are valid %

*Table 20. Geographic accessibility barriers to family planning access in the EECA region for women survivors of intimate partner violence, by country.*

Across marginalized groups, women exposed to IPV most often reported not being able to afford the costs of travel to the nearest FPF (34.4%), especially in rural areas. Women need to travel to nearby cities to visit FSP, which requires more time and sometimes more money. Most geographic barriers were reported in this group in Uzbekistan, Kyrgyzstan and Georgia.

Some women point to the low quality of services in regions (for example, infertility treatment). This was mostly the case in Armenia, where almost all women who took part in the interviews stated that they have to spend a lot of money to get quality, reliable family planning services, as they are located far from their places of residence and are expensive. In addition, women survivors of IPV always find it difficult to leave their homes alone and receive various services. Expenditures were higher during the Covid-19 pandemic lockdowns, as public transport was not available in the country and all citizens had to use taxis or private cars. Women survivors of IPV usually do not have or cannot use their own car, and the taxi is too expensive. Many mentioned that in order to receive a FPS, they always have to borrow money from their close ones: *"I remember during Covid Pandemic I got pregnant because my husband didn't care about my health and always refused contraceptives. On that day I had to rush to the hospital to have an abortion and*

*tried to come home again quickly so that my mother-in-law would not realize that I had gotten rid of an unwanted pregnancy. I asked my sister's husband, who worked in a taxi service company, to come to get me, and at home I lied that I was going to my sister's house to see her. And that day I spent more money on the road than I paid my doctor for an abortion."* (Subject 120, 40-year-old IPV woman, urban community, Armenia).

## Service quality

Service quality issues were most prominent in women survivors of IPV (41.2%) and in Tajikistan (49.3%), Albanian (46.6%), and Kyrgyzstan (43.1%) women. Across the sample, women argued that were not offered the possibility to provide feedback/opinion on the PFS received, highlighted breaches of patient confidentiality and lack of informed consent for procedures and underlined the lack of training and knowledge of PFS providers. Around 40% of the women living with HIV and those living with disabilities, as well as 47% of women survivors of IPV do not feel that they experience FPS as any other women do.

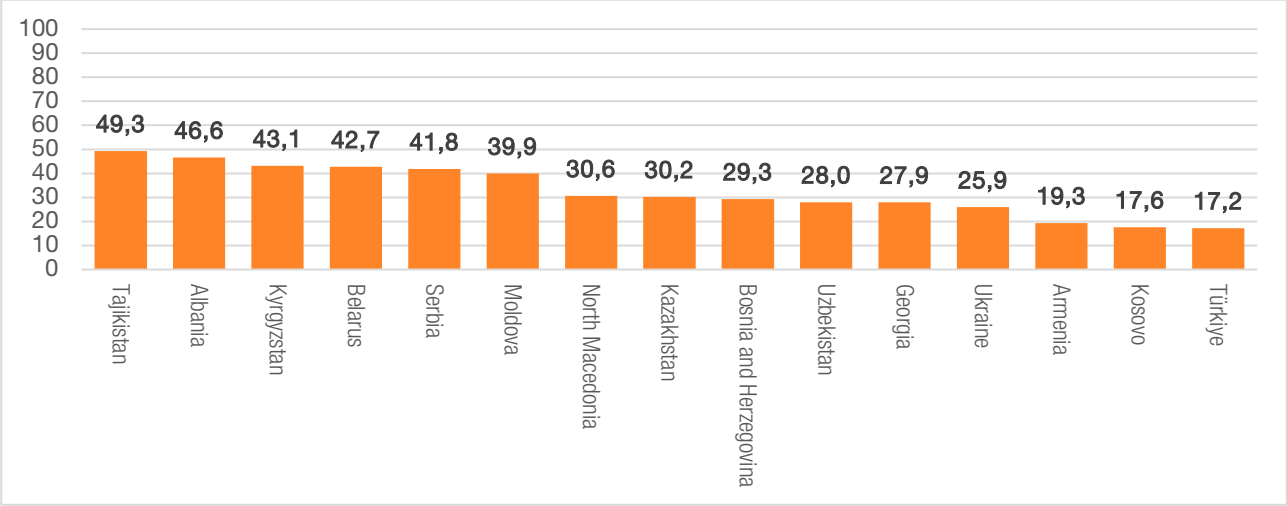



*Figure 7. Service quality barriers to family planning access in the EECA region, by country.*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Service quality | 46.6 | 19.3 | 42.7 | 29.3 | 27.9 | 30.2 | 43.1 | 39.9 | 30.6 | 41.8 | 49.3 | 17.2 | 25.9 | 28.0 | 17.6 | 30.9 |
| FPP is not well-trained and knowledgeable | 25.0 | 19.7 | 38.2 | 29.6 | 32.0 | 25.4 | 27.6 | 46.5 | 60.0 | 46.9 | 50.7 | 12.5 | 23.0 | 32.4 | 20.2 | 30.6 |
| FPP is not friendly and supportive | 33.9 | 15.4 | 35.3 | 23.9 | 34.7 | 33.3 | 37.9 | 42.4 | 50.0 | 44.9 | 53.6 | 18.8 | 24.2 | 29.4 | 21.3 | 31.2 |
| Does not have confidence in FPP's advice and recommendations | 32.1 | 18.8 | 36.8 | 19.7 | 29.3 | 25.4 | 34.5 | 34.3 | 50.0 | 42.9 | 50.7 | 12.5 | 20.6 | 30.9 | 16.9 | 28.5 |
| Not offered the posibility to provide feedback/opinion on the FPS received | 76.8 | 29.1 | 51.5 | 43.7 | 26.7 | 60.3 | 65.5 | 58.6 | 45.0 | 40.8 | 60.9 | 25.0 | 40.0 | 54.4 | 16.9 | 43.4 |
| Prefers to receive FPS at the HIVAIDS centre than in a general health care setting because of better services there | 100.0 | 54.0 | 48.4 | - | 13.8 | 48.4 | 42.9 | 38.7 | - | - | 51.5 | - | 54.4 | 62.7 | - | 32.2 |
| Has not been advice by FPP about safe conception | 50.0 | 14.0 | 43.8 | - | 36.2 | 30.6 | 39.3 | 24.2 | - | - | 45.6 | - | 17.5 | 26.9 | - | 20.5 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FPF not fully accessible for people with impairments | 81.8 | 34.8 | 60.0 | 60.6 | 28.6 | - | 50.0 | 54.1 | 45.0 | 54.5 | 100.0 | 40.0 | 51.1 | 50.0 | 22.5 | 52.1 |
| Felt staff did not have adequate knowledge about FP for women with disabilities | 90.9 | 33.3 | 80.0 | 56.3 | 64.3 | - | 100.0 | 62.2 | 50.0 | 72.7 | 100.0 | 26.7 | 42.6 | 50.0 | 26.3 | 53.5 |
| Faced prejudice or inappropriate attitudes by staff | 72.7 | 5.8 | 20.0 | 33.8 | 28.6 | - | 50.0 | 51.4 | 45.0 | 61.4 | - | 16.7 | 10.6 | - | 18.8 | 25.9 |
| Facility not able to accommodate her disability specific needs | 27.3 | 18.8 | 80.0 | 31.0 | 28.6 | - | - | 37.8 | 20.0 | 56.8 | - | 16.7 | 27.7 | - | 21.3 | 22.9 |
| FPP did not offer enough information for her to understand what to expect, privacy and confidentiality | 26.8 | 12.8 | 36.8 | 42.3 | 26.7 | 50.8 | 41.4 | 41.4 | 30.0 | 42.9 | 49.3 | 18.8 | 22.4 | 25.0 | 21.3 | 30.5 |
| FPP did not offer necessary information for her to make a voluntary, informed decision | 19.6 | 11.1 | 36.8 | 39.4 | 17.3 | 50.8 | 31.0 | 39.4 | 30.0 | 40.8 | 39.1 | 15.6 | 19.4 | 26.5 | 18.0 | 27.2 |
| FPP did not explain she has the right to receive services confidentially, without family members present | 17.9 | 19.7 | 42.6 | 36.6 | 25.3 | 49.2 | 27.6 | 36.4 | 25.0 | 42.9 | 40.6 | 21.9 | 19.4 | 23.5 | 19.1 | 28.0 |
| FPP did not explain that all information provided will be held strictly confidential, including towards family members | 33.9 | 15.4 | 35.3 | 36.6 | 20.0 | 46.0 | 31.0 | 25.3 | 25.0 | 38.8 | 46.4 | 21.9 | 20.6 | 16.2 | 21.3 | 27.1 |
| FPP asked personal questions when other persons were present | 35.7 | 9.4 | 22.1 | 18.3 | 16.0 | 44.4 | 41.4 | 21.2 | 20.0 | 32.7 | 46.4 | 21.9 | 12.1 | 16.2 | 4.5 | 22.6 |
| Did not feel she can make FP decisions voluntary | 33.9 | 6.0 | 16.2 | 7.0 | 10.7 | 11.1 | 58.6 | 22.2 | 5.0 | 55.1 | 39.1 | 9.4 | 16.4 | 14.7 | 15.7 | 20.1 |
| FPP did not ask explicit consent before conducting physical examination | 12.5 | 5.1 | 36.8 | 9.9 | 14.7 | 49.2 | 48.3 | 29.3 | - | 28.6 | 36.2 | 3.1 | 14.5 | 17.6 | 19.1 | 20.3 |
| She does not feel she experiences FPS as any other women | 67.9 | 23.9 | 48.5 | 38.0 | 48.0 | 19.0 | 48.3 | 52.5 | 50.0 | 49.0 | 76.8 | 28.1 | 29.1 | 27.9 | 33.7 | 40.1 |

*All numbers in the table are valid %

*Table 21. Service quality barriers to family planning access in the EECA region, by country.*

The research has shown that the availability of PFS is better in large hospitals and specialized private clinics in urban areas and is much worse, sometimes even missing, in rural areas – in rural policlinics or medical centres. Facilities in urban areas are more or less of a good standard, their family planning services are diverse and numerous, whereas in rural areas FPS are either low-standard and of poor quality or do not meet the standard at all. That is why many women and girls use FPS in large cities or in the capital. In addition, FPS at private hospitals and clinics are of a higher quality compared to public facilities. Assessment of the quality of FPS is mainly conducted in private clinics, although subjects from all marginalized groups would be willing to offer feedback upon request.

## *Women living with HIV*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Service quality** | **35.7** | **25.4** | **40.5** | | **24.1** | **38.2** | **49.4** | **39.2** | | | **49.2** | **21.4** | **25.4** | **27.5** | | **34.0** |
| FPP is not well-trained and knowledgeable | 50.0 | 18.0 | 40.6 | | 31.0 | 24.2 | 28.6 | 48.4 | | | 51.5 | | 23.7 | 31.3 | | 33.0 |
| FPP is not friendly and supportive | 50.0 | 18.0 | 37.5 | | 34.5 | 32.3 | 39.3 | 43.5 | | | 54.4 | | 23.7 | 28.4 | | 33.9 |
| Does not have confidence in FPP's advice and recommendations | | 22.0 | 39.1 | | 29.3 | 24.2 | 35.7 | 38.7 | | | 51.5 | | 19.3 | 31.3 | | 31.3 |
| Not offered the possibility to provide feedback/opinion on the FPS received | 100.0 | 42.0 | 51.6 | | 20.7 | 59.7 | 67.9 | 61.3 | | | 61.8 | | 42.1 | 53.7 | | 50.0 |
| Prefers to receive FPS at the HIVAIDS center than in a general health care setting because of better services there | 100.0 | 54.0 | 48.4 | | 13.8 | 48.4 | 42.9 | 38.7 | | | 51.5 | | 54.4 | 62.7 | | 47.4 |
| Has not been advised by FPP about safe conception | 50.0 | 14.0 | 43.8 | | 36.2 | 30.6 | 39.3 | 24.2 | | | 45.6 | | 17.5 | 26.9 | | 29.7 |
| FPF not fully accessible for people with impairments | | 50.0 | 66.7 | | | | 100.0 | 50.0 | | | | | 33.3 | 50.0 | | 47.4 |
| Felt staff did not have adequate knowledge about FP for women with disabilities | | 50.0 | 66.7 | | | | 100.0 | 50.0 | | | | | 55.6 | 50.0 | | 57.9 |
| Faced prejudice or inappropriate attitudes by staff | | 50.0 | | | | | 100.0 | 100.0 | | | | | | | | 21.1 |
| Facility not able to accommodate her disability specific needs | | 50.0 | 66.7 | | | | | | | | | | 44.4 | | | 36.8 |
| FPP did not offer enough information for her to understand what to expect, privacy and confidentiality | | 10.0 | 34.4 | | 25.9 | 50.0 | 42.9 | 43.5 | | | 48.5 | | 21.1 | 23.9 | | 32.1 |
| FPP did not offer necessary information for her to make a voluntary, informed decision | | 8.0 | 34.4 | | 15.5 | 50.0 | 32.1 | 35.5 | | | 38.2 | 100.0 | 16.7 | 25.4 | | 27.8 |
| FPP did not explain she has the right to receive services confidentially, without family members present | | 18.0 | 42.2 | | 22.4 | 48.4 | 28.6 | 32.3 | | | 39.7 | 100.0 | 21.1 | 22.4 | | 30.2 |
| FPP did not explain that all information provided will be held strictly confidential, including towards family members | | 14.0 | 34.4 | | 19.0 | 45.2 | 32.1 | 17.7 | | | 45.6 | 100.0 | 21.1 | 16.4 | | 26.9 |
| FPP asked personal questions when other persons were present | | 14.0 | 23.4 | | 12.1 | 45.2 | 39.3 | 12.9 | | | 47.1 | | 9.6 | 16.4 | | 22.6 |
| Did not feel she can make FP decisions voluntary | 50.0 | 2.0 | 15.6 | | 12.1 | 9.7 | 60.7 | 21.0 | | | 39.7 | | 14.0 | 13.4 | | 18.6 |
| FPP did not ask explicit consent before conducting physical examination | | 2.0 | 34.4 | | 15.5 | 48.4 | 50.0 | 29.0 | | | 36.8 | | 14.0 | 16.4 | | 25.3 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| She does not feel she experiences FPS as any other women | 100.0 | 22.0 | 48.4 | 50.0 | 19.4 | 50.0 | 58.1 | 76.5 | 26.3 | 26.9 | 40.8 |

*All numbers in the table are valid %

*Table 22. Service quality barriers to family planning access in the EECA region for women living with HIV, by country.*

Almost half of women living with HIV (47.4%) prefer accessing FPS in AIDS centres not only due to fear of HIV status disclosure, stigmatization, or discrimination from health workers from general/public health institutions, but also because they receive better services there. Most service quality barriers were reported in this group in Kyrgyzstan, Tajikistan and Belarus.

In general, satisfaction with services varies – some women are fully satisfied, and other spoke about the low quality of services. The interviews with women living with HIV show that the availability, functioning of locations, accountability, evaluation of services, privacy, confidentiality, and accessibility of information is discussed in relation to the services provided by NGOs

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Not offered the possibility to provide feedback/opinion on the FPS received | 79.5 | 18.8 | 40.0 | 43.7 | 35.7 | 50.0 | 54.1 | 45.0 | 40.9 | | 26.7 | 38.3 | 50.0 | 15.0 | 37.0 |
| Prefers to receive FPS at the HIVAIDS centre than in a general health care setting because of better services there | | 100.0 | | | | | 100.0 | | | | | 44.4 | | | 42.1 |
| Has not been advised by FPP about safe conception | | | 66.7 | | | 100.0 | | | | | | 11.1 | 100.0 | | 31.6 |
| FPF not fully accessible for people with impairments | 81.8 | 34.8 | 60.0 | 60.6 | 28.6 | 50.0 | 54.1 | 45.0 | 54.5 | 100.0 | 40.0 | 51.1 | 50.0 | 22.5 | 47.3 |
| Felt staff did not have adequate knowledge about FP for women with disabilities | 90.9 | 33.3 | 80.0 | 56.3 | 64.3 | 100.0 | 62.2 | 50.0 | 72.7 | 100.0 | 26.7 | 42.6 | 50.0 | 26.3 | 50.1 |
| Faced prejudice or inappropriate attitudes by staff | 72.7 | 5.8 | 20.0 | 33.8 | 28.6 | 50.0 | 51.4 | 45.0 | 61.4 | | 16.7 | 10.6 | | 18.8 | 31.3 |
| Facility not able to accommodate her disability specific needs | 27.3 | 18.8 | 80.0 | 31.0 | 28.6 | | 37.8 | 20.0 | 56.8 | | 16.7 | 27.7 | | 21.3 | 28.5 |
| FPP did not offer enough information for her to understand what to expect, privacy and confidentiality | 20.5 | 15.9 | 60.0 | 42.3 | 28.6 | 50.0 | 37.8 | 30.0 | 40.9 | 100.0 | 16.7 | 25.5 | 50.0 | 20.0 | 28.1 |
| FPP did not offer necessary information for her to make a voluntary, informed decision | 15.9 | 14.5 | 60.0 | 39.4 | 14.3 | 50.0 | 45.9 | 30.0 | 40.9 | 100.0 | 10.0 | 27.7 | 50.0 | 18.8 | 26.8 |
| FPP did not explain she has the right to receive services confidentially, without family members present | 13.6 | 21.7 | 60.0 | 36.6 | 28.6 | 50.0 | 43.2 | 25.0 | 43.2 | 100.0 | 16.7 | 19.1 | 50.0 | 21.3 | 27.4 |
| FPP did not explain that all information provided will be held strictly confidential, including towards family members | 25.0 | 17.4 | 60.0 | 36.6 | 21.4 | | 37.8 | 25.0 | 36.4 | 100.0 | 20.0 | 19.1 | | 22.5 | 26.6 |
| FPP asked personal questions when other persons were present | 38.6 | 7.2 | | 18.3 | 21.4 | 100.0 | 35.1 | 20.0 | 34.1 | | 20.0 | 19.1 | 50.0 | 3.8 | 19.5 |
| Did not feel she can make FP decisions voluntary | 29.5 | 8.7 | 20.0 | 7.0 | | 50.0 | 21.6 | 5.0 | 54.5 | | 10.0 | 19.1 | | 15.0 | 17.8 |
| FPP did not ask explicit consent before conducting physical examination | 6.8 | 8.7 | 40.0 | 9.9 | 7.1 | 50.0 | 27.0 | | 27.3 | | 3.3 | 19.1 | | 20.0 | 14.6 |
| She does not feel she experiences FPS as any other women | 72.7 | 26.1 | 40.0 | 38.0 | 28.6 | 50.0 | 43.2 | 50.0 | 54.5 | 100.0 | 26.7 | 38.3 | 50.0 | 33.8 | 40.5 |

*All numbers in the table are valid %

*Table 23. Service quality accessibility barriers to family planning access in the EECA region for women with disability, by country.*

Half of the WDIS who participated in the LNOB survey felt that the FPS staff did not have adequate knowledge about FP for women with disabilities, whereas 47.3% stated that FPF are not fully accessible for people with impairments. Most service quality barriers were reported in this group in Kyrgyzstan, Serbia and Tajikistan.

Qualitative data also revealed that WDIS in Armenia were satisfied with the quality of FPSs and the attitude of doctors, while WDIS in Ukraine describe the quality of public FPS as poor. On the other, the latter were unanimously positive about the quality of services in the private medical centres. As such, recently, some Ukrainian WDIS have left public FPS services and have turned to private ones (Subjects 304, 307, 308, 325, all urban environment, and 327, 328, both from the rural environment, all women with disabilities).

A common issue described by subjects in both countries was the lack of special needs equipment and accommodations in the FPF: ramps, elevators, special gynaecological chair, assistant to take the patient around the facility, information in an accessible format (easy to read, Braille), additional time for consultations, as a reasonable accommodation for those WDIS who need it.

In addition, FPSPs are completely unaware of how these services should be provided to women with different types of disabilities. The facilities, the equipment, and the gynaecologist's chair are inconvenient for people with mobility and other movement disorders: *"At the beginning, the provider didn't know how to do her work, taking into account my disability, then I taught her. After our interaction, everything was good enough for me. The doctor had a willingness to help and support me but didn't know how"* (Subject 106, women with disability, urban, Armenia).

Some WDIS shared about the negative attitudes of FPS facility personnel. For example, one WDIS with a complex disability said: "The public service did not provide an opportunity to choose a doctor. The doctor was rude, but people say she is a good diagnostician. The communication was not comfortable psychologically. Another doctor in the public service was both qualified and polite, but she did not stay in the public service long" (Subject 325, woman with disability, urban environment). Or, according to another WDIS, senior doctors working at state clinics have Soviet-type thinking and attitudes toward WDIS, although this gradually changes as a result of generational change: *"The older generation is much ruder; they do not keep direct contact with us. I feel their ignorant attitude and the Soviet way of thinking, which they often express with their gestures"* (Subject 106, woman with disability, urban, Armenia).

Usually, the privacy and confidentiality issues are more pronounced for people with mental and cognitive impairments, and visual and hearing impairments, because most doctors have difficulties communicating with them and are not educated to provide services to people from these groups. People with these impairments communicate with the doctor through their assistants, caregivers and parents, therefore, it is not possible to discuss any personal issues and concerns privately with a doctor. To keep their privacy, WDIS from small communities avoid visiting the local doctor or gynaecologist and prefer going to clinics far from their place of residence.

### *Women survivors of intimate partner violence*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Service quality** | **41.7** | **7.1** | **51.4** | | **66.7** | **63.6** | **26.2** | **37.5** | | **54.2** | | **46.9** | **25.9** | **89.3** | **28.2** | **41.2** |
| FPP is not well-trained and knowledgeable | 20.0 | | 44.4 | | 83.3 | 42.9 | | 75.0 | | 50.0 | | | 45.5 | 100.0 | 29.2 | 40.6 |
| FPP is not friendly and supportive | 20.0 | | 44.4 | | 83.3 | 57.1 | | 75.0 | | 50.0 | | 50.0 | 50.0 | 100.0 | 29.2 | 43.8 |
| Does not have confidence in FPP's advice and recommendations | 20.0 | | 33.3 | | 66.7 | 57.1 | | 50.0 | | 50.0 | | 50.0 | 50.0 | 50.0 | 20.8 | 37.5 |
| Not offered the possibility to provide feedback/opinion on the FPS received | 60.0 | | 66.7 | | 100.0 | 85.7 | 66.7 | 50.0 | | 50.0 | | 50.0 | 40.9 | 100.0 | 20.8 | 50.0 |
| Prefers to receive FPS at the HIVAIDS center than in a general health care setting because of better services there | | 100.0 | 28.6 | | | 66.7 | | 50.0 | | | | | 66.7 | 100.0 | | 46.9 |
| Has not been advised by FPP about safe conception | | | 57.1 | | 100.0 | 66.7 | | | | | | | 44.4 | 100.0 | | 50.0 |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FPF not fully accessible for people with impairments | | | | | | | | | 100.0 | | | 46.7 | 44.4 |
| Felt staff did not have adequate knowledge about FP for women with disabilities | | | | | | | 100.0 | | 100.0 | | | 60.0 | 61.1 |
| Faced prejudice or inappropriate attitudes by staff | | | | | | | 100.0 | | | | | 33.3 | 33.3 |
| Facility not able to accommodate her disability specific needs | | | | | | | 100.0 | | | | | 40.0 | 38.9 |
| FPP did not offer enough information for her to understand what to expect, privacy and confidentiality | 60.0 | 66.7 | 66.7 | 85.7 | 25.0 | 66.7 | | 100.0 | 36.4 | 100.0 | 29.2 | 47.9 |
| FPP did not offer necessary information for her to make a voluntary, informed decision | 40.0 | 66.7 | 66.7 | 85.7 | 25.0 | 50.0 | | 50.0 | 18.2 | 100.0 | 16.7 | 36.5 |
| FPP did not explain she has the right to receive services confidentially, without family members present | 40.0 | 55.6 | 66.7 | 85.7 | 25.0 | 50.0 | | 100.0 | 22.7 | 100.0 | 16.7 | 37.5 |
| FPP did not explain that all information provided will be held strictly confidential, including towards family members | 80.0 | 55.6 | 50.0 | 71.4 | 25.0 | 66.7 | | | 18.2 | 50.0 | 16.7 | 36.5 |
| FPP asked personal questions when other persons were present | 30.0 | 11.1 | 50.0 | 57.1 | 66.7 | 16.7 | | 50.0 | 9.1 | 50.0 | 8.3 | 20.8 |
| Did not feel she can make FP decisions voluntary | 50.0 | 55.6 | 50.0 | 14.3 | 100.0 | 25.0 | 66.7 | | 27.3 | 100.0 | 20.8 | 36.5 |
| FPP did not ask explicit consent before conducting physical examination | 40.0 | 55.6 | 50.0 | 71.4 | 100.0 | 25.0 | 33.3 | | 9.1 | 100.0 | 20.8 | 33.3 |
| She does not feel she experiences FPS as any other women | 40.0 | 77.8 | 100.0 | 42.9 | 33.3 | 75.0 | 16.7 | 100.0 | 27.3 | 100.0 | 41.7 | 46.9 |

*All numbers in the table are valid %

*Table 24. Service quality barriers to family planning access in the EECA region for women survivors of intimate partner violence, by country.*

FPS quality was a major issue among women survivors of IPV, especially in terms of the staff not being friendly and supportive (43.8%) and the providers not offering necessary information for them to understand what to expect, privacy, and confidentiality (47.9%). Women who experience IPV claim they do not have any specific needs concerning FPS. Moreover, often they do not share with their doctors their personal situation. Most service quality barriers were reported in this group in Uzbekistan, Georgia and Kazakhstan.

In terms of being satisfied with FSP, in Ukraine, there are large differences between public clinics and social centres supporting women who experience IPV. For example, in public clinics doctors were reported to have much less time, are impolite and sometimes contemptuous and rude: *"He (the head of the department of gynaecology who carried out an urgent abortion to) shouted, he was angry that I woke him up at night with my bleeding. Did not give any advice afterward and did not even come to me in the morning for the usual visit. When he pulled me to the chair, he left bruises on my arm."* (Subject 306, woman experiencing IPV, rural area, Ukraine). On the other hand, in social centres women have access to psychologists and the staff, including gynaecologists, is *"very polite, understanding, and delicate. They work with care… show respect"* (Subject 309, woman experiencing IPV, urban area, Ukraine).

A recurrent theme in the interviews was a sense amongst interviewees that women do not receive sufficient information from FPS, especially in public hospitals and rural areas, where specialists don't have the proper equipment to deliver FPS or are not familiar with the latest FP developments: *"It is true that we do not have*

*all the family planning services in our polyclinic, but at least we try to help women, especially women who have problems in their families, by referring them to other medical institutions or laboratories. But many women, knowing about the limitations of our services, do not even apply to us, they immediately go to big hospitals. We also understand that there is a lack of trust in us and in our services"* (Subject 205, 60-year-old service provider from urban community, Armenia); *"She even did not know some methods of contraception - e.g., spermicides."* (Subject 313, woman experiencing IPV, rural area, Ukraine); *"She did not answer questions regarding hormones. She said – 'try them'. But I had side effects… She is about 70 years old, and she knows nothing about modern contraception. She said – 'read on the Internet yourself'. She can't even explain my test results"* (Subject 319, woman experiencing IPV, small city, Ukraine).

In terms of FPS evaluation, private clinics in Ukraine and social centres require patient feedback, but in Armenia evaluation of healthcare practices is not implemented and used.

## Administrative accommodation

Across the sample of the LNOB project, administrative accommodation barriers are mostly related to a lack of eligibility for using FPS. This was an issue reported by almost 30% of the respondents. Barriers in administrative accommodation were reported by most women living in Kyrgyzstan (33.9%), Bosnia and Herzegovina (27.7%), and Kosovo (26.3%).

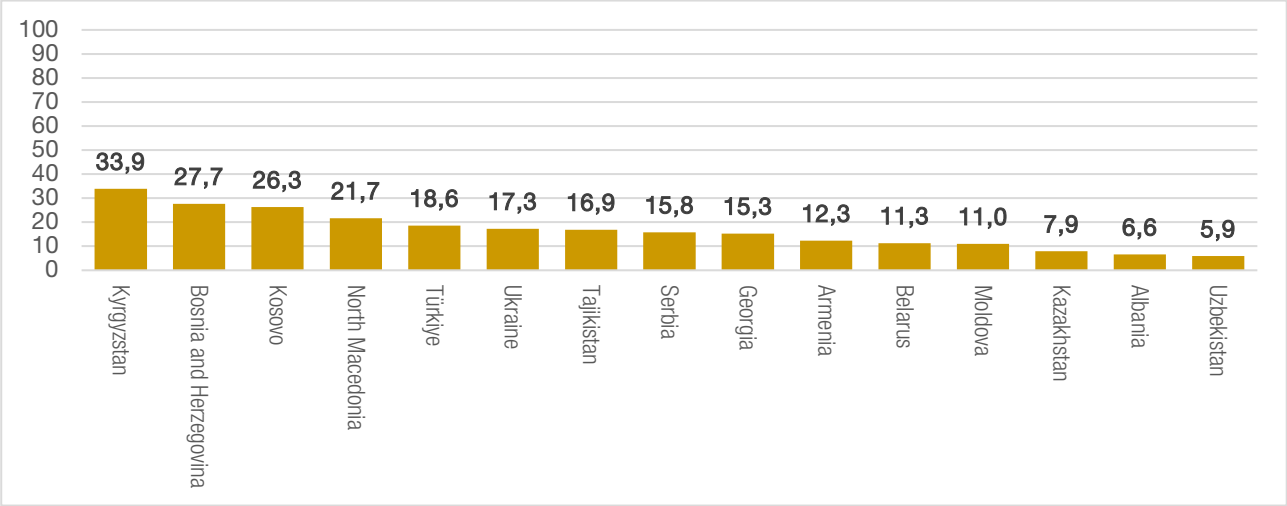



*Figure 8. Administrative accommodation barriers to family planning access in the EECA region, by country.*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Administrative accommodation | 6.6 | 12.3 | 11.3 | 27.7 | 15.3 | 7.9 | 33.9 | 11.0 | 21.7 | 15.8 | 16.9 | 18.6 | 17.3 | 5.9 | 26.3 | 16.0 |
| FPF does not have opening hours convenient for her | 1.8 | 6.8 | 27.9 | 15.5 | 6.7 | 7.9 | 20.7 | 19.2 | 20.0 | 2.0 | 21.7 | 9.4 | 12.1 | 8.8 | 9.0 | 11.9 |
| Eligibility criteria prevented her from using FPS | 9.1 | 23.2 | - | 66.2 | 28.6 | | 50.0 | 10.8 | 45.0 | 43.2 | - | 43.3 | 36.2 | - | 68.8 | 28.3 |
| FPF required the approval of partner to provide her contraceptive | 8.9 | 6.8 | 5.9 | 1.4 | 10.7 | 7.9 | 31.0 | 3.0 | - | 2.0 | 29.0 | 3.1 | 3.6 | 8.8 | 1.1 | 7.7 |

*All numbers in the table are valid %

*Table 25. Administrative accommodation barriers to family planning access in the EECA region, by country.*

## *Women living with HIV*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Administrative accommodation | 25.0 | 8.0 | 10.9 | | 8.6 | 7.3 | 50.0 | 10.8 | | | 25.7 | | 12.1 | 5.5 | | 13.9 |
| FPF does not have opening hours convenient for her | | 14.0 | 26.6 | | 8.6 | 6.5 | 17.9 | 27.4 | | | 22.1 | | 10.5 | 7.5 | | 15.1 |
| Eligibility criteria prevented her from using FPS | | | | | | | 100.0 | | | | | | 22.2 | | | 15.8 |
| FPF required the approval of partner to provide her contraceptive | 50.0 | 10.0 | 6.3 | | 8.6 | 8.1 | 32.1 | 4.8 | | | 29.4 | | 3.5 | 9.0 | | 10.8 |

*All numbers in the table are valid %

*Table 26. Administrative accommodation barriers to family planning access in the EECA region for women living with HIV, by country.*

Administrative accommodation was rather good in women living with HIV, with only 13.9% of surveyed women reporting any type of administrative accommodation barriers. Most administrative barriers were reported in this group in Kyrgyzstan, Bosnia and Herzegovina and Kosovo.

From the qualitative data, it is apparent that Armenian women value the services they receive at NGOs centres: *" I cannot imagine what my life would have been if I had not me the social workers from the NGO They care more about my health than I do"*. (Subject 137, women living with HIV, urban area, Armenia), *" There are also caring specialists among the doctors, but mostly they work in the AIDS centre"* (Subject 142, women living with HIV, urban area, Armenia). There are variations when it comes to how FPS meet the needs of HIV-positive women in Ukraine. One respondent replied that she received more than she expected: *"Changed the ART regimen before conception, my needs were taken into account"* (Subject 329, woman with HIV, urban area, Ukraine). Another stated that she was satisfied, although not with everything: *"Too short consultation, although my decision was independent, I received support from a doctor"* (Subject 330, woman with HIV, urban area, Ukraine). However, there were also complaints about the business hours of the clinics, which coincided with the working hours of women (Subject 331, woman with HIV, urban area), and the long queues (Subject 333, woman with HIV, rural area, Ukraine).

## *Women with disabilities*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Administrative accommodation | 5.3 | 9.7 | 13.3 | 27.7 | 14.3 | | 33.3 | 6.3 | 21.7 | 15.9 | | 18.9 | 17.7 | | 25.4 | 17.1 |
| FPF does not have opening hours convenient for her | | 1.4 | 40.0 | 15.5 | | | 50.0 | 5.4 | 20.0 | 2.3 | | 10.0 | 12.8 | | 6.3 | 7.7 |
| Eligibility criteria prevented her from using FPS | 9.1 | 23.2 | | 66.2 | 28.6 | | 50.0 | 10.8 | 45.0 | 43.2 | | 43.3 | 36.2 | | 68.8 | 40.5 |
| FPF required the approval of partner to provide her contraceptive | 6.8 | 4.3 | | 1.4 | 14.3 | | | 2.7 | | 2.3 | | 3.3 | 4.3 | | 1.3 | 3.2 |

*All numbers in the table are valid %

*Table 27. Administrative accommodation barriers to family planning access in the EECA region for women with disability, by country.*

In the case of WDIS, 40.5% of them reported that eligibility criteria prevented them from using FPS. Most administrative barriers were reported in this group in Kyrgyzstan, Bosnia and Herzegovina and Kosovo.

We found discrepancies between accounts from the Armenian and Ukrainian interviewees in terms of availability of services and opening hours. For example, subjects from Ukraine mentioned that they have access to FPS and that opening hours are accessible. On the other hand, subjects from Armenia stated that the working hours of state polyclinics are not suitable for working WDIS and working people in general.

In Armenia, in order to undergo fertility treatment, a WDIS has to present a document to prove her status and special permission from a doctor, confirming that the pregnancy will not endanger a woman's health. In addition, WDIS are required to have a referral from the precinct doctor to get access to some investigations and tests. Similarly, two subjects with mental health impartments/psychosocial disabilities (Subjects 304 and 307, both women with disability, both urban, Ukraine) from Ukraine shared that gynaecologists have asked for official permission from a psychiatrist. In the first case it was related to the woman's ability to make a decision concerning her pregnancy; in the second – to the patient's participation in a clinical trial of the medicine for her gynaecological disease. In addition, one of the respondents who has a cerebral palsy and who is very active (Subject 312, woman with disability, urban area, Ukraine) - she defended a PhD thesis and currently works as a university lecturer - shared that in the past, an attempt was made to be sterilized against her will. Moreover, at the age 18+, a gynaecologist asked her to provide her parents' consent for her to receive family planning services.

### *Women survivors of intimate partner violence*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Administrative accommodation | 10.0 | | 16.7 | | 16.7 | 21.4 | | 12.5 | | 33.3 | | 50.0 | 6.1 | 50.0 | 32.2 | 33.6 |
| FPF does not have opening hours convenient for her | 10.0 | | 33.3 | | 16.7 | 28.6 | | 25.0 | | | | 50.0 | 13.6 | 50.0 | 16.7 | 17.7 |
| Eligibility criteria prevented her from using FPS | | | | | | | | | | 100.0 | | 100.0 | | | 80.0 | 77.8 |
| FPF required the approval of partner to provide her contraceptive | 10.0 | | | | 16.7 | 14.3 | | | | | | | 4.5 | 50.0 | | 5.2 |

*All numbers in the table are valid %

*Table 28. Administrative accommodation barriers to family planning access in the EECA region for women survivors of intimate partner violence, by country.*

Women from this marginalized group mentioned that FPF do not have opening hours convenient for them (17.7%) and that eligibility criteria prevented them from using FPS (77.8%). Most administrative barriers were reported in this group in Türkiye, Uzbekistan and Serbia.

In-depth interviews with both women and service providers showed that there are no special accommodations for women survivors of in medical facilities or polyclinics, which are mostly needed for women with disabilities and women living with HIV. Perhaps this is because women who have been abused by their intimate partners do not mention their special needs while receiving services at medical centres or do not want to ever reveal their status in order not to be blamed by society, and not to be stigmatized: *"We try to provide accommodations for everyone, not for specific groups. Besides, if we feel that a woman has a special need, our staff does everything to be helpful in all possible ways. In many cases, women do not say that they are being abused, we cannot forcibly receive information or separate her [from her husband] to ensure a peaceful and safe environment. But when the violence is obvious, for example, there are cases when a policeman accompanies a woman or a teenage girl who has been abused, we provide advice,*

*intervention, or services in a separate room, so that the woman might feel calm in a safe space."* (Subject 206, 51-year-old service provider from urban community, Armenia). The situation is similar in Ukraine, where a significant part of the women does not disclose their IPV status due to limited time for consultations, insufficient privacy, or lack of trust in FPS. Also, there is a fear of condemnation. *"Our society, when it comes to domestic violence, mostly supports husbands or shares a view that if he beats you, he loves you"* (Subject 309, woman experiencing IPV, urban area, Ukraine).

## Affordability

More than half of survey respondents (52.2%) report not being able to afford the cost of FPS and commodities. Affordability of family planning services constituted a barrier for most women in Tajikistan (100%), Kyrgyzstan (86.2%), and Moldova (75.4%).

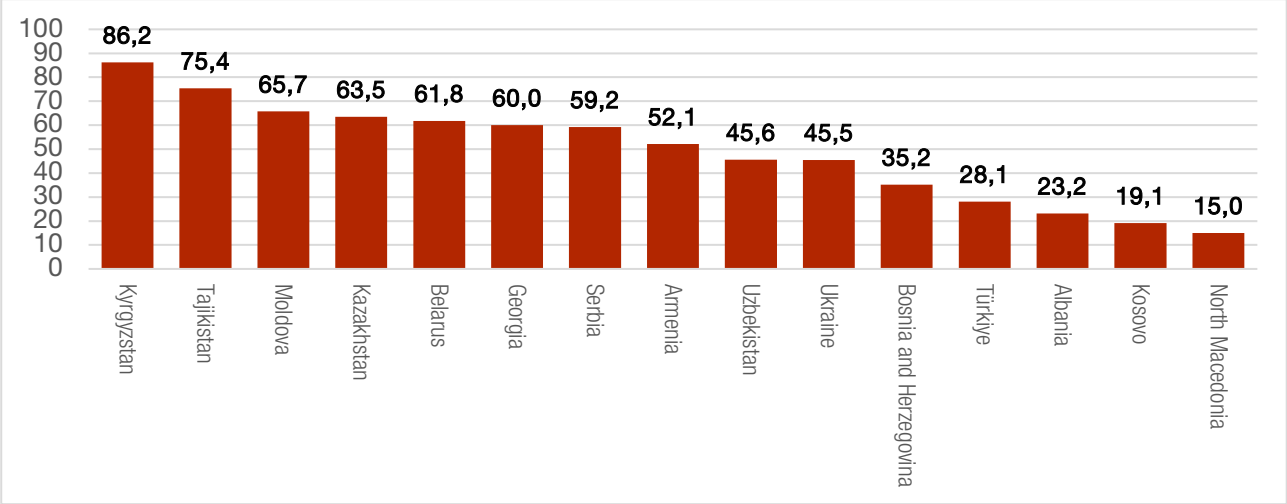



*Figure 9. Affordability barriers to family planning access in the EECA region, by country.*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Affordability** | **23.2** | **52.1** | **61.8** | **35.2** | **60.0** | **63.5** | **86.2** | **65.7** | **15.0** | **59.2** | **75.4** | **28.1** | **45.5** | **45.6** | **19.1** | **52.2** |
| Cannot afford the costs of FPS and commodities | 23.2 | 52.1 | 61.8 | 35.2 | 60.0 | 63.5 | 86.2 | 65.7 | 15.0 | 59.2 | 75.4 | 28.1 | 45.5 | 45.6 | 19.1 | 52.2 |

*All numbers in the table are valid %

*Table 29. Affordability barriers to family planning access in the EECA region, by country.*

## *Women living with HIV*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Affordability** | **50.0** | **64.0** | **60.9** | | **58.6** | **62.9** | **85.7** | **75.8** | | | **75.0** | | **48.2** | **44.8** | | **61.1** |
| Cannot afford the costs of FPS and commodities | 50.0 | 64.0 | 60.9 | | 58.6 | 62.9 | 85.7 | 75.8 | | | 75.0 | | 48.2 | 44.8 | | 61.1 |

*All numbers in the table are valid %

*Table 30. Affordability barriers to family planning access in the EECA region for women living with HIV, by country.*

Affordability of FPS and commodities is an issue for 61.1% of women living with HIV (61.1%) who participated in the LNOB survey. Some of these costs might be transportation costs since women prefer to obtain FPS by attending specialized AIDS centres as opposed to the FPF closest to their home. Most affordability barriers were reported in this group in Kyrgyzstan, Tajikistan and the Republic of Moldova.

In Ukraine, *"the woman does not pay for services, she receives the necessary services as a package through the National Health Service of Ukraine"* (Subject 411, female, obstetrician-gynaecologist, head of the advisory department of the maternity hospital, urban area, Ukraine). Yet, some services are not covered by the state: IVF, genetic tests, infertility diagnosis, hepatitis diagnosis (free testing for viral hepatitis, but further diagnosis is paid), and others. Many of the interviewed women had to pay for some procedures or tests: for the tests for hepatitis and oncologic markers (Subject 333, woman with HIV, rural area, Ukraine) or for genetic tests, (Subject 340, woman with HIV, rural area, Ukraine). (Subject 343, woman with HIV, urban area, Ukraine).

## *Women with disabilities*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Affordability** | **20.5** | **44.9** | **40.0** | **35.2** | **57.1** | | **50.0** | **45.9** | **15.0** | **61.4** | **100.0** | **26.7** | **34.0** | **100.0** | **17.5** | **35.3** |
| Cannot afford the costs of FPS and commodities | 20.5 | 44.9 | 40.0 | 35.2 | 57.1 | | 50.0 | 45.9 | 15.0 | 61.4 | 100.0 | 26.7 | 34.0 | 100.0 | 17.5 | 35.3 |

*All numbers in the table are valid %

*Table 31. Affordability barriers to family planning access in the EECA region for women with disability, by country.*

In our sample, 35.3% of WDIS indicated that they cannot afford FPS and commodities. Most affordability barriers were reported in this group in Tajikistan and Uzbekistan.

In Armenia, FPS are free of charge for WDISs if they have a referral. Services in private clinics or without a referral are not affordable for WDIS who have a poor economic status. Although FPS are free, most of the diagnostic procedures, tests, and investigations are not covered. *"Women with disabilities can't afford to pay for the consultation and the meetings with gynecologists. And the lack of their affordability causes bad results, since 80% of them don't go to the doctors."* (Subject 204, family planning provider, Armenia.)

The situation is similar in Ukraine, where the FPS providers noted that state healthcare insurance does not cover all the diagnostic medical procedures or analyses that may be needed for the particular patients in

public facilities (Subject 403, female gynaecologist, rural environment, Ukraine). Another provider (406, female gynaecologist, urban environment, Ukraine) shared that these extra diagnostic procedures are too expensive for women from marginalized groups. Yet, almost all Ukrainian subjects mentioned that they had to use paid FPS on different occasions, such as in case of emergencies when delays of additional examinations (e.g., with ultrasound) or tests created health risks and the free service could not be provided immediately, when the additional medical tests that were not covered by the state, or when the family started to earn enough to afford FPS in private medical facility as the quality is higher.

### *Women survivors of intimate partner violence*

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Affordability | 30.0 | 100.0 | 66.7 | | 100.0 | 85.7 | 100.0 | 100.0 | | 50.0 | | 100.0 | 59.1 | 100.0 | 25.0 | 57.3 |
| Cannot afford the costs of FPS and commodities | 30.0 | 100.0 | 66.7 | | 100.0 | 85.7 | 100.0 | 100.0 | | 50.0 | | 100.0 | 59.1 | 100.0 | 25.0 | 57.3 |

*All numbers in the table are valid %

*Table 32. Affordability barriers to family planning access in the EECA region for women survivors of intimate partner violence, by country.*

Just over half (57.3%) of women survivors of IPV who answered this question reported that they are not able to afford the costs of FPS and commodities. Most affordability barriers were reported in this group in Armenia, Georgia, Kyrgyzstan, Republic of Moldova, Türkiye and Uzbekistan.

In Armenia, FPS are free of charge for women at community-level medical facilities and policlinics. However, contraceptives are not provided by state-funded programs and their costs make them inaccessible for women survivors of IPV.

*"For this low-income country and in the limited budget conditions, many services are not affordable. We need to pay for extra tests and investigations, for most medications and contraceptives, which makes family planning services hard to reach."* (Subject 121, woman experiencing IPV, urban area, Armenia).

*"Most services are free of charge, but not all, so women with low income cannot afford many services, like paying for abortion, for many tests, for buying contraceptives, and so on."* (Subject 119, woman experiencing IPV, rural area, Armenia).

Providers in the Armenian sample noted that many programs for the provision of contraceptives face decreases in government assistance and donor funding, making it difficult for women survivors of IPV to obtain and use high-quality contraceptives when needed. In Ukraine, most women use free services in state hospitals, but they have to pay for additional exams, tests, or procedures.

## Effects of COVID-19 on accessing family planning services

In total, 15.6% of respondents mentioned that the COVID-19 pandemic measures had stopped or hindered them from seeking or obtaining contraception in the three months before the survey. This issue was mostly reported by respondents in Kosovo (60%), Georgia (34.5%), and Albania (25%).

Most respondents (80.3%) had not changed their fertility plans due to the COVID-19 pandemic. On the other hand, 19.7% declared that they changed her mind about having a child because of COVID-19.

28.2% stated that it was more difficult for her to afford the costs of the FPS and commodities now, compared to the period before the start of COVID pandemic, and 19.7% that it been more difficult for her to travel to the nearest FPF now, compared to the period before the COVID measures were introduced.

| Effects of COVID-19 on accessing FPS* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Effects of COVID-19 on accessing FPS** | **27.3** | **6.9** | **17.5** | **19.4** | **19.6** | **19.9** | **32.8** | **22.1** | **12.9** | **22.1** | **28.9** | **13.8** | **20.4** | **14.4** | **28.6** | **19.3** |
| Changed her mind about having a child because of COVID-19 | 18.2 | 16.8 | 20.0 | 12.7 | 24.2 | 33.3 | 45.8 | 25.6 | 5.0 | 7.5 | 23.3 | 12.9 | 16.0 | 21.2 | 16.1 | 19.7 |
| COVID-19 measures stopped or hindered her from seeking or obtaining contraception in the last three months | 25.0 | | | 13.3 | 34.5 | 13.6 | | 22.5 | | | 17.6 | 4.8 | 13.0 | 6.7 | 60.0 | 15.6 |
| Prejudice towards family planning is higher now than before COVID | - | 3.1 | 20.0 | 50.0 | 8.3 | 18.2 | | 15.6 | | 13.3 | 10.3 | 10.0 | 7.7 | | 27.8 | 11.3 |
| It been more difficult for her to travel to the nearest FPF now, compared to the period before the COVID measures were introduced | 30.4 | 9.4 | 10.3 | 19.7 | 20.0 | 20.6 | 51.7 | 27.3 | 25.0 | 16.3 | 44.9 | 12.5 | 13.9 | 16.2 | 11.2 | 19.7 |
| It been more difficult for her to afford the costs of the FPS supplies now, compared to the period before the COVID measures were introduced | 26.8 | 12.8 | 30.9 | 23.9 | 26.7 | 31.7 | 58.6 | 29.3 | 15.0 | 12.2 | 53.6 | 21.9 | 34.5 | 38.2 | 13.5 | 28.2 |
| COVID affected her ability to use informal support to reach FPF | 56.8 | 1.4 | | 26.8 | 21.4 | 11.3 | 16.2 | 15.0 | 34.1 | 100.0 | | 10.6 | 50.0 | | 100.0 | 20.6 |
| Not satisfied with the overall quality of the service received since the COVID measures were introduced | 21.4 | 6.8 | 8.8 | 4.2 | 6.7 | 17.5 | 37.9 | 12.1 | 15.0 | 24.5 | 26.1 | 3.1 | 9.1 | 10.3 | 23.6 | 13.5 |
| Worse quality of FPS now, compared to the period before the COVID measures were introduced | 10.7 | 1.7 | 22.1 | 16.9 | 8.0 | 9.5 | 27.6 | 19.2 | 5.0 | 18.4 | 33.3 | 6.3 | 10.3 | 2.9 | 18.0 | 13.4 |
| Opening hours of the FPF changed after the COVID measures were introduced | 71.4 | 4.3 | 33.8 | 11.3 | 12.0 | 14.3 | 24.1 | 13.1 | 20.0 | 8.2 | 18.8 | 28.1 | 15.2 | 10.3 | 1.1 | 16.5 |

*All numbers in the table are valid %

*Table 33. Effects of COVID-19 on accessing family planning services in the EECA region, by country.*

Breakdown by countries/territories indicate an increase in barriers to accessing family planning services after the implementation of COVID-19 restrictions being reported by more women from Kyrgyzstan, Tajikistan, and Kosovo.

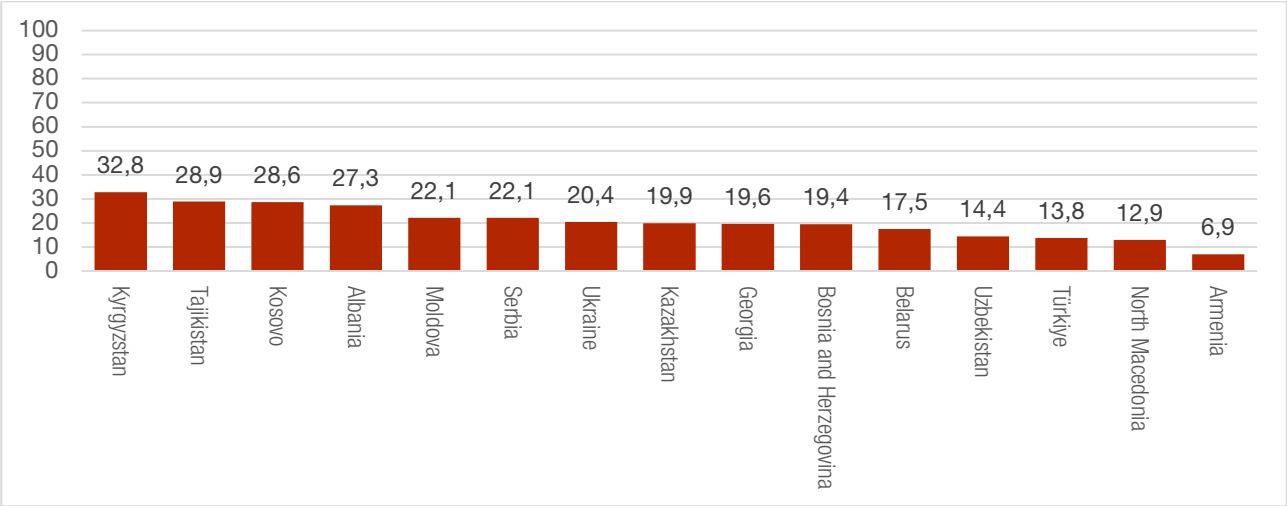



*Figure 10. Effects of COVID-19 on accessing family planning services in the EECA region, by country.*

Breakdown by marginalized group indicated that survivors of intimate partner violence reported an increase in barriers to accessing family planning services after the implementation of COVID-19 restrictions.

| Effects of COVID-19 on accessing FPS* | Women living with… | | |
|---|---|---|---|
| | HIV | Disability | IPV |
| **Effects of COVID-19 on accessing FPS** | **21.3** | **15.6** | **22.8** |
| Changed her mind about having a child because of COVID-19 | 23.7 | 12.0 | 33.3 |
| COVID-19 measures stopped or hindered her from seeking or obtaining contraception in the last three months | 15.1 | 14.2 | 20.5 |
| Prejudice towards family planning is higher now than before COVID | 8.8 | 14.0 | 12.8 |
| It been more difficult for you to travel to the nearest FPF now, compared to the period before the COVID measures were introduced | 22.0 | 17.3 | 15.6 |
| It been more difficult for you to afford the costs of the FPS supplies now, compared to the period before the COVID measures were introduced | 35.6 | 18.4 | 32.3 |
| COVID affected her ability to use informal support to reach FPF | 26.3 | 20.6 | 16.7 |
| Not satisfied with the overall quality of the service received since the COVID measures were introduced | 13.0 | 14.1 | 21.9 |
| Worse quality of FPS now, compared to the period before the COVID measures were introduced | 14.6 | 11.1 | 22.9 |
| Opening hours of the FPF changed after the COVID measures were introduced | 16.3 | 15.4 | 21.9 |

*All numbers in the table are valid %

*Table 34. Effects of COVID-19 on accessing family planning services in the EECA region, by marginalized group.*

# Recommendations for inclusive and non-discriminatory policies and programmes

Access to family planning services and commodities can be best achieved by integrating family planning into sexual and reproductive health and reproductive rights policies and programmes and into the universal health coverage benefit package, and by ensuring that human rights-based, people-centred, inclusive and integrated high-quality family-planning services, including products and services that are offered based on informed choice, free from constraints, coercion, discrimination and gender-based violence.

Recommendations for strengthening health systems and community services in support to inclusive and non-discriminatory family planning policies and programmes in the EECA region include a wide range of measures spanning across all dimensions of access.

### Cognitive accessibility

- Have clear signs in the family planning facility on the days and times in which services are available.
- Ensure that rooms have signboards so that clients can easily identify where to go.
- Ensure that staff helps clients in accessing services and are able to communicate with marginalized and minority communities, including clients with disability.

### Psychosocial accessibility

- Develop and implement family planning social and behaviour change communication activities to ensure that women and couples receive full information on optimal birth spacing and contraceptive methods.
- Ensure that guidelines include informed decision-making procedures to ensure that the woman who is making the decision, without pressure from her husband or other parties.
- Support comprehensive sexuality education in schools and out of schools.
- Ensure that educational materials are available at health facilities and in the community.
- Involve communities and community-based organizations, including women opinion leaders, young people/adolescents, women and girls with disability, in the design, implementation and evaluation of their community health family planning services.
- Stimulate participation of women, men and members of marginalized groups, such as HIV positive, disability or GBV, in the mechanisms for regular participation and consultation.

### Geographic accessibility

- Identify and offer different service delivery models to reach rural and urban poor women.
- Offer mobile contraceptive outreach services to reach out to marginalized populations.
- Scale up self-care interventions related to family planning.

### Service quality

- Adopt policies to enable midwives and community health workers to provide contraceptive information and services and build their capacity in a broad range of contraceptive methods.
- Ensure that national HIV policies prioritize the integration of contraceptive services within HIV testing, treatment and care services and develop guidelines for the integration of contraceptive information and services within HIV testing, treatment and care services.
- Ensure availability of women health providers.
- Provide rights-based and skills-based family-planning training to strengthen service provider capacity.
- Ensure that family planning providers are trained to assist clients to make an informed choice, including choosing to accept or not to accept a contraceptive method, without bias or coercion.
- Provide specific training of HIV service providers to deliver contraceptive information, counselling and services specifically for people (both women and men) living with HIV, with information about available contraceptive options.
- Ensure that family planning providers are trained to provide GBV related information and referrals.
- Ensure there are separate rooms which provide privacy for counselling and consultation.
- Ensure client feedback mechanisms by which women can give feedback for services received to strengthen accountability.

### Administrative accommodation

- Plan clinic timings that are convenient for women.
- Take steps to minimize waiting time.
- Provide appropriate and adequate information to users about opening times and procedures.
- Organize structure of health facilities providing HIV services to facilitate contraceptive provision.
- Ensure that the physical infrastructure and human resources are planned taking into account the special needs of women with disabilities.
- Ensure integration of services to address violence against women in family planning services in line with WHO Clinical and Policy Guidelines for Responding to Intimate Partner Violence and Sexual Violence against Women.
- Provide space for integrated mental health and psychosocial support services.

### Affordability

- Introduce innovative financing programmes for contraceptive services as part of sexual and reproductive health services.
- Reduce costs to a minimum or facilitate financial protection arrangements for women having financial difficulties in accessing services.
- Support social marketing and community-based family planning services that provide affordable services and contraceptives.

We hope that these recommendations for inclusive, rights-based, evidence-based and client-sensitive national family planning policies and programmes will foster comprehensive, participatory and non-discriminatory services and practices for people left furthest behind in the countries/territories of Eastern Europe and Central Asia.

# Annexes

## Annex 1. Conceptual framework

| Element of FP access | Examples |
|---|---|
| **Cognitive accessibility** | ▪ Individuals are aware of methods.<br>▪ Individuals are aware of locations of services/supply points and availability of services/supplies within those locations<br>▪ Individuals have the correct knowledge to decide whether to use contraception and which method to use |
| **Psychosocial accessibility** | ▪ Individuals are unconstrained by psychological, attitudinal, and social factors in seeking FP services |
| **Geographic accessibility** | ▪ SDP has geographic proximity to individual<br>▪ Individuals' cost of reaching SDP is within their economic means |
| **Service quality** | ▪ SDP has necessary commodities, trained providers, and required equipment<br>▪ Services are scientifically and medically appropriate (eg., provider employs contraceptive medical eligibility criteria; informs client of potential side effects).<br>▪ SDPs' facilities are in functioning condition<br>▪ SDPs' facilities, providers, goods, and services are respectful of medical ethics and culturally appropriate.<br>▪ Individuals are comfortable interacting with providers<br>▪ Providers are unbiased and practice non-discrimination. |
| **Administrative accommodation** | ▪ SDP does not have restricted clinic hours.<br>▪ SDP does not have policies promoting discrimination (e.g. age restrictions)<br>▪ SDP has no unnecessary requirements in order for client to receive service (e.g. spousal approval). |
| **Affordability** | ▪ Individuals can afford services and supplies |

# Annex 2. Survey questionnaire

| 1. Selection | |
|---|---|
| 1.1. In which of the following countries/territories do you live: | 1. Albania<br>2. Armenia<br>3. Azerbaijan<br>4. Belarus<br>5. Bosnia and Herzegovina<br>6. Georgia<br>7. Kazakhstan<br>8. Kyrgyzstan<br>9. Moldova<br>10. North Macedonia<br>11. Serbia<br>12. Tajikistan<br>13. Turkmenistan<br>14. Türkiye<br>15. Ukraine<br>16. Uzbekistan<br>17. Kosovo<br>18. Other (specify) |
| 1.2. How old are you? (in years) | __ years old (number) |
| 1.3. How would you describe yourself? (Select all that apply) | 1. I am a woman living with HIV (including a trans woman)<br>2. I am a woman living with disability<br>3. I am a woman experiencing intimate partner violence<br>4. I do not consider myself to belong to any of these categories |
| 1.4. If you consider yourself to be a disabled person, please specify the type of your impairment: (Select all that apply) | 1. Physical impairment<br>2. Visual impairment<br>3. Hearing impairment<br>4. Mental health impairment<br>5. Intellectual impairment<br>6. Other (specify) |
| 1.5 If other, please specify | |

| 2. Socio-demographics | |
|---|---|
| 2.1. What sex were you assigned at birth? | 1. Woman<br>2. Man<br>3. Other |
| 2.2. Which of the following do you identify as? | 1. Woman<br>2. Man<br>3. Both<br>4. Neither<br>5. Other |
| 2.3. Are you intersex ? | 1. Yes, I am intersex<br>2. No, I am not intersex<br>3. I do not know if I am intersex<br>4. I do not know what intersex means |
| 2.4. What best describes the area where you live? | 1. Capital city<br>2. Suburb of city<br>3. Town<br>4. Remote/rural area<br>5. Other (specify) |
| 2.5. In which province/state do you live? | _____ (open text) |
| 2.6. Have you migrated from one country to another for economic reasons? | 1. Yes<br>2. No |
| 2.7. Have you migrated from one country to another for political reasons? | 1. Yes<br>2. No |
| 2.8. What best describes your relationship status? | 1. Single<br>2. Currently in a relationship but not living together |

| | |
|---|---|
| | 3. Currently in a relationship and living together<br>4. Widowed<br>5. Divorced or separated<br>6. Other |
| 2.9. If you are in a relationship, what is the status of your relationship? | 1. Legally or formally married<br>2. Not legally or formally married but living with a man/woman in a consensual union |
| 2.10. How many children do you have, if any? Respond 0 if you don't have children. | 1. Under age 5 __ (number)<br>2. Ages 5-11 __ (number)<br>3. Ages 12-18 __ (number)<br>4. Age 18+ __ (number) |
| 2.11. What is your highest degree of education? | 1. No formal education<br>2. Some primary school<br>3. Complete primary school<br>4. Some secondary school<br>5. Complete secondary school<br>6. Some college or university<br>7. Complete college or university<br>8 Other (specify) |
| 2.12. What is your religion? | 1. Roman Catholic<br>2. Protestant<br>3. Orthodox (Russian/Greek/etc.)<br>4. Jew<br>5. Muslim<br>6. Hindu<br>7. Buddhist<br>8. No religion<br>9. Other (specify)<br>10. Prefer not to say |
| 2.13. What is your ethnicity? | 1. _____ (open text)<br>2. Prefer to not say |
| 2.15. What best describes the place that you live? | 1. I live in a house/apartment<br>2. I live in an institution for disabled people<br>3. I am homeless<br>4. Other (specify) |
| 2.16. Who owns the house/apartment you live in? | 1. Me alone<br>2. Me and my partner<br>3. My partner alone<br>4. Other members of my family<br>5. Other members of my partner's family<br>6. The landlord<br>7. Other (specify) |
| 2.17. How many people live in the same house/apartment as you (including yourself)? | __ people (number)<br>Not applicable (if you live in an institution for disabled people) |
| 2.18. How many separate rooms in your household are used for sleeping? | __ rooms (number)<br>Not applicable (if you live in an institution for disabled people) |
| 2.19. Who are your household members? | 1. I live alone<br>2. I live with my family or relatives<br>3. I live with my partner<br>4. I live with friends<br>5. Other (specify) |
| 2.20. What was your employment status the month before the introduction of the COVID measures (Select all that apply) | 1. Employed and received a salary<br>2. Self-employed/Business owner<br>3. Unemployed<br>4. Informal/piecemeal work<br>5. Retired/pensioned<br>6. Student<br>7. Other (specify) |

| | |
|---|---|
| 2.21. In the last three months, is your employment status different when compared to before the introduction of the COVID-measures? | 1. No change: I continue doing the same work and going to the usual place of work<br>2. I am still doing the same work, but full-time from home<br>3. I am still doing the same work, but partly work from home<br>4. I am employed and paid but unable to attend or do work<br>5. I work on reduced time<br>6. I lost my job/work/business<br>7. I am temporarily unemployed<br>8. I changed work/jobs<br>9. Other (specify) |
| 2.22. What is your monthly household average income now? (please include all wages, salaries, pensions and other incomes in your household) | (number) Local Currency<br>I don't know |
| 2.23. Does your household have enough money to cover your daily needs (like food, clothing, housing, education, health)? | 1. Absolutely enough to cover the daily needs<br>2. Mostly enough<br>3. Enough on average<br>4. Not quite enough<br>5. Not enough at all |
| 2.24. How would you categorize yourself in terms of economic status? | 1. Not at all well-off<br>2. Not particularly well-off<br>3. Fairly well-off<br>4. Rather well-off<br>5. Very well-off |
| 2.25. Since the introduction of the COVID measures, the economic situation of many households has changed. Has this been the case for you? | 1. Yes, the economic situation of my household became worse<br>2. No, the economic situation of my household stayed the same<br>3. Yes, the economic situation of my household improved |
| 2.26. Have you personally experienced a loss of income since the introduction of the COVID measures? | 1. Yes, a total loss of income<br>2. Yes, a partial loss of income<br>3. No loss of income<br>4. I had no personal income before the COVID measures |

## 3. Sexual behaviour

| | |
|---|---|
| 3.1. What is your sexual orientation? | 1. Asexual<br>2. Bisexual<br>3. Heterosexual (straight)<br>4. Lesbian<br>5. Pansexual<br>6. Queer<br>7. Questioning or unsure<br>8. Other (specify) |
| 3.2. Do you have sexual partner(s) at the moment? | 1. Yes<br>2. No |
| 3.3. When did you have sex last time? | 1. __ days ago<br>2. __ weeks ago<br>3. __ months ago<br>4. __ years ago |
| 3.4. What best describes your sexual life? [WHIV specific] | 1. I have one or more partner(s) living with HIV<br>2. I have one or more partner(s) not living with HIV<br>3. I have one or more partner(s) and I do not know their HIV status<br>4. I have no sexual partner |
| 3.5. Have you ever had sex in exchange for money, material goods, favours, drugs, or shelter? [WHIV specific] | 1 Never<br>2 Monthly or less<br>3 2-4 times a month<br>4 2-3 times a week<br>5 4 or more times a week |

| | |
|---|---|
| 3.6. Do you inject/use or have injected/used drugs? [WHIV specific] | 1. Yes<br>2. No |
| 3.7. Are you a client of an opioid substitution therapy programme (OST)? [WHIV specific] | 1. Yes<br>2. No |
| 3.8. Does/do your sexual partner(s) injects/use or have injected/used drugs? [WHIV specific] | 1. Yes, my partner is injecting drugs currently (during last month)<br>2. Yes, my partner used to inject drugs but no longer does so<br>3. No, my partner has never injected drugs<br>4. I do not know |
| 3.9. Have you ever been in prison? [WHIV specific] | 1. Yes<br>2. No |
| 3.10. Have you ever been in a detention centre? [WHIV specific] | 1. Yes<br>2. No |
| 3.11. Do you have or had active TB? [WHIV specific] | 1. I had TB, but I was treated<br>2. I currently have TB<br>3. No |
| 3.12. Do you have or had Hepatitis C? [WHIV specific] | 1. I had hepatitis C, but I was treated<br>2. I currently have hepatitis C<br>3. No |

## 4. Access to contraceptives

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|---|---|
| 4.1. Have you ever been pregnant? | 1. Yes<br>2. No |
| 4.2. How many times have you been pregnant in your life? | (number) |
| 4.3. What best describes your current situation? | 1. Currently pregnant or probably pregnant<br>2. Currently trying to become pregnant<br>3. Recently had a baby (since the introduction of the COVID measures)<br>4. Not currently pregnant and don't wish to be in the near future<br>5. Cannot have children (fertility issue/medical issue/menopause) |
| 4.4. Have you recently changed your mind about having a child because of COVID? | 1. Yes, I have decided to postpone my decision to have a child in the near future;<br>2 Yes, I have decided I want a child sooner;<br>3 Yes, I have decided I don’t want children (while before COVID I did want children)<br>4 Yes, I have decided I do want children (while before COVID I did not want children)<br>5 No, I have not changed my plans |
| 4.5. Were you or your partner doing something or using any method to delay or avoid getting pregnant when the COVID measures were introduced? | 1. No<br>2. Yes, all the time<br>3. Yes, most of the time<br>4. Yes, sometimes |
| 4.6. What method were you using when the COVID measures were introduced? (Select all that apply) | 1. Male/female condom<br>2. Diaphragm<br>3. Pills<br>4. Patch/ring<br>5. Copper IUD<br>6. Hormonal IUD<br>7. Implant<br>8. Injection<br>9. Self or partner sterilization<br>10. Withdrawal<br>11. Natural methods (rhythm method)<br>12. Birth control apps<br>13. Other (specify) |
| 4.7. Are you or your partner currently doing something to avoid or delay a pregnancy, including modern contraceptive methods? | 1. No<br>2. Yes, all the time |

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| | 3. Yes, most of the time<br>4. Yes, sometimes |
| 4.8. What is the main reason you are not using contraception? | 1. I am not regularly sexually active and don't need contraceptives<br>2. I don't know what is the best method to use<br>3. I am scared of the side-effects<br>4. My partner objects<br>5. I have not yet started menstruating (having periods)<br>6. I am in/through the menopause<br>7. Other (specify) |
| 4.9. What contraceptive method are you currently using? (Select all that apply) | 1. Male/female condom<br>2. Diaphragm<br>3. Pills<br>4. Patch/ring<br>5. Copper IUD<br>6. Hormonal IUD<br>7. Implant<br>8. Injection<br>9. Self or partner sterilization<br>10. Withdrawal<br>11. Natural methods (rhythm method)<br>12. Birth control apps<br>13. Other (specify) |
| 4.10. Have the COVID measures stopped or hindered you from seeking or obtaining contraception? | 1. Yes<br>2. No |
| 4.11. What stopped or hindered you from seeking or obtaining contraception? (Select all that apply) | 1. No transport available<br>2. I am too afraid I will get COVID if I would go to the doctor/health centre to get contraceptives<br>3. I am not able/allowed to leave the house<br>4. Method not in stock<br>5. Doctor/health professional not available<br>6. Pharmacy/dispensary closed<br>7. I can no longer afford it<br>8. Health centre/clinic has long queues or is not accessible at this time<br>9. Other (specify) |
| 4.12. What facilities/providers were you using to seek or obtain family planning services before the COVID social distancing measures? (Select all that apply) | 1. Family physician/General practitioner<br>2. Hospital specialist physician/Nurse<br>3. Community health centre/Community based NGO<br>4. Online services<br>5. Telephone services<br>6. Over the counter services (pharmacy)<br>7. Other (specify)<br>8 I did not seek or obtain family planning services before the COVID social distancing measures |
| 4.13. What facilities/providers did you use to seek or obtain family planning services during the period when the COVID social distancing measures were in place? (Select all that apply) | 1. Family physician/General practitioner<br>2. Hospital specialist physician/Nurse<br>3. Community health centre/Community based NGO<br>4. Online services<br>5. Telephone services<br>6. Over the counter services (pharmacy)<br>7. Other (specify)<br>8 I did not seek or obtain family planning services during the COVID social distancing measures |
| 4.14. What are the reasons why you chose this facility? (Select all that apply) | 1. It is where I usually go<br>2. It is close to home<br>3. It is discreet<br>4. Providers have a good reputation<br>5. It was recommended by friend/relative<br>6. It has the method that I want<br>7. Method are available for low cost/free<br>8. Other (specify) |

| 5. General assessment | |
|---|---|
| 5.1. I can get family planning information, services and commodities when I need them | 1. Strongly agree<br>2. Agree<br>3. Neutral<br>4. Disagree<br>5. Strongly disagree<br>6. Not applicable |
| 5.2. I can access fertility treatment, if I need it | 1. Strongly agree<br>2. Agree<br>3. Neutral<br>4. Disagree<br>5. Strongly disagree<br>6. Not applicable |
| 5.3. I can access abortion care, if I need it | 1. Strongly agree<br>2. Agree<br>3. Neutral<br>4. Disagree<br>5. Strongly disagree<br>6. Not applicable |
| 5.4. What type of services did you receive from your family planning facility/provider since the COVID measures were introduced? (Select all that apply) | 1. Contraceptive counseling<br>2. Contraceptive method provision, including emergency contraception<br>3. Diagnosis and treatment of sexually transmitted infections (STIs)<br>4. Diagnosis and/or treatment for HIV<br>5. Support and referral in case of Intimate Partner Violence<br>6. Pregnancy advice, testing and referrals<br>7. Termination of pregnancy advice, procedure, or referral<br>8. Not applicable |
| 5.5. In what way do you feel that your access to family planning services has changed now, compared to the period before the COVID measures were introduced? | 1. Access is much easier now than before COVID<br>2. Access is easier now than before COVID<br>2. Access is the same<br>3. Access is more difficult now than before COVID<br>4. Access is much more difficult now than before COVID<br>6. Not applicable |
| **6. Cognitive accessibility** | |
| 6.1. Do you know that you have the right to decide whether or not you want to have children? | 1. Yes<br>2. No |
| 6.2. Do you know where to access support to help you in making your own decisions regarding having children? | 1. Yes<br>2. No |
| 6.3. Where can you access support to help you in making your own decisions regarding having children? (Select all that apply) | 1. A governmental family planning facility<br>2. A nongovernmental family planning facility<br>3. A disabled people's organisation<br>4. Other (specify) |
| 6.4. Do you know the places where you can receive family planning information, services and commodities? | 1. Yes<br>2. No |
| 6.5. Have you received information from your usual family planning provider on any of the following topics? (Select all that apply) | 1. Contraception<br>2. Emergency contraception<br>3. Termination of pregnancy advice, procedure and/or referrals<br>4. Fertility treatment<br>5. Pregnancy planning<br>6. Healthy relationships and sexual consent<br>7. Prevention and treatment of sexually transmitted infections<br>8. Prevention and treatment of reproductive cancers (such as vulvar, vaginal, cervical, uterine, ovarian, breast)<br>9. Not applicable |
| 6.6. Has the information been provided in an accessible format by the family planning provider? [WDIS specific] | 1. Yes, in large print,<br>2. Yes, in easy read |

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| | 3. Yes, in electronic version<br>4. Yes, in audio version<br>5. Yes, with sign language interpretation<br>6. Yes, with captioning<br>7. Yes, in alternative communication format<br>8. No<br>9. Not applicable / I do not have specific information related access needs |
| 6.7. Has the information provided taken into account your disability specific needs with regard to family planning? [WDIS specific] | 1. Yes, fully<br>2. To some extent<br>3. Not at all<br>4. Not applicable |
| 6.8. Have you had access to peer support (advice and consultations provided by disabled woman) on family planning? [WDIS specific] | 1. Yes<br>2. No |

## 7. Psychosocial accessibility

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|---|---|
| 7.1. Have your decisions about family planning been influenced by prejudice towards family planning in your community and/or family? | 1. Yes<br>2. To some extent<br>3. No<br>4. Not applicable |
| 7.2. In what way do you feel that your decisions about family planning have been influenced by prejudice towards family planning in your community and/or family now, compared to the period before the COVID measures were introduced? | 1. Prejudice towards family planning is much lower now than before COVID<br>2. Prejudice towards family planning is lower now than before COVID<br>3. Prejudice towards family planning is the same<br>4. Prejudice towards family planning is higher now than before COVID<br>5. Prejudice towards family planning is much higher now than before COVID<br>6. Not applicable |
| 7.3. I could access pre-exposure prophylaxis, if I needed it, before the introduction of the COVID measures [WHIV specific] | 1. Yes<br>2. No<br>3. I do not know what pre-exposure prophylaxis means<br>4. Not applicable |
| 7.3a. I can access pre-exposure prophylaxis now, if I need it (after the introduction of the COVID measures) [WHIV specific] | 1. Yes<br>2. No<br>3. I do not know what pre-exposure prophylaxis means<br>4. Not applicable |
| 7.4. I could access post-exposure prophylaxis, if I needed it, before the introduction of the COVID measures [WHIV specific] | 1. Yes<br>2. No<br>3. I do not know what post-exposure prophylaxis means<br>4. Not applicable |
| 7.4a I can access post-exposure prophylaxis now, if I need it (after the introduction of the COVID measures) [WHIV specific] | 1. Yes<br>2. No<br>3. I do not know what post-exposure prophylaxis means<br>4. Not applicable |
| 7.5. Do you have any concerns regarding the attitudes of the staff in the family planning facilities towards people with disabilities? [WDIS specific] | 1. Yes<br>2. No<br>3. Not applicable |
| 7.6. Has your decision not to seek family planning services been influenced by prejudice and negative attitudes towards people with disabilities among staff? [WDIS specific] | 1. Yes, to a great extent<br>2. To some extent<br>3. Not at all<br>4. Not applicable |
| 7.7. In your adult life, have your family or carers prevented you from seeking family planning services? [WDIS specific] | 1. Yes<br>2. No |
| 7.8. Can you discuss family planning issues with your family or care givers? [WDIS specific] | 1. Yes<br>2. No |

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| 7.9. Do your family or carers support you to make decisions for yourself, including with regard to family planning? [WDIS specific] | 1. Yes<br>2. Yes but not with regards to family planning<br>3. No, not at all |
| 7.10. In your adult life, have you been pressured or forced to use particular method of family planning (e.g. sterilization)? [WDIS specific] | 1. Yes, by professionals<br>2. Yes, by family members or care givers<br>3. Yes, by a partner<br>4. No<br>5. Other (specify) |
| 7.11. In your adult life, have you been pressured or forced to have an abortion? [WDIS specific] | 1. No<br>2. Yes, by professionals<br>3. Yes, by family members or care givers<br>4. Yes, by a partner<br>5. Other (specify) |
| 7.12. Does your partner limit your access to family planning services? [WIPV specific] | 1. Yes<br>2. No<br>3. I do not have a partner now |
| 7.13. My partner's attempts to limit my access to family planning are stronger now, compared to the period before the start of COVID pandemic [WIPV specific] | 1. Strongly agree<br>2. Agree<br>3. Neutral<br>4. Disagree<br>5. Strongly disagree<br>6. Not applicable |
| 7.14. Does your partner restrict your use of a contraceptive method? [WIPV specific] | 1. Yes<br>2. No<br>3. I do not have a partner now |
| 7.15. Does your partner try to force you to use a contraceptive method? [WIPV specific] | 1. Yes<br>2. No<br>3. I do not have a partner now |
| 7.16. Do you use, or need, a contraceptive method that is out of your partner's control, so that you can hide it from them or avoid using it in their presence? [WIPV specific] | 1. Yes<br>2. No |

## 8. Geographic accessibility

| | |
|---|---|
| 8.1. How long do you have to travel to the nearest family planning facility/provider? | 1. No travel, it is very close to where I live<br>2. Short travel<br>3. Long travel<br>4. Not applicable |
| 8.2. Has it been more difficult for you to travel to the nearest family planning facility/provider now, compared to the period before the COVID measures were introduced? | 1. Much more difficult<br>2. More difficult<br>3. About the same<br>4. Easier<br>5. Much easier<br>6. Not applicable |
| 8.3. Can you afford the costs of travel to the nearest family planning facility/provider? | 1. Yes<br>2. No<br>3. Not applicable |
| 8.5. Is the journey to the family planning facility difficult for you to make? [WDIS specific] | 1. Yes<br>2. No<br>3. Not applicable |
| 8.6. Do you need support to be able to reach family planning facilities? [WDIS specific] | 1. Yes<br>2. No<br>3. Not applicable |
| 8.7. Have you used disability specific support to reach family planning facilities before the COVID measures were introduced? (Select all that apply) [WDIS specific] | 1. Yes, accessible transport<br>2. Yes, personal assistance<br>3. Yes, support person<br>4. Yes, other (specify)<br>5. No<br>6. Not applicable / I do not need such support |
| 8.8. What stopped or hindered you from using such disability specific support services to access family | 1. I do not have information about such services<br>2. They are not available in my country or area<br>3. I cannot afford the cost |

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| planning before the COVID measures were introduced? [WDIS specific] | 4. There are long waiting times<br>5. I am not eligible<br>6. Other (specify)<br>7. Not applicable |
| 8.9. Were you able to use these services since the COVID measures were introduced? [WDIS specific] | 1. Yes<br>2. No, services were stopped<br>3. Other<br>9. Not applicable |
| 8.10. Has COVID affected your ability to use informal support (e.g. provided by a family member or a friend) to reach family planning facilities? [WDIS specific] | 1. Yes<br>2. No<br>3. I do not need additional support/not applicable |
| 8.11. Do you depend on your partner to access money to pay for transport to the family planning facility/provider or for the contraceptive method if you need it? [WIPV specific] | 1. Yes<br>2. No<br>3. Not applicable / I do not have a partner now |

## 9. Service quality

| | |
|---|---|
| 9.1. I find now my family planning provider well-trained and knowledgeable | 1. Strongly agree<br>2. Agree<br>3. Neutral<br>4. Disagree<br>5. Strongly disagree<br>6. Not applicable |
| 9.2. I find now my family planning provider friendly and supportive | 1. Strongly agree<br>2. Agree<br>3. Neutral<br>4. Disagree<br>5. Strongly disagree<br>6. Not applicable |
| 9.3. I have confidence now in the advice and recommendations I received from my family planning provider | 1. Strongly agree<br>2. Agree<br>3. Neutral<br>4. Disagree<br>5. Strongly disagree<br>6. Not applicable |
| 9.4. Were you asked by the family planning facility or offered the possibility to provide your feedback and opinion on the services you received? | 1. Yes<br>2. No<br>3. Not applicable |
| 9.5. How satisfied are you with the overall quality of the service you have received since the COVID measures were introduced? | 1. Not at all satisfied<br>2. Not satisfied<br>3. Neither satisfied nor dissatisfied<br>4. Satisfied<br>5. Very satisfied<br>6. Not applicable |
| 9.6. In what way do you feel that the quality of family planning services you received has changed now, compared to the period before the COVID measures were introduced? | 1. Quality is much worse now than before COVID<br>2. Quality is worse now than before COVID<br>3. Quality is the same<br>4. Quality is better now than before COVID<br>5. Quality is much better now than before COVID<br>6. Not applicable |
| 9.7. I prefer to receive family planning services at the HIV/AIDS centre rather than in a general health care setting because I get better services there [WHIV specific] | 1. Strongly agree<br>2. Agree<br>3. Neutral<br>4. Disagree<br>5. Strongly disagree<br>6. Not applicable |
| 9.8. My family planning provider listens to me as a woman living with HIV [WHIV specific] | 1. Strongly agree<br>2. Agree<br>3. Neutral<br>4. Disagree |

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| | 5. Strongly disagree<br>6. Not applicable |
| 9.9. My family planning provider gives me advice based on my needs and realities as a woman living with HIV [WHIV specific] | 1. Strongly agree<br>2. Agree<br>3. Neutral<br>4. Disagree<br>5. Strongly disagree<br>6. Not applicable |
| 9.10. I have been given advice by my family planning provider about safe conception (getting pregnant without putting myself or my partner at risk of transmission of HIV or other sexually transmitted infections) [WHIV specific] | 1. Strongly agree<br>2. Agree<br>3. Neutral<br>4. Disagree<br>5. Strongly disagree<br>6. Not applicable |
| 9.11. Are the facilities where family planning services are provided accessible for people with impairments like yours (for example, there is step free access, the signs are in Braille and with symbols, there is audio information)? [WDIS specific] | 1. Yes<br>2. No<br>3. Partly<br>4. Only with additional support<br>5. Not applicable |
| 9.12. Have there been communication barriers that made it difficult for you to use the services? (Select all that apply) [WDIS specific] | 1. No<br>2. Yes, there are no sign language interpreters<br>3. Yes, information and communication are not available in easy-to-read<br>4. Yes, information and communication are not available in augmentative and alternative modes<br>5. Yes, the staff does not have knowledge and skill to communicate with disabled people<br>6. Other (specify)<br>7. Not applicable |
| 9.13. Did you feel the staff have adequate knowledge about family planning for woman with disabilities? [WDIS specific] | 1. Very limited knowledge<br>2. Limited<br>3. Average<br>4. Good<br>5. Excellent knowledge<br>6. Not applicable |
| 9.14. Have you faced prejudice or inappropriate attitudes by staff, related to your impairment? [WDIS specific] | 1. Yes<br>2. No<br>3. Not applicable |
| 9.15. Has the facility been able to accommodate your disability specific needs (for example: not being required to wear a mask) since the introduction of the COVID measures? [WDIS specific] | 1. Yes<br>2. No<br>3. Not applicable |
| 9.16. Has the service quality been affected by COVID pandemic? (Select all that apply) [WDIS specific] | 1. No<br>2. Yes, there are longer waiting times<br>3. Yes, not all types of family planning service are available<br>4. Yes, additional disability specific support is not available (e.g. sign language interpreters)<br>5. Other (specify)<br>6. Not applicable |
| 9.17. My family planning provider understood, believed and supported me to feel secure when I disclosed that I am experiencing intimate partner violence [WIPV specific] | 1. Strongly agree<br>2. Agree<br>3. Neutral<br>4. Disagree<br>5. Strongly disagree<br>6. Not applicable |
| 9.18. If you disclosed that you are experiencing intimate partner violence, did the family planning provider offer you any information about specialized services available for women in your situation? [WIPV specific] | 1. Yes<br>2. No<br>3. Not applicable |

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| 9.19. Did you go to seek support from the specialized services your family planning provider informed you about? [WIPV specific] | 1. Yes<br>2. No<br>3. Not applicable |
| 9.20. Did the family planning provider refer you to a specialized service available for women in your situation? [WIPV specific] | 1. Yes<br>2. No<br>3. Not applicable |
| 9.21. Did the family planning provider ask for your consent to make the referral? [WIPV specific] | 1. Yes<br>2. No<br>3. Not applicable |
| 9.22. Did you go to seek support from the specialized services your family planning provider referred you to? [WIPV specific] | 1. Yes<br>2. No<br>3. Not applicable |

## 10. Administrative accommodation

| | |
|---|---|
| 10.1. Are the opening hours of the family planning facility convenient for you now? | 1. Yes<br>2. No<br>3. Not applicable |
| 10.2. Have the opening hours of the family planning facility changed after the COVID measures were introduced? | 1. Yes<br>2. No<br>3. Not applicable |
| 10.3. In what way do you feel that the opening hours of the family planning facility have changed now, compared to the period before the COVID measures were introduced? | 1. Opening hours are less convenient<br>2. Opening hours are more convenient<br>3. Not applicable |
| 10.4. Do you have difficulties in accessing family planning services because you are not officially registered at the place where you live? | 1. Yes<br>2. No<br>3. Not applicable |
| 10.5. Did your family planning facility/provider require the approval of your spouse/partner to provide you contraceptives? | 1. Yes<br>2. No<br>3. Not applicable |
| 10.6. Do eligibility criteria prevent you from using family planning services? (Select all that apply) [WDIS specific] | 1. No<br>2. Yes, impairment related eligibility criteria<br>3. Yes, income related eligibility criteria<br>4. Other (specify) |

## 11. Affordability

| | |
|---|---|
| 11.1. Can you afford now the costs of family planning services and commodities (e.g. contraceptives)? | 1. Completely<br>2. Partially<br>3. Hardly<br>4. Not at all<br>5. Not applicable |
| 11.2. Has it been more difficult for you to afford the costs of the family planning services and supplies now, compared to the period before the COVID measures were introduced? | 1. Much more difficult<br>2. More difficult<br>3. About the same<br>4. Easier<br>5. Much easier<br>6. Not applicable |
| 11.3. Have financial considerations prevented you from using your preferred contraceptive method after the start of COVID pandemic? | 1. Yes<br>2. No<br>3. Not applicable |

## 12. Non-discrimination

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|---|---|
| 12.1. When I go for family planning services now, I feel I experience the same service as any other women | 1. Strongly agree<br>2. Agree<br>3. Neutral<br>4. Disagree<br>5. Strongly disagree<br>6. Not applicable |
| 12.2. When I go for family planning services now, I do not feel discriminated against, based on my HIV status [WHIV specific] | 1. Strongly agree<br>2. Agree<br>3. Neutral<br>4. Disagree |

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|---|---|
| | 5. Strongly disagree<br>6. Not applicable |
| 12.3. In what way do you feel your experience with the family planning services has changed now, compared to the period before the COVID measures were introduced? | 1. I feel much less discriminated now than before COVID<br>2. I feel less discriminated now than before COVID<br>3. My feelings about discrimination are the same<br>4. I feel more discriminated now than before COVID<br>5. I feel much more discriminated now than before COVID<br>6. Not applicable |
| 12.4. I prefer to receive family planning services at the HIV/AIDS centre rather than in a general health care setting, to avoid HIV status disclosure and discrimination [WHIV specific] | 1. Strongly agree<br>2. Agree<br>3. Neutral<br>4. Disagree<br>5. Strongly disagree<br>6. Not applicable |
| 12.5. I know where to go to make a complaint if I experience discrimination because of my HIV status when accessing family planning services [WHIV specific] | 1. Strongly agree<br>2. Agree<br>3. Neutral<br>4. Disagree<br>5. Strongly disagree<br>6. Not applicable |
| **13. Informed decision-making** | |
| 13.1. Are you able to make your own decisions about whether or not to have children and when to have a child? | 1. Yes<br>2. No |
| 13.2. In what way do you feel that your ability to make your own decisions about whether or not to have children and when to have a child has has changed now, compared to the period before the COVID measures were introduced? | 1. My ability to make my own decisions is much better now than before COVID<br>2. My ability to make my own decisions is better now than before COVID<br>3. My ability to make my own decisions is the same<br>4. My ability to make my own decisions is worse now than before COVID<br>5. My ability to make my own decisions is much worse now than before COVID<br>6. Not applicable |
| 13.3. Who decides for you whether or not to have children and when to have a child? (Select all that apply) | 1. My spouse/partner<br>2. My parents<br>3. My parents in law<br>4. Other (specify) |
| 13.4. Have you been given adequate advice and information and were you supported by your family planning provider to make decision about family planning and childbirth? (Select all that apply) | 1. To a great extent<br>2. Somewhat<br>3. Very little<br>4. Not at all<br>5. Not applicable |
| 13.5. Was your decision whether and what family planning methods to use influenced by the information you received from the family planning provider? | 1. To a great extent<br>2. Somewhat<br>3. Very little<br>4. Not at all<br>5. Not applicable |
| **14. Privacy and confidentiality** | |
| 14.1. Did the family planning provider offer you enough information for you to understand what to expect in the service, and to help you know your rights, including on privacy and confidentiality? | 1. Yes<br>2. No<br>3. Not applicable |
| 14.2. Did the family planning provider offer you all necessary information in order for you to make a voluntary, informed decision? | 1. Yes<br>2. No<br>3. Not applicable |
| 14.3. Did the family planning provider explain to you that you have the right to be provided counselling and services confidentially, without family members present? | 1. Yes<br>2. No<br>3. Not applicable |

| | |
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| 14.4. Did the family planning provider clearly state that all information you provide, as well as your medical information will be held strictly confidential, including towards family members, unless you expressly authorize release of such information | 1. Yes<br>2. No<br>3. Not applicable |
| 14.5. Did the family planning provider ask you personal questions when other persons were present? | 1. Yes<br>2. No<br>3. Not applicable |
| 14.6. Do you feel that you were able to make family planning decisions voluntarily, without the influence of others? | 1. Yes<br>2. No<br>3. Not applicable |
| 14.7. Did the family planning facility have separate waiting rooms e.g. a waiting room especially for young people/women? | 1. Yes<br>2. No<br>3. Not applicable |
| 14.8. Were the counselling and examination rooms in the family planning facility protected from others being able to listen and see you? | 1. Yes<br>2. No<br>3. Not applicable |
| 14.9. Did the family planning provider conduct the physical examination only after your explicit consent? | 1. Yes<br>2. No<br>3. Not applicable |
| 14.10. Did the family planning provider conduct the physical examination with consideration of preventing embarrassment? | 1. Yes<br>2. No<br>3. Not applicable |
| 14.11. Were you able to request a same sex family planning provider if you felt you needed one? | 1. Yes<br>2. No<br>3. I did not feel the need<br>4. Not applicable |
| 14.12. I trust that my family planning provider would not share my HIV status or any other details about me without my permission [WHIV specific] | 1. Strongly agree<br>2. Agree<br>3. Neutral<br>4. Disagree<br>5. Strongly disagree<br>6. Not applicable |
| 14.13. I trust that my family planning provider would not disclose my situation or any other details about me without my permission, if I chose to disclose that I am experiencing intimate partner violence [WIPV specific] | 1. Strongly agree<br>2. Agree<br>3. Neutral<br>4. Disagree<br>5. Strongly disagree<br>6. Not applicable |
| 14.14. In what way do you feel that the privacy and confidentiality offered by your family planning facility/provider have changed now, compared to the period before the COVID measures were introduced? | 1. Privacy and confidentiality are much better now than before COVID<br>2. Privacy and confidentiality are better now than before COVID<br>3. Privacy and confidentiality are the same<br>4. Privacy and confidentiality are worse now than before COVID<br>5. Privacy and confidentiality are much worse now than before COVID<br>6. Not applicable |

# Annex 3. Semi-structured interview guide for women from marginalized communities

| #1. INTRODUCTION (5-10 min) | |
|---|---|
| Introduction of the interviewer | Hello, my name is _____. I am a researcher, and I support the United Nations Population Fund (UNFPA) to understand the experience of women living with HIV, women and girls living with disabilities, and survivors of intimate partner violence with family planning services in Armenia/Ukraine. The study is organized by the UNFPA Regional Office for Eastern Europe and Central Asia. |
| Presentation of the purpose of the interview | We are looking for women interested in sharing their experiences with us during a 40–50-minute discussion. We are primarily interested in experiences of accessing family planning services before and after the introductions of the COVID-19 measures in our country.<br>Family planning services includes contraceptive counselling and contraceptive method provision (including emergency contraception). They may also include also other services, such as: diagnosis and/or treatment for HIV; support and referral in case of intimate partner violence; pregnancy advice, testing and referrals; fertility treatment; termination of pregnancy advice, procedure or referral.<br>The objective of the discussion is to help us design and implement programs and policies to better meet your needs during and after COVID-19. |
| Screener | If you are interested in sharing your experience with me, I need to ask you several questions to determine if you are eligible to participate in this research.<br><br>1. Are you 18 or older?<br>I am 18 or older --> Eligible (go to next question)<br>I am under 18 --> Not eligible (participation ends here)<br><br>2. How would you describe yourself? (tick all that apply)<br>I am a woman living with HIV (including a trans woman) --> Eligible (go to next question)<br>I am a woman living disability --> Eligible (go to next question)<br>I am a woman experiencing intimate partner violence --> Eligible (go to next question)<br>I do not consider myself to belong to any of these categories --> Not eligible (participation ends here)<br><br>3. Did you access or tried to access, and did not succeed to access, family planning services in the past 2 years?<br>Yes --> Eligible (go to question 4)<br>No --> Not eligible (participation ends here)<br><br>4. Where did you access family planning services in the past 2 years?<br>Family physician office/General practitioner office --> Eligible (go to question 5)<br>Hospital --> Eligible (go to question 5)<br>Community health center or community-based NGO --> Eligible (go to question 5)<br>Institution providing online services --> Eligible (go to question 5)<br>Institution providing telephone services --> Eligible (go to question 5)<br>Other (specify): _____ --> Assess eligibility by own judgment; women are eligible if the unit provide proper family planning consultations.<br><br>5. Did you use family planning services before, after, or both before and after the introduction of COVID-19 measures?<br>I used family planning services before the introduction of COVID 19 measures<br>I used family planning services after the introduction of COVID-19 measures<br>I used family planning services both before and after the introduction of COVID-19 measures |
| Informed consent | Based on your answers, you are eligible to participate in the interviews/discussions we are conducting with a total number of 15-20 women living in Armenia/Ukraine. Your participation is entirely anonymous and voluntary. If you decide to participate, you may withdraw at any time without providing any reasons or further information. If you choose not to participate or if you choose to withdraw, this will not affect your legal rights or your access to healthcare and family planning services in any way. We will not collect and use your name or any identifiable information about you. |

| | |
|---|---|
| | If you decide to participate, I will first invite you to answer a short questionnaire and provide some general information about yourself (such as age, profession, level of education). Next, we will spend around 40 to 50 minutes discussing your experience with family planning services. You are free not to answer questions you do not feel comfortable with.<br>Do you have any questions before we start?<br>***IF YES:*** Answer the question(s).<br>*IF NO*: I would like to ask your permission to take notes during the conversation. The sole reason for taking notes is to make sure we don't miss any of the details of the conversation. I will not write down any names or identifiable information. Do you agree for me to take notes?<br>**IF YES**: Start the interview<br>**IF NOT:** Do not take notes. You will write down the notes from memory immediately after the end of the interview. |

## #2. INTERVIEW GUIDE (30-40 min)

I would now like to invite you to talk about your experience of using family planning services, how they are seen in your family and your community, and how they have changed since introducing COVID-19 measures.

### Topic 1. Introduction (5-10 min)

Probes:
Can you explain why did you choose each one of the three words?

If any discrimination emerges from the narrative, ask the subject to expand on it by asking: Would you mind telling me more about this?

Probes:
Can you give me more details?

Was your decision to access family planning services and information influenced in any way because of this? How?

Can you tell me about one of the times you discussed your sexual life, methods of contraception, whether to have children or not, or whether to access family planning services with your family/caregivers? How did the discussion unfold?

Would you say that you can make your own decisions about your sexual life and contraception? Can you give me more details?

Probes:
Can you give me more details?

What type of concerns, if any, did you have when deciding to seek family planning information/services and why? Do not read. Give examples if necessary: related to your family, carers, the community, the family planning service, to the staff. How did these concerns affect your decision whether to seek family planning information/services?

### Topic 2. Accessing family planning services

Probes:
What was the reason for which you accessed/usually access family planning services? Do not read. Give examples if necessary: family planning services may include contraception, fertility treatment, abortion, pre/post-exposure prophylaxis for HIV, STI prevention.

Where did you receive or tried to receive these services, and why? Do not read. Give examples if necessary: GP, hospital, NGO, DPO, online services, telephone services, pharmacy.

What kind of problems did you have, if any, while accessing/trying to access family planning services? Give examples if necessary: geographic/physical, administrative, economic, cognitive, psycho-social.

Did you use any online family planning counseling services, websites, remote services, telehealth? If yes, can you describe your experience? Do not read. Give examples if necessary: organization, effectiveness, suggestions for improvement.

Probes:
How would you describe the person(s) who provided family planning services to you, their level of training and knowledge, and the interaction/communication you had with them?

Do you feel that the services were offered based on your specific needs and realities as a woman with a disability/ woman living with HIV/woman experiencing intimate partner violence? Adapt the question to the type of respondent. Can you give me more details?

How would you describe the accessibility of the information you have received, the communication process, and the accessibility of the building in which family planning services were provided?

Were you asked/invited to offer any type of feedback for the services you have received? How?
If you would be asked to offer feedback on the services you receive, what needs to happen for you to be willing to provide feedback?

Do you consider that your experience with family planning services is the same as that of other women (woman who without a disability/HIV/ intimate partner violence)? Adapt the question to the type of respondent. Can you give me an example?

Probes:
Did you feel enough confidence to discuss with your provider about his/her prescriptions and recommendations? Can you please explain?

Has someone from the family service provider questioned your capacity and/or competency to make decisions for yourself? In what way?

When using family planning services, did you receive the information and support you need to make your own decision about your sexual life, contraception, and childbirth?

Did you have any concerns regarding privacy and confidentiality? Can you tell me more about this?

Probes:
What was the reason for which you tried to access family planning services? Do not read. Give examples if necessary: family planning services may include contraception, fertility treatment, abortion, pre/post-exposure prophylaxis for HIV, STI prevention.

What type of services do you think are most difficult to access? Why?

Why did you not succeed in getting family planning services? Do not read; give necessary examples: long travel, cannot afford costs, need of disability-specific services, partner did not allow it; concerns related to your family, carers, the community, the family planning service, to the staff; prejudice towards family planning; they were refused services.

If yes, what services or facilities would you use and why?
If not, what needs to happen for you to become willing to seek family planning services? What kind of support would you need?

**Topic 3. Experience in accessing family planning services after the introduction of COVID-19 measures (this topic should be addressed only with women who reported accessing family planning services after the introduction of COVID-19 measures; see responses to question 5 in the screener)**

Probes:
Were the reasons for which you accessed family planning services different?

How was the visit different from other visits (s) you had before introducing the COVID-19 measures? Please think about the type of service provider(s) you accessed, about the travel time, time spent waiting, costs, about the interaction with the provider, or anything else that comes to your mind.

What additional difficulties, if any, did you face in accessing facilities during COVID? Prompt for closure of family planning services, limited disability support services, availability of informal support

Has the quality of services received changed?

In what way, if any, have COVID restrictions affected your ability to make your own decisions about your sex life, contraception, or whether to have children?

**Topic 4. Closing question**

## #3. GENERAL INFORMATION CHECKLIST (5 min)

Thank you for responding to my questions. To conclude this interview, I would like to ask you a few questions about you.

| | |
|---|---|
| 1. What is your age? | _____ |
| 2. What is your ethnicity? | _____ (open)<br>Prefer not to say |
| 3 What is your religion? | Roman Catholic<br>Protestant<br>Orthodox<br>Jew<br>Muslim<br>Hindu<br>Buddhist<br>No religion<br>Other (specify): _____<br>Prefer not to say |
| 4. What is your highest level of attained education? | No formal education<br>Some primary school<br>Complete primary school<br>Some secondary school<br>Complete secondary school<br>Some college or university<br>Complete college or university<br>Other (specify): _____ |
| 5. What is your profession? | _____ |
| 6. Do you live in an urban or rural area? | Urban<br>Rural |
| 7. Do you have health insurance? | Yes<br>No |
| 8. What is your relationship status? | I am not in a relationship at this time<br>Legally or formally married<br>Not legally or formally married but living with a man/woman in a consensual union |
| 9. How many children do you have? | None<br>Under the age of 5 ____ (number)<br>Ages 5-11 ____ (number)<br>Ages 12-18 _____ (number)<br>Ages 18+ _____ (number) |
| 10. In the past, have you ever been pregnant when you did not want to be? | No (skip to question 12)<br>Yes |
| 11. What did you do? | Did nothing, gave birth<br>Attempted to stop the pregnancy, but failed and gave birth |

| | | | |
|---|---|---|---|
| | Attempted to stop the pregnancy and succeeded<br>Other (specify)_____ | | |
| 12. What is your monthly household average income now? Please include all wages, salaries, pensions, and other revenues in your household. | _____ local currency<br>I don't know | | |
| 13. How would you categorize yourself in terms of economic status? | Not at all well-off<br>Not particularly well-off<br>Fairly well-off<br>Rather well-off<br>Very well-off | | |
| 14. Have you ever used or currently use any of the following contraception methods? | Contraception method | Current use | Ever use |
| | Condom | | |
| | Pills | | |
| | Copper IUD | | |
| | Hormonal IUD | | |
| | Injectables | | |
| | Patch/ring | | |
| | Implant | | |
| | Female sterilization | | |
| | Vasectomy | | |
| | Diaphragm | | |
| | Birth control apps | | |
| | Spermicides | | |
| | Withdrawal | | |
| | Periodic abstinence | | |
| | Breastfeeding | | |
| | Other (specify) | | |

# Annex 4. Semi-structured interview guide for family planning service providers

## #1. INTRODUCTION (5-10 min)

| | |
|---|---|
| Introduction of the interviewer | Hello, my name is _____. I am a researcher, and I support the United Nations Population Fund (UNFPA) to understand the experience of women from marginalized groups (such as women living with HIV, women and girls living with disabilities, and survivors of intimate partner violence) with family planning services in Armenia/Ukraine. The study is organized by the UNFPA Regional Office for Eastern Europe and Central Asia. |
| Presentation of the purpose of the interview | We are looking for family planning service providers interested in sharing their experiences of offering family planning services to women from these marginalized groups during a 30–40-minute discussion. We are interested in experiences of delivering family planning services before and after the introductions of the COVID-19 measures in our country.<br>The objective of the discussion is to help us design and implement programs and policies to better meet family planning needs during and after COVID-19. |
| Screener | If you are interested in sharing your experience with me, I need to ask you several questions to determine if you are eligible to participate in this research.<br><br>1. Have you provided family planning services in the last 2 years?<br>Yes --> Eligible (go to next question)<br>No --> Not eligible (participation ends here) |
| Informed consent | Based on your answers, you are eligible to participate in the interviews/discussions we are conducting with a total number of 5-10 family planning service providers living in Armenia/Ukraine. Participation is entirely anonymous and voluntary. If you decide to participate, you may withdraw at any time without providing any reasons or further information. If you choose not to participate or if you choose to withdraw, this will not affect your legal rights. We will not collect and use your name or any identifiable information about you.<br>If you decide to participate, I will first invite you to answer a short questionnaire and provide some general information about yourself (such as age, profession, level of education). Next, we will spend around 30 to 40 minutes discussing your experience delivering family planning services to women from marginalized groups in particular. You are free not to answer questions you do not feel comfortable with.<br>Do you have any questions before we start?<br>***IF YES:*** Answer the question(s).<br>*IF NO*: I would like to ask your permission to take notes during the conversation. The sole reason for taking notes is to make sure we don't miss any of the details of the conversation. I will not write down any names or identifiable information. Do you agree for me to take notes?<br>**IF YES**: Start the interview<br>**IF NOT:** Do not take notes. You will write down the notes from memory immediately after the end of the interview. |

## #2. INTERVIEW GUIDE (25-30 min)

I would now like to invite you to talk about your experience providing family planning services and how this has changed since the introduction of COVID-19 measures.

### Topic 1. Introduction (5-10 min)

**Q1.1. Could you please tell me about your work as a family planning service provider?**
Probes:
I can see that you are offering these services: _____ (see responses to question number 8). Can you describe the profile/type of women who access your services? What type of services are usually requested, and by types of women?

Can you tell me about how a consultation with a woman usually unfolds, step by step? If the provider does not mention talking about privacy and confidentiality, please ask: How do you approach the issue of privacy and confidentiality with women?

Can you tell me how have your services changed since the introduction of COVID-19 measures? Do not read. Give examples if necessary: fewer patients, restricted opening hours, costs increase, increased/reduced workload instructions from managers to change priorities and work profiles, etc.

How do you think this has impacted the women?

Do women have to pay to use the services in your facility? If so, how much and what are their options if they cannot afford the costs?

**Topic 2. Delivering family planning services to women from marginalized groups.** Adapt the following question based on responses to question 9 from the checklist.

**Q2.1. Please tell me more about your interaction as a family planning services provider with women living with HIV.**

Probes:

Can you tell me about how a consultation or interaction usually unfolds for this type of client? Adapt the question based on responses to question 9 from the checklist.

How are these interactions different from an interaction with a woman who is not (living with HIV, living with a disability, or being exposed to intimate partner violence -- adapt the question based on responses to question 9 from the checklist). Would you mind giving me an example of a specific interaction with a woman from this marginalized group?

Do you think that the family planning services for women living with HIV are different compared to other women? How?

**Q2.1.1. What are the main challenges/problems you face in providing family planning services to women living with HIV?**

**Q2.1.2. What changes do you think need to be made to improve the access to family planning services and the quality of services for women living with HIV?**

**Q2.2. Please tell me more about your interaction as a family planning services provider with women with disabilities.**

Probes:

In the case of women with disabilities, who usually seeks contact with the service? What roles do these persons have? Are these persons involved in the consultation? How?

Do these persons have a say in the selected contraception method used or regarding pregnancy termination? How do you feel about this?

Who makes the final decision about the contraception method or pregnancy termination?

How is this different for women with different type of impairments- e.g., physical, intellectual, sensory, psychosocial?

You told me that the most common method of contraception prescribed in your service is _____ (see your NOTES from Q1). What is the most common form of contraception prescribed to disabled women in your service? Why do you think this is the case?

**Q2.2.1. What are the main challenges/problems you face in providing family planning services to women with disabilities?**

How do you ensure that you have a good understanding of disabled women's concerns, for example, in cases of women with speech or intellectual impairments?

How do you ensure that disabled women understand the information provided and their choices, for example, in the case of a woman with intellectual impairments?

How do you ensure that disabled women have access to your facility/building?

**Q2.2.2. What changes do you think need to be made to improve the access to family planning services and the quality of services for women with disabilities?** Do not read. Give as an example if necessary: training on the rights of persons with disabilities and/or the social understanding of disability, accessible facilities, accessible information.

**Q2.3. Please tell me more about your interaction as a family planning services provider with women who experience intimate partner violence.**

**Q2.3.1. What are the main challenges/problems you face in providing family planning services to women who experience intimate partner violence?**

**Q2.3.2. What changes do you think need to be made to improve the access to family planning services and the quality of services for women who experience intimate partner violence?**

### Topic 3. Delivering family planning services and information

**Q3.1. How are the privacy and confidentiality of the service users ensured in your facility?**

**Q3.2. How are the family planning services you are providing being evaluated?**
Probes:
How is the evaluation made, and what information is gathered?

How are the findings of the evaluation used?

**Q3.3. Please tell me about the family planning information you are disseminating in your community and among the women who are accessing your family planning services.**
Probes:
What type of readily-available resources do you usually have access to (resources prepared by the Ministry of Health or other NGOs active in your region)? Do you develop your own resources (e.g., brochures, presentations, etc.)? Are these tailored to the need of women living with HIV/ women with disabilities/womee experiencing intimate partner violence? How?

Do you think there is a need for them to be tailored? How?

Do you feel any type of prejudice from the community towards the services you are offering? Can you give me an example?

**Q3.4. Do you discuss your prescriptions and recommendations with your clients?**
Probes:
If yes, how do you initiate and facilitate this discussion?
If yes, do you follow the same process with both HIV-positive women and women with disabilities?
If not, what impedes you to discuss with women about your prescriptions and recommendations?

**Q3.5. What do you know about online family planning services available for women in your area?**
Probes:
How are they organized?

Do you think they are effective? Are they accessible for rural or poor women? Are you aware of any feedback from beneficiaries?

### Topic 4. Closing question

**Q4.1. My list of questions ends here. Is there anything else you want to share with me to help us better understand how we can increase access to family planning services for women from marginalized groups in your community?**

## #2. GENERAL INFORMATION CHECKLIST (5 min)

Thank you for responding to my questions. To conclude this interview, I would like to ask you a few questions about you.

| | |
|---|---|
| 1. What is your age? | _____ |
| 2. Which of the following do you identify as? | Woman<br>Man<br>Both<br>Neither<br>Other |
| 3. What is your ethnicity? | _____ (open)<br>Prefer not to say |
| 4. What is your religion? | Roman Catholic<br>Protestant<br>Orthodox<br>Jew<br>Muslim |

| | |
|---|---|
| | Hindu<br>Buddhist<br>No religion<br>Other (specify): _____<br>Prefer not to say |
| 5. What is your profession? | _____ |
| 6. What is your position? | _____ |
| 7. In what type of healthcare institution do you work? | Family physician office/General practice<br>Hospital<br>Community health center or community-based NGO<br>Pharmacy<br>Institution providing online services<br>Institution providing telephone services<br>Other (specify): _____ |
| 8. What type of sexual and reproductive health services do you offer? | Contraceptive counselling<br>Contraceptive method provision, including emergency contraception<br>Diagnosis and/or treatment for HIV<br>Pre-post exposure prophylaxis for HIV<br>Support and referral in case of intimate partner violence<br>Pregnancy advice, testing and referrals<br>Fertility treatment<br>Termination of pregnancy advice, procedure, or referral<br>Other (specify)____ |
| 9. Please think about the number of women who usually visit your family planning facility. In one month, how many of them are… | Women living with HIV: _____<br>Women living with a disability: _____<br>Survivors of intimate partner violence:_____ |

# Annex 5. Reproductive health history, status, and intentions, by country

| | | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Ever pregnant** | No | 55.4 | 41.9 | 23.5 | 66.2 | 63.5 | 4.7 | 10.3 | 37.4 | 55.0 | 64.5 | 13.0 | 78.1 | 33.1 | 16.4 | 71.7 | 41.1 |
| | Yes | 44.6 | 58.1 | 76.5 | 33.8 | 36.4 | 95.2 | 89.6 | 62.6 | 45.0 | 35.4 | 86.9 | 21.8 | 66.8 | 83.5 | 28.2 | 58.9 |
| **Reproductive health status** | Currently/probably pregnant | | 8.5 | 1.5 | 4.2 | 1.3 | 3.17 | | 3.0 | | | 1.4 | 3.1 | 3.6 | 2.9 | | 2.8 |
| | Currently trying to become pregnant | 7.1 | 6.8 | 13.2 | 7.1 | 6.7 | 7.94 | 24.1 | 8.1 | | 6.2 | 13.0 | | 14.1 | 7.5 | | 8.5 |
| | Recently had a baby during the COVID-19 pandemic | | 5.1 | 1.5 | 9.9 | 2.7 | 11.1 | 24.1 | 3.0 | | | 10.1 | 3.1 | 3.6 | 16.4 | 4.7 | 5.8 |
| | Not pregnant and don't wish to be in the near future | 71.4 | 70.9 | 64.7 | 67.6 | 72.9 | 63.4 | 34.4 | 68.6 | 100.0 | 77.0 | 62.3 | 90.6 | 66.8 | 50.7 | 31.7 | 64.6 |
| | Cannot have children | 21.4 | 8.5 | 19.1 | 11.3 | 16.2 | 14.2 | 17.2 | 17.1 | | 16.6 | 13.0 | 3.1 | 11.6 | 22.3 | 63.5 | 18.1 |
| **Fertility intentions** | Postponed my decision to have a child | 6.8 | 9.3 | 12.7 | 1.6 | 12.9 | 12.9 | 20.8 | 8.5 | | 5.0 | 10.0 | | 5.5 | 7.6 | 6.4 | 8.0 |
| | Decided I want a child sooner | 2.3 | 5.6 | 5.4 | 9.5 | 1.6 | 3.7 | 4.1 | 6.1 | | 2.5 | 10.0 | 3.2 | 2.7 | 7.6 | | 4.7 |
| | Decided I don t want children while before COVID-19 I did want children | 9.1 | 0.9 | 1.8 | 1.6 | 9.6 | 12.9 | 4.1 | 8.5 | 5.0 | | | 9.6 | 7.6 | 5.7 | 6.4 | 5.5 |
| | Decided I do want children while before COVID-19 I did not want children | | 0.9 | | | | 3.7 | 16.6 | 2.4 | | | 3.3 | | | | 3.2 | 1.4 |
| | I have not changed my plans | 81.8 | 83.2 | 80.0 | 87.3 | 75.8 | 66.6 | 54.1 | 74.3 | 95.0 | 92.5 | 76.6 | 87.1 | 84.0 | 78.8 | 83.8 | 80.3 |
| **Contraceptive use** | No | 60.0 | 68.7 | 50.0 | 68.7 | 46.3 | 45.0 | 90.0 | 41.1 | 70.0 | 56.7 | 60.4 | 42.1 | 50.4 | 55.8 | 44.4 | 54.9 |
| | Yes, sometimes | | 2.4 | 6.8 | 10.4 | 18.5 | 10.00 | | 11.7 | 5.0 | 5.4 | 4.6 | | 9.1 | 11.7 | 22.2 | 8.4 |
| | Yes, most of the time | 7.5 | 9.6 | 13.6 | 4.2 | 7.4 | 22.50 | | 13.2 | 5.0 | 5.4 | 13.9 | | 8.2 | 5.8 | 22.2 | 9.9 |
| | Yes, all the time | 32.5 | 19.3 | 29.5 | 16.6 | 27.7 | 22.50 | 10.0 | 33.8 | 20.0 | 32.4 | 20.9 | 57.9 | 32.1 | 26.4 | 11.1 | 26.7 |
| **Main reason for not regularly using contraception** | Not regularly sexually active and don't need contraceptives | 83.3 | 64.9 | 63.6 | 45.4 | 72.0 | 50.00 | 22.2 | 67.8 | 92.8 | 52.3 | 26.9 | 37.5 | 65.4 | 52.6 | 41.6 | 59.1 |
| | Don't know what is the best method to use | | 10.5 | 9.1 | 3.1 | | 16.67 | | 3.5 | | 9.5 | | | 1.8 | 5.2 | | 4.5 |
| | I am scared of the side-effects | | 5.3 | 9.1 | | 12.0 | | 33.3 | | | | 11.5 | 25.0 | 3.6 | 5.2 | 8.3 | 5.4 |
| | My partner objects | 4.2 | 1.8 | 4.5 | 9.1 | 4.0 | 22.22 | 22.2 | 10.7 | | | 15.3 | | 9.1 | 5.2 | | 6.9 |
| | I have not yet started menstruating | | 5.3 | | | | | | | | | 3.8 | | 3.64 | 5.2 | 8.3 | 2.1 |
| | I am in or through the menopause | 8.3 | | 4.5 | | | 5.56 | 11.1 | 7.1 | | | 7.6 | | 1.8 | 5.2 | 16.6 | 3.4 |
| | Other | 4.2 | 12.3 | 9.1 | 42.4 | 12.0 | 5.56 | 11.1 | 10.7 | 7.1 | 38.1 | 34.6 | 37.5 | 14.5 | 21.0 | 25.0 | 18.2 |

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| COVID-19 measures stopped or hindered from seeking/ obtaining contraception in the last 3 months | No | 75.0 | 100.0 | 100.0 | 86.6 | 65.5 | 86.3 | 100.0 | 77.5 | 100.0 | 100.0 | 82.3 | 95.2 | 87.0 | 93.3 | 40.0 | 84.4 |
| | Yes | 25.0 | | | 13.3 | 34.4 | 13.6 | | 22.5 | | | 17.6 | 4.7 | 12.9 | 6.6 | 60.0 | 15.5 |

## Annex 6. Family planning access in the EECA region, by country

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Cognitive accessibility** | **32.2** | **22.1** | **27.4** | **25.6** | **34.9** | **18.3** | **31.7** | **26.9** | **31.0** | **45.7** | **15.2** | **25.3** | **20.3** | **42.5** | **28.2** |
| Does not know she has the right to decide whether to have children | 3.6 | 2.6 | 5.9 | 7.0 | 17.3 | 1.6 | 17.2 | 3.0 | 10.0 | 30.6 | 3.1 | 5.5 | 5.9 | 27.0 | 9.9 |
| Not able to make own decisions about whether to have children and when | 21.4 | 7.7 | 16.2 | 21.1 | 13.3 | 4.8 | 37.9 | 13.1 | 5.0 | 59.2 | 3.1 | 15.8 | 11.8 | 65.2 | 20.5 |
| Does not know the places where she can receive FP information, services, and commodities | 17.9 | 41.9 | 39.7 | 22.5 | 54.7 | 11.1 | 31.0 | 24.2 | 65.0 | 57.1 | 31.3 | 43.6 | 39.7 | 95.5 | 43.8 |
| Did not receive information based on their disability specific needs | 59.1 | 13.0 | | 23.9 | 35.7 | | | 32.4 | 15.0 | 20.5 | 16.7 | 25.5 | | 2.5 | 16.3 |
| Has not been given adequate advice and information to make family planning decisions | 58.9 | 45.3 | 75.0 | 53.5 | 53.3 | 55.6 | 72.4 | 61.6 | 60.0 | 61.2 | 21.9 | 36.4 | 44.1 | 22.5 | 50.5 |
| **Psychosocial accessibility** | **40.7** | **17.6** | **41.6** | **51.2** | **58.0** | **2.9** | **41.4** | **50.0** | **16.7** | **40.9** | **25.2** | **45.4** | **7.4** | **28.6** | **32.3** |
| Personal FP decisions were influenced by prejudice in her community or family | 71.4 | 27.4 | 29.4 | 28.2 | 48.0 | 17.5 | 48.3 | 32.3 | 35.0 | 61.2 | 31.3 | 23.6 | 36.8 | 20.2 | 35.4 |
| Has concerns about the attitude of the staff in FP facilities towards people with disabilities | 72.7 | 23.2 | 40.0 | 42.3 | 64.3 | | 50.0 | 40.5 | 30.0 | 52.3 | 53.3 | 38.3 | | 16.3 | 38.9 |
| Family or carers prevented her to seek FPS | 4.5 | 8.7 | | 25.4 | 21.4 | | 50.0 | 16.2 | 5.0 | 34.1 | 6.7 | 10.6 | | 15.0 | 12.4 |
| Cannot discuss FPS with family or care givers | 81.8 | 36.2 | 60.0 | 23.9 | 42.9 | | 50.0 | 35.1 | 30.0 | 45.5 | 50.0 | 34.0 | | 87.5 | 45.1 |
| Has been pressured or forced to use a particular method of FP | 4.5 | | 60.0 | 93.0 | 85.7 | | | 89.2 | | 29.5 | 6.7 | 78.7 | | 17.5 | 29.1 |
| Has been pressured or forced to have an abortion | 9.1 | 10.1 | 60.0 | 94.4 | 85.7 | | 50.0 | 86.5 | | 22.7 | 3.3 | 87.2 | | 15.0 | 32.8 |
| **Geographic accessibility** | **27.3** | **20.7** | **16.4** | **31.0** | **35.3** | **14.3** | **62.5** | **23.9** | **32.5** | **28.8** | **16.4** | **20.2** | **50.7** | **11.6** | **30.3** |
| Has to do a long travel to nearest FPF | 3.6 | 28.2 | 26.5 | 8.5 | 20.0 | 27.0 | 44.8 | 24.2 | 25.0 | 6.1 | 9.4 | 18.8 | 29.4 | 7.9 | 19.8 |
| Cannot afford the costs of travel to nearest FPF | 12.5 | 15.4 | 19.1 | 15.5 | 42.7 | 30.2 | 55.2 | 25.3 | 20.0 | 20.4 | 6.3 | 15.2 | 23.5 | 13.5 | 21.9 |
| Journey to FPF is difficult to make | 43.2 | 15.9 | 20.0 | 40.8 | 35.7 | | 50.0 | 10.8 | 40.0 | 20.5 | 16.7 | 17.0 | 100.0 | 15.0 | 32.9 |
| Needs support to be able to reach FPF | 50.0 | 23.2 | | 59.2 | 42.9 | | 100.0 | 35.1 | 45.0 | 68.2 | 33.3 | 29.8 | 50.0 | 10.0 | 46.7 |
| **Service quality** | **46.6** | **19.3** | **42.7** | **29.3** | **27.9** | **30.2** | **43.1** | **39.9** | **30.6** | **41.8** | **17.2** | **25.9** | **28.0** | **17.6** | **30.9** |
| FPP is not well-trained and knowledgeable | 25.0 | 19.7 | 38.2 | 29.6 | 32.0 | 25.4 | 27.6 | 46.5 | 60.0 | 46.9 | 12.5 | 23.0 | 32.4 | 20.2 | 30.6 |
| FPP is not friendly and supportive | 33.9 | 15.4 | 35.3 | 23.9 | 34.7 | 33.3 | 37.9 | 42.4 | 50.0 | 44.9 | 18.8 | 24.2 | 29.4 | 21.3 | 31.2 |
| Does not have confidence in FPP's advice and recommendations | 32.1 | 18.8 | 36.8 | 19.7 | 29.3 | 25.4 | 34.5 | 34.3 | 50.0 | 42.9 | 12.5 | 20.6 | 30.9 | 16.9 | 28.5 |
| Not offered the possibility to provide feedback/opinion on the FPS received | 76.8 | 29.1 | 51.5 | 43.7 | 26.7 | 60.3 | 65.5 | 58.6 | 45.0 | 40.8 | 25.0 | 40.0 | 54.4 | 16.9 | 43.4 |
| Prefers to receive FPS at the HIVAIDS centre than in a general health care setting because of better services | 100.0 | 54.0 | 48.4 | | 13.8 | 48.4 | 42.9 | 38.7 | | | | 54.4 | 62.7 | | 32.2 |
| Has not been advised by FPP about safe conception | 50.0 | 14.0 | 43.8 | | 36.2 | 30.6 | 39.3 | 24.2 | | | | 17.5 | 26.9 | | 20.5 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FPF not fully accessible for people with impairments | 81.8 | 34.8 | 60.0 | 60.6 | 28.6 | | 50.0 | 54.1 | 45.0 | 54.5 | 40.0 | 51.1 | 50.0 | 22.5 | 52.1 |
| Felt staff did not have adequate knowledge about FP for women with disabilities | 90.9 | 33.3 | 80.0 | 56.3 | 64.3 | | 100.0 | 62.2 | 50.0 | 72.7 | 26.7 | 42.6 | 50.0 | 26.3 | 53.5 |
| Faced prejudice or inappropriate attitudes by staff | 72.7 | 5.8 | 20.0 | 33.8 | 28.6 | | 50.0 | 51.4 | 45.0 | 61.4 | 16.7 | 10.6 | | 18.8 | 25.9 |
| Facility not able to accommodate her disability specific needs | 27.3 | 18.8 | 80.0 | 31.0 | 28.6 | | | 37.8 | 20.0 | 56.8 | 16.7 | 27.7 | | 21.3 | 22.9 |
| FPP did not offer enough information for her to understand what to expect, privacy and confidentiality | 26.8 | 12.8 | 36.8 | 42.3 | 26.7 | 50.8 | 41.4 | 41.4 | 30.0 | 42.9 | 18.8 | 22.4 | 25.0 | 21.3 | 30.5 |
| FPP did not offer necessary information for her to make a voluntary, informed decision | 19.6 | 11.1 | 36.8 | 39.4 | 17.3 | 50.8 | 31.0 | 39.4 | 30.0 | 40.8 | 15.6 | 19.4 | 26.5 | 18.0 | 27.2 |
| FPP did not explain she has the right to receive services confidentially, without family members present | 17.9 | 19.7 | 42.6 | 36.6 | 25.3 | 49.2 | 27.6 | 36.4 | 25.0 | 42.9 | 21.9 | 19.4 | 23.5 | 19.1 | 28.0 |
| FPP did not explain that all information provided will be held strictly confidential, including to family members | 33.9 | 15.4 | 35.3 | 36.6 | 20.0 | 46.0 | 31.0 | 25.3 | 25.0 | 38.8 | 21.9 | 20.6 | 16.2 | 21.3 | 27.1 |
| FPP asked personal questions when other persons were present | 35.7 | 9.4 | 22.1 | 18.3 | 16.0 | 44.4 | 41.4 | 21.2 | 20.0 | 32.7 | 21.9 | 12.1 | 16.2 | 4.5 | 22.6 |
| Did not feel she can make FP decisions voluntary | 33.9 | 6.0 | 16.2 | 7.0 | 10.7 | 11.1 | 58.6 | 22.2 | 5.0 | 55.1 | 9.4 | 16.4 | 14.7 | 15.7 | 20.1 |
| FPP did not ask explicit consent before conducting physical examination | 12.5 | 5.1 | 36.8 | 9.9 | 14.7 | 49.2 | 48.3 | 29.3 | | 28.6 | 3.1 | 14.5 | 17.6 | 19.1 | 20.3 |
| She does not feel she experiences FPS as any other women | 67.9 | 23.9 | 48.5 | 38.0 | 48.0 | 19.0 | 48.3 | 52.5 | 50.0 | 49.0 | 28.1 | 29.1 | 27.9 | 33.7 | 40.1 |
| **Administrative accommodation** | **6.6** | **12.3** | **11.3** | **27.7** | **15.3** | **7.9** | **33.9** | **11.0** | **21.7** | **15.8** | **18.6** | **17.3** | **5.9** | **26.3** | **16.0** |
| FPF does not have opening hours convenient for her | 1.8 | 6.8 | 27.9 | 15.5 | 6.7 | 7.9 | 20.7 | 19.2 | 20.0 | 2.0 | 9.4 | 12.1 | 8.8 | 9.0 | 11.9 |
| Eligibility criteria prevented her from using FPS | 9.1 | 23.2 | | 66.2 | 28.6 | | 50.0 | 10.8 | 45.0 | 43.2 | 43.3 | 36.2 | | 68.8 | 28.3 |
| FPF required the approval of partner to provide her contraceptive | 8.9 | 6.8 | 5.9 | 1.4 | 10.7 | 7.9 | 31.0 | 3.0 | | 2.0 | 3.1 | 3.6 | 8.8 | 1.1 | 7.7 |
| **Affordability** | **23.2** | **52.1** | **61.8** | **35.2** | **60.0** | **63.5** | **86.2** | **65.7** | **15.0** | **59.2** | **28.1** | **45.5** | **45.6** | **19.1** | **52.2** |
| Cannot afford the costs of FPS and commodities | 23.2 | 52.1 | 61.8 | 35.2 | 60.0 | 63.5 | 86.2 | 65.7 | 15.0 | 59.2 | 28.1 | 45.5 | | 19.1 | 52.2 |
| **Effects of COVID-19 on accessing FPS** | **27.3** | **6.9** | **17.5** | **19.4** | **19.6** | **19.9** | **32.8** | **22.1** | **12.9** | **22.1** | **13.8** | **20.4** | **14.4** | **28.6** | **19.3** |
| Changed her mind about having a child because of COVID-19 | 18.2 | 16.8 | 20.0 | 12.7 | 24.2 | 33.3 | 45.8 | 25.6 | 5.0 | 7.5 | 12.9 | 16.0 | 21.2 | 16.1 | 19.7 |
| COVID-19 measures stopped or hindered her from seeking or obtaining contraception in the last three months | 25.0 | | | 13.3 | 34.5 | 13.6 | | 22.5 | | | 4.8 | 13.0 | 6.7 | 60.0 | 15.6 |
| Prejudice towards family planning is higher now than before COVID | | 3.1 | 20.0 | 50.0 | 8.3 | 18.2 | | 15.6 | | 13.3 | 10.0 | 7.7 | | 27.8 | 11.3 |
| t been more difficult for you to travel to the nearest FPF now, compared to the period before the COVID measures were introduced | 30.4 | 9.4 | 10.3 | 19.7 | 20.0 | 20.6 | 51.7 | 27.3 | 25.0 | 16.3 | 12.5 | 13.9 | 16.2 | 11.2 | 19.7 |
| It been more difficult for you to afford the costs of the FPS supplies now, compared to the period before the COVID measures were introduced | 26.8 | 12.8 | 30.9 | 23.9 | 26.7 | 31.7 | 58.6 | 29.3 | 15.0 | 12.2 | 21.9 | 34.5 | 38.2 | 13.5 | 28.2 |
| COVID affected her ability to use informal support to reach FPF | 56.8 | 1.4 | | 26.8 | 21.4 | 11.3 | 16.2 | 15.0 | 34.1 | 100.0 | 10.6 | 50.0 | | 100.0 | 20.6 |
| Not satisfied with the overall quality of the service received since the COVID measures were introduced | 21.4 | 6.8 | 8.8 | 4.2 | 6.7 | 17.5 | 37.9 | 12.1 | 15.0 | 24.5 | 3.1 | 9.1 | 10.3 | 23.6 | 13.5 |
| Worse quality of FPS now, compared to the period before the COVID measures were introduced | 10.7 | 1.7 | 22.1 | 16.9 | 8.0 | 9.5 | 27.6 | 19.2 | 5.0 | 18.4 | 6.3 | 10.3 | 2.9 | 18.0 | 13.4 |
| Opening hours of the FPF changed after the COVID measures were introduced | 71.4 | 4.3 | 33.8 | 11.3 | 12.0 | 14.3 | 24.1 | 13.1 | 20.0 | 8.2 | 28.1 | 15.2 | 10.3 | 1.1 | 16.5 |

*All numbers in the table are valid %

# Annex 7. Family planning access for women living with HIV, by country

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Cognitive accessibility** | **66.7** | **23.0** | **32.4** | | **41.4** | **17.3** | **48.8** | **25.4** | | | **47.5** | | **27.9** | **23.5** | | **25.0** |
| Does not know she has the right to decide whether or not to have children | | 2.0 | 6.3 | | 19.0 | 1.6 | 17.9 | 4.8 | | | 19.1 | | 2.6 | 6.0 | | 7.8 |
| Not able to make own decisions about whether or not to have children and when | 100.0 | 4.0 | 15.6 | | 13.8 | 3.2 | 39.3 | 16.1 | | | 32.4 | | 7.9 | 11.9 | | 14.6 |
| Does not know the places where she can receive FP information, services, and commodities | 50.0 | 30.0 | 39.1 | | 55.2 | 11.3 | 32.1 | 17.7 | | | 25.0 | | 44.7 | 38.8 | | 33.7 |
| Did not receive information based on their disability specific needs | | | | | | | | | | | | | 22.2 | | | 10.5 |
| Has not been given adequate advice and information to make family planning decisions | 50.0 | 58.0 | 75.0 | | 55.2 | 54.8 | 75.0 | 67.7 | | | 85.3 | | 36.8 | 43.3 | | 58.3 |
| **Psychosocial accessibility** | **50.0** | **38.0** | **60.2** | | **48.3** | **16.1** | **58.3** | **64.0** | | | **57.4** | | **51.7** | **22.6** | | **38.0** |
| Personal FP decisions were influenced by prejudice in her community or family | 50.0 | 28.0 | 28.1 | | 48.3 | 16.1 | 50.0 | 33.9 | | | 57.4 | | 21.1 | 35.8 | | 33.5 |
| Has concerns about the attitude of the staff in FP facilities towards people with disabilities | | 50.0 | 33.3 | | | | 100.0 | 50.0 | | | | | 55.6 | | | 47.4 |
| Family or carers prevented her to seek FPS | | 50.0 | 100.0 | | | | | 100.0 | | | | | 100.0 | 100.0 | | 10.5 |
| Cannot discuss FPS with family or care givers | | | 66.7 | | | | 100.0 | 50.0 | | | | | 11.1 | | | 26.3 |
| Has been pressured or forced to use a particular method of FP | | | 66.7 | | | | | 50.0 | | | | | 55.6 | | | 42.1 |
| Has been pressured or forced to have an abortion | | 100.0 | 66.7 | | | | 100.0 | 100.0 | | | | | 66.7 | | | 68.4 |
| **Geographic accessibility** | **25.0** | **38.0** | **11.7** | | **31.0** | **29.0** | **49.1** | **13.7** | | | **36.0** | | **13.5** | **50.2** | | **23.9** |
| Has to do a long travel to nearest FPF | | 36.0 | 26.6 | | 20.7 | 27.4 | 42.9 | 27.4 | | | 36.8 | | 19.3 | 28.4 | | 27.6 |
| Cannot afford the costs of travel to nearest FPF | 50.0 | 16.0 | 20.3 | | 41.4 | 30.6 | 53.6 | 27.4 | | | 35.3 | | 12.3 | 22.4 | | 26.0 |
| Journey to FPF is difficult to make | | 50.0 | | | | | | | | | | | 11.1 | 100.0 | | 21.1 |
| Needs support to be able to reach FPF | | 50.0 | | | | | 100.0 | | | | | | 11.1 | 50.0 | | 21.1 |
| **Service quality** | **35.7** | **25.4** | **40.5** | | **24.1** | **38.2** | **49.4** | **39.2** | | | **49.2** | **21.4** | **25.4** | **27.5** | | **34.0** |
| FPP is not welltrained and knowledgeable | 50.0 | 18.0 | 40.6 | | 31.0 | 24.2 | 28.6 | 48.4 | | | 51.5 | | 23.7 | 31.3 | | 33.0 |
| FPP is not friendly and supportive | 50.0 | 18.0 | 37.5 | | 34.5 | 32.3 | 39.3 | 43.5 | | | 54.4 | | 23.7 | 28.4 | | 33.9 |
| Does not have confidence in FPP's advice and recommendations | | 22.0 | 39.1 | | 29.3 | 24.2 | 35.7 | 38.7 | | | 51.5 | | 19.3 | 31.3 | | 31.3 |
| Not offered the possibility to provide feedback/opinion on the FPS received | 100.0 | 42.0 | 51.6 | | 20.7 | 59.7 | 67.9 | 61.3 | | | 61.8 | | 42.1 | 53.7 | | 50.0 |
| Prefers to receive FPS at the HIVAIDS center than in a general health care setting because of better services | 100.0 | 54.0 | 48.4 | | 13.8 | 48.4 | 42.9 | 38.7 | | | 51.5 | | 54.4 | 62.7 | | 47.4 |
| Has not been advice by FPP about safe conception | 50.0 | 14.0 | 43.8 | | 36.2 | 30.6 | 39.3 | 24.2 | | | 45.6 | | 17.5 | 26.9 | | 29.7 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FPF not fully accessible for people with impairments | | 50.0 | 66.7 | | | 100.0 | 50.0 | | | | 33.3 | 50.0 | 47.4 |
| Felt staff did not have adequate knowledge about FP for women with disabilities | | 50.0 | 66.7 | | | 100.0 | 50.0 | | | | 55.6 | 50.0 | 57.9 |
| Faced prejudice or inappropriate attitudes by staff | | 50.0 | | | | 100.0 | 100.0 | | | | | | 21.1 |
| Facility not able to accommodate her disability specific needs | | 50.0 | 66.7 | | | | | | | | 44.4 | | 36.8 |
| FPP did not offer enough information for her to understand what to expect, privacy and confidentiality | | 10.0 | 34.4 | 25.9 | 50.0 | 42.9 | 43.5 | | 48.5 | | 21.1 | 23.9 | 32.1 |
| FPP did not offer necessary information for her to make a voluntary, informed decision | | 8.0 | 34.4 | 15.5 | 50.0 | 32.1 | 35.5 | | 38.2 | 100.0 | 16.7 | 25.4 | 27.8 |
| FPP did not explain she has the right to receive services confidentially, without family members present | | 18.0 | 42.2 | 22.4 | 48.4 | 28.6 | 32.3 | | 39.7 | 100.0 | 21.1 | 22.4 | 30.2 |
| FPP did not explain that all information provided will be held strictly confidential, including to family members | | 14.0 | 34.4 | 19.0 | 45.2 | 32.1 | 17.7 | | 45.6 | 100.0 | 21.1 | 16.4 | 26.9 |
| FPP asked personal questions when other persons were present | | 14.0 | 23.4 | 12.1 | 45.2 | 39.3 | 12.9 | | 47.1 | | 9.6 | 16.4 | 22.6 |
| Did not feel she can make FP decisions voluntary | 50.0 | 2.0 | 15.6 | 12.1 | 9.7 | 60.7 | 21.0 | | 39.7 | | 14.0 | 13.4 | 18.6 |
| FPP did not ask explicit consent before conducting physical examination | | 2.0 | 34.4 | 15.5 | 48.4 | 50.0 | 29.0 | | 36.8 | | 14.0 | 16.4 | 25.3 |
| She does not feel she experiences FPS as any other women | 100.0 | 22.0 | 48.4 | 50.0 | 19.4 | 50.0 | 58.1 | | 76.5 | | 26.3 | 26.9 | 40.8 |
| **Administrative accommodation** | **25.0** | **8.0** | **10.9** | **8.6** | **7.3** | **50.0** | **10.8** | | **25.7** | | **12.1** | **5.5** | **13.9** |
| FPF does not have opening hours convenient for her | | 14.0 | 26.6 | 8.6 | 6.5 | 17.9 | 27.4 | | 22.1 | | 10.5 | 7.5 | 15.1 |
| Eligibility criteria prevented her from using FPS | | | | | | 100.0 | | | | | 22.2 | | 15.8 |
| FPF required the approval of partner to provide her contraceptive | 50.0 | 10.0 | 6.3 | 8.6 | 8.1 | 32.1 | 4.8 | | 29.4 | | 3.5 | 9.0 | 10.8 |
| **Affordability** | **50.0** | **64.0** | **60.9** | **58.6** | **62.9** | **85.7** | **75.8** | | **75.0** | | **48.2** | **44.8** | **61.1** |
| Cannot afford the costs of FPS and commodities | 50.0 | 64.0 | 60.9 | 58.6 | 62.9 | 85.7 | 75.8 | | 75.0 | | 48.2 | 44.8 | 61.1 |
| **Effects of COVID19 on accessing FPS** | **33.3** | **9.3** | **18.2** | **18.1** | **19.9** | **39.9** | **30.8** | | **32.2** | | **16.5** | **18.5** | **21.3** |
| Changed her mind about having a child because of COVID19 | 100.0 | 17.0 | 21.2 | 25.0 | 32.1 | 45.8 | 31.5 | | 22.0 | | 15.0 | 21.6 | 23.7 |
| COVID19 measures stopped or hindered her from seeking or obtaining contraception in the last three months | | | | 39.1 | 9.5 | | 29.6 | | 17.6 | | 11.9 | | 15.1 |
| Prejudice towards family planning is higher now than before COVID | | | 22.2 | 3.6 | 20.0 | | 19.0 | | 10.3 | | 8.3 | | 8.8 |
| It been more difficult for you to travel to the nearest FPF now, compared to the period before the COVID measures were introduced | 50.0 | 22.0 | 10.9 | 15.5 | 21.0 | 50.0 | 33.9 | | 44.1 | | 9.6 | 14.9 | 22.0 |
| It been more difficult for you to afford the costs of the FPS supplies now, compared to the period before the COVID measures were introduced | 50.0 | 18.0 | 32.8 | 24.1 | 30.6 | 57.1 | 40.3 | | 54.4 | | 33.3 | 37.3 | 35.6 |
| COVID affected her ability to use informal support to reach FPF | | | | | | 100.0 | 50.0 | | | | 22.2 | 50.0 | 26.3 |
| Not satisfied with the overall quality of the service received since the COVID measures were introduced | | 10.0 | 9.4 | 3.4 | 17.7 | 35.7 | 11.3 | | 26.5 | | 7.9 | 10.4 | 13.0 |
| Worse quality of FPS now, compared to the period before the COVID measures were introduced | | 4.0 | 21.9 | 6.9 | 8.1 | 25.0 | 24.2 | | 33.8 | | 10.5 | 3.0 | 14.6 |
| Opening hours of the FPF changed after the COVID measures were introduced | 50.0 | 8.0 | 32.8 | 12.1 | 12.9 | 21.4 | 16.1 | | 19.1 | | 14.9 | 10.4 | 16.3 |

*All numbers in the table are valid

# Annex 8. Family planning access for women living with disabilities, by country

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Cognitive accessibility** | **19.1** | **21.7** | **32.0** | **22.0** | **27.1** | | **40.0** | **23.8** | **29.0** | **44.1** | **40.0** | **14.0** | **30.6** | **30.0** | **40.3** | **30.5** |
| Does not know she has the right to decide whether or not to have children | 2.3 | 2.9 | 20.0 | 7.0 | 14.3 | | 50.0 | | 10.0 | 34.1 | | 3.3 | 12.8 | | 25.0 | 12.0 |
| Not able to make own decisions about whether or not to have children and when | 15.9 | 10.1 | 40.0 | 21.1 | 14.3 | | 50.0 | 5.4 | 5.0 | 59.1 | | 3.3 | 38.3 | | 62.5 | 28.3 |
| Does not know the places where she can receive FP information, services, and commodities | 11.4 | 50.7 | 40.0 | 22.5 | 57.1 | | | 37.8 | 65.0 | 59.1 | 100.0 | 33.3 | 48.9 | 50.0 | 95.0 | 49.5 |
| Did not receive information based on their disability specific needs | 2.3 | 10.1 | | 5.6 | 14.3 | | 50.0 | 29.7 | 5.0 | 9.1 | | 10.0 | 19.1 | | | 21.4 |
| Has not been given adequate advice and information to make family planning decisions | 63.6 | 34.8 | 60.0 | 53.5 | 35.7 | | 50.0 | 45.9 | 60.0 | 59.1 | 100.0 | 20.0 | 34.0 | 100.0 | 18.8 | 41.5 |
| **Psychosocial accessibility** | **41.3** | **17.4** | **43.3** | **51.2** | **57.1** | | **33.3** | **50.0** | **16.7** | **41.7** | **33.3** | **25.0** | **46.5** | **8.3** | **27.9** | **36.3** |
| Personal FP decisions were influenced by prejudice in her community or family | 75.0 | 26.1 | 40.0 | 28.2 | 42.9 | | | 32.4 | 35.0 | 65.9 | | 30.0 | 29.8 | 50.0 | 16.3 | 35.1 |
| Has concerns about the attitude of the staff in FP facilities towards people with disabilities | 72.7 | 23.2 | 40.0 | 42.3 | 64.3 | | 50.0 | 40.5 | 30.0 | 52.3 | 100.0 | 53.3 | 38.3 | | 16.3 | 39.0 |
| Family or carers prevented her to seek FPS | 4.5 | 8.7 | | 25.4 | 21.4 | | 50.0 | 16.2 | 5.0 | 34.1 | | 6.7 | 10.6 | | 15.0 | 15.2 |
| Cannot discuss FPS with family or care givers | 81.8 | 36.2 | 60.0 | 23.9 | 42.9 | | 50.0 | 35.1 | 30.0 | 45.5 | 100.0 | 50.0 | 34.0 | | 87.5 | 49.0 |
| Has been pressured or forced to use a particular method of FP | 4.5 | | 60.0 | 93.0 | 85.7 | | | 89.2 | | 29.5 | | 6.7 | 78.7 | | 17.5 | 39.0 |
| Has been pressured or forced to have an abortion | 9.1 | 10.1 | 60.0 | 94.4 | 85.7 | | 50.0 | 86.5 | | 22.7 | | 3.3 | 87.2 | | 15.0 | 40.7 |
| **Geographic accessibility** | **25.0** | **19.2** | **10.0** | **31.0** | **33.9** | | **87.5** | **22.3** | **32.5** | **29.5** | **100.0** | **16.7** | **18.1** | **87.5** | **11.3** | **22.8** |
| Has to do a long travel to nearest FPF | | 23.2 | 20.0 | 8.5 | 14.3 | | 100.0 | 18.9 | 25.0 | 6.8 | 100.0 | 10.0 | 10.6 | 100.0 | 7.5 | 12.6 |
| Cannot afford the costs of travel to nearest FPF | 6.8 | 14.5 | | 15.5 | 42.9 | | 100.0 | 24.3 | 20.0 | 22.7 | 100.0 | 6.7 | 14.9 | 100.0 | 12.5 | 16.5 |
| Journey to FPF is difficult to make | 43.2 | 15.9 | 20.0 | 40.8 | 35.7 | | 50.0 | 10.8 | 40.0 | 20.5 | 100.0 | 16.7 | 17.0 | 100.0 | 15.0 | 24.6 |
| Needs support to be able to reach FPF | 50.0 | 23.2 | | 59.2 | 42.9 | | 100.0 | 35.1 | 45.0 | 68.2 | 100.0 | 33.3 | 29.8 | 50.0 | 10.0 | 37.5 |
| **Service quality** | **42.0** | **21.2** | **41.5** | **32.9** | **25.0** | | **50.0** | **42.3** | **34.4** | **47.2** | **43.8** | **18.5** | **25.9** | **36.1** | **19.8** | **30.4** |
| FPP is not welltrained and knowledgeable | 25.0 | 20.3 | 20.0 | 29.6 | 21.4 | | 50.0 | 43.2 | 60.0 | 47.7 | | 13.3 | 17.0 | 50.0 | 18.8 | 27.4 |
| FPP is not friendly and supportive | 36.4 | 13.0 | 20.0 | 23.9 | 21.4 | | 50.0 | 40.5 | 50.0 | 45.5 | | 20.0 | 19.1 | 50.0 | 21.3 | 26.8 |
| Does not have confidence in FPP's advice and recommendations | 36.4 | 15.9 | 20.0 | 19.7 | 21.4 | | 50.0 | 27.0 | 50.0 | 43.2 | | 13.3 | 17.0 | 50.0 | 17.5 | 24.0 |
| Not offered the possibility to provide feedback/opinion on the FPS received | 79.5 | 18.8 | 40.0 | 43.7 | 35.7 | | 50.0 | 54.1 | 45.0 | 40.9 | | 26.7 | 38.3 | 50.0 | 15.0 | 37.0 |
| Prefers to receive FPS at the HIVAIDS centre than in a general health care setting because of better services | | 100.0 | | | | | | 100.0 | | | | | 44.4 | | | 42.1 |
| Has not been advised by FPP about safe conception | | | 66.7 | | | | 100.0 | | | | | | 11.1 | 100.0 | | 31.6 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FPF not fully accessible for people with impairments | 81.8 | 34.8 | 60.0 | 60.6 | 28.6 | 50.0 | 54.1 | 45.0 | 54.5 | 100.0 | 40.0 | 51.1 | 50.0 | 22.5 | 47.3 |
| Felt staff did not have adequate knowledge about FP for women with disabilities | 90.9 | 33.3 | 80.0 | 56.3 | 64.3 | 100.0 | 62.2 | 50.0 | 72.7 | 100.0 | 26.7 | 42.6 | 50.0 | 26.3 | 50.1 |
| Faced prejudice or inappropriate attitudes by staff | 72.7 | 5.8 | 20.0 | 33.8 | 28.6 | 50.0 | 51.4 | 45.0 | 61.4 | | 16.7 | 10.6 | | 18.8 | 31.3 |
| Facility not able to accommodate her disability specific needs | 27.3 | 18.8 | 80.0 | 31.0 | 28.6 | | 37.8 | 20.0 | 56.8 | | 16.7 | 27.7 | | 21.3 | 28.5 |
| FPP did not offer enough information for her to understand what to expect, privacy and confidentiality | 20.5 | 15.9 | 60.0 | 42.3 | 28.6 | 50.0 | 37.8 | 30.0 | 40.9 | 100.0 | 16.7 | 25.5 | 50.0 | 20.0 | 28.1 |
| FPP did not offer necessary information for her to make a voluntary, informed decision | 15.9 | 14.5 | 60.0 | 39.4 | 14.3 | 50.0 | 45.9 | 30.0 | 40.9 | 100.0 | 10.0 | 27.7 | 50.0 | 18.8 | 26.8 |
| FPP did not explain she has the right to receive services confidentially, without family members present | 13.6 | 21.7 | 60.0 | 36.6 | 28.6 | 50.0 | 43.2 | 25.0 | 43.2 | 100.0 | 16.7 | 19.1 | 50.0 | 21.3 | 27.4 |
| FPP did not explain that all information provided will be held strictly confidential, including to family members | 25.0 | 17.4 | 60.0 | 36.6 | 21.4 | | 37.8 | 25.0 | 36.4 | 100.0 | 20.0 | 19.1 | | 22.5 | 26.6 |
| FPP asked personal questions when other persons were present | 38.6 | 7.2 | | 18.3 | 21.4 | 100.0 | 35.1 | 20.0 | 34.1 | | 20.0 | 19.1 | 50.0 | 3.8 | 19.5 |
| Did not feel she can make FP decisions voluntary | 29.5 | 8.7 | 20.0 | 7.0 | | 50.0 | 21.6 | 5.0 | 54.5 | | 10.0 | 19.1 | | 15.0 | 17.8 |
| FPP did not ask explicit consent before conducting physical examination | 6.8 | 8.7 | 40.0 | 9.9 | 7.1 | 50.0 | 27.0 | | 27.3 | | 3.3 | 19.1 | | 20.0 | 14.6 |
| She does not feel she experiences FPS as any other women | 72.7 | 26.1 | 40.0 | 38.0 | 28.6 | 50.0 | 43.2 | 50.0 | 54.5 | 100.0 | 26.7 | 38.3 | 50.0 | 33.8 | 40.5 |
| **Administrative accommodation** | **5.3** | **9.7** | **13.3** | **27.7** | **14.3** | **33.3** | **6.3** | **21.7** | **15.9** | | **18.9** | **17.7** | | **25.4** | **17.1** |
| FPF does not have opening hours convenient for her | | 1.4 | 40.0 | 15.5 | | 50.0 | 5.4 | 20.0 | 2.3 | | 10.0 | 12.8 | | 6.3 | 7.7 |
| Eligibility criteria prevented her from using FPS | 9.1 | 23.2 | | 66.2 | 28.6 | 50.0 | 10.8 | 45.0 | 43.2 | | 43.3 | 36.2 | | 68.8 | 40.5 |
| FPF required the approval of partner to provide her contraceptive | 6.8 | 4.3 | | 1.4 | 14.3 | | 2.7 | | 2.3 | | 3.3 | 4.3 | | 1.3 | 3.2 |
| **Affordability** | **20.5** | **44.9** | **40.0** | **35.2** | **57.1** | **50.0** | **45.9** | **15.0** | **61.4** | **100.0** | **26.7** | **34.0** | **100.0** | **17.5** | **35.3** |
| Cannot afford the costs of FPS and commodities | 20.5 | 44.9 | 40.0 | 35.2 | 57.1 | 50.0 | 45.9 | 15.0 | 61.4 | 100.0 | 26.7 | 34.0 | 100.0 | 17.5 | 35.3 |
| **Effects of COVID19 on accessing FPS** | **26.8** | **5.5** | **2.0** | **19.4** | **19.5** | **62.5** | **14.0** | **12.2** | **13.6** | **37.5** | **14.2** | **17.5** | **46.3** | **20.9** | **15.6** |
| Changed her mind about having a child because of COVID19 | 11.8 | 16.1 | | 12.7 | | | 14.3 | 5.0 | 5.4 | 100.0 | 13.8 | 9.8 | 100.0 | 15.4 | 12.0 |
| COVID19 measures stopped or hindered her from seeking or obtaining contraception in the last three months | 33.3 | | | 13.3 | | | 14.3 | | | | | 5.0 | 12.5 | 63.6 | 14.2 |
| Prejudice towards family planning is higher now than before COVID | | 5.6 | | 50.0 | 16.7 | | 8.3 | | 10.3 | | 11.1 | 7.1 | | 38.5 | 14.0 |
| It been more difficult for you to travel to the nearest FPF now, compared to the period before the COVID measures were introduced | 27.3 | | | 19.7 | 42.9 | 100.0 | 18.9 | 25.0 | 18.2 | 100.0 | 13.3 | 23.4 | 100.0 | 11.3 | 17.3 |
| It been more difficult for you to afford the costs of the FPS supplies now, compared to the period before the COVID measures were introduced | 25.0 | 10.1 | | 23.9 | 35.7 | 50.0 | 10.8 | 15.0 | 6.8 | | 20.0 | 34.0 | 100.0 | 13.8 | 18.4 |
| COVID affected her ability to use informal support to reach FPF | 56.8 | 1.4 | | 26.8 | 21.4 | 100.0 | 16.2 | 15.0 | 34.1 | 100.0 | 20.0 | 10.6 | 50.0 | 11.3 | 20.6 |
| Not satisfied with the overall quality of the service received since the COVID measures were introduced | 18.2 | 5.8 | | 4.2 | 14.3 | 100.0 | 16.2 | 15.0 | 25.0 | | 3.3 | 17.0 | | 22.5 | 14.1 |
| Worse quality of FPS now, compared to the period before the COVID measures were introduced | 9.1 | 1.4 | | 16.9 | 14.3 | 50.0 | 10.8 | 5.0 | 15.9 | | 6.7 | 10.6 | | 16.3 | 11.1 |
| Opening hours of the FPF changed after the COVID measures were introduced | 77.3 | 1.4 | 20.0 | 11.3 | 7.1 | 50.0 | 8.1 | 20.0 | 6.8 | | 26.7 | 14.9 | | 1.3 | 15.4 |

*All numbers in the table are valid

# Annex 9. Family planning access for women survivors of intimate partner violence, by country

| Element of family planning access* | Albania | Armenia | Belarus | Bosnia and Herzegovina | Georgia | Kazakhstan | Kyrgyzstan | Moldova | North Macedonia | Serbia | Tajikistan | Türkiye | Ukraine | Uzbekistan | Kosovo | Region |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Cognitive accessibility** | **30.0** | **25.0** | **52.8** | | **33.3** | **32.1** | **50.0** | **31.3** | | **40.0** | | **40.0** | **30.9** | **75.0** | **56.7** | **35.6** |
| Does not know she has the right to decide whether or not to have children | 10.0 | | 11.1 | | | | 33.3 | 25.0 | | 16.7 | | | | 50.0 | 41.7 | 16.7 |
| Not able to make own decisions about whether or not to have children and when | 30.0 | | 44.4 | | 33.3 | 14.3 | 66.7 | 25.0 | | 66.7 | | | 9.1 | 50.0 | 91.7 | 43.8 |
| Does not know the places where she can receive FP information, services, and commodities | 40.0 | | 55.6 | | 16.7 | 14.3 | | | | 50.0 | | | 18.2 | 100.0 | 100.0 | 45.8 |
| Did not receive information based on their disability specific needs | | | | | | | | | | | | 100.0 | 100.0 | | | 11.1 |
| Has not been given adequate advice and information to make family planning decisions | 40.0 | 100.0 | 100.0 | | 83.3 | 100.0 | 100.0 | 75.0 | | 66.7 | | 100.0 | 27.3 | 100.0 | 50.0 | 60.4 |
| **Psychosocial accessibility** | **60.0** | | **44.4** | | **66.7** | **28.6** | **100.0** | | | **52.8** | | **66.7** | **37.9** | **100.0** | **40.7** | **37.3** |
| Personal FP decisions were influenced by prejudice in her community or family | 60.0 | | 44.4 | | 66.7 | 28.6 | 100.0 | | | 16.7 | | 100.0 | 27.3 | 100.0 | 37.5 | 40.6 |
| Has concerns about the attitude of the staff in FP facilities towards people with disabilities | | | | | | | | | | | | | 100.0 | | 13.3 | 16.7 |
| Family or carers prevented her to seek FPS | | | | | | | | | | | | 100.0 | 100.0 | | 66.7 | 33.3 |
| Cannot discuss FPS with family or care givers | | | | | | | | | | 100.0 | | 100.0 | | | 93.3 | 88.9 |
| Has been pressured or forced to use a particular method of FP | | | | | | | | | | 100.0 | | | | | 13.3 | 16.7 |
| Has been pressured or forced to have an abortion | | | | | | | | | | 100.0 | | 100.0 | | | 20.0 | 27.0 |
| **Geographic accessibility** | **25.0** | **50.0** | **11.1** | | **58.3** | **42.9** | **83.3** | **37.5** | | **54.2** | | | **14.8** | **100.0** | **16.7** | **24.0** |
| Has to do a long travel to nearest FPF | 20.0 | 100.0 | | | 33.3 | 28.6 | 66.7 | 25.0 | | | | | 36.4 | 100.0 | 8.3 | 22.9 |
| Cannot afford the costs of travel to nearest FPF | 30.0 | | 22.2 | | 83.3 | 57.1 | 100.0 | 50.0 | | 16.7 | | | 22.7 | 100.0 | 25.0 | 34.4 |
| Journey to FPF is difficult to make | | | | | | | | | | 100.0 | | | | | 20.0 | 22.2 |
| Needs support to be able to reach FPF | | | | | | | | | | 100.0 | | | | | 13.3 | 16.7 |
| **Service quality** | **41.7** | **7.1** | **51.4** | | **66.7** | **63.6** | **26.2** | **37.5** | | **54.2** | | **46.9** | **25.9** | **89.3** | **28.2** | **41.2** |
| FPP is not well-trained and knowledgeable | 20.0 | | 44.4 | | 83.3 | 42.9 | | 75.0 | | 50.0 | | | 45.5 | 100.0 | 29.2 | 40.6 |
| FPP is not friendly and supportive | 20.0 | | 44.4 | | 83.3 | 57.1 | | 75.0 | | 50.0 | | 50.0 | 50.0 | 100.0 | 29.2 | 43.8 |
| Does not have confidence in FPP's advice and recommendations | 20.0 | | 33.3 | | 66.7 | 57.1 | | 50.0 | | 50.0 | | 50.0 | 50.0 | 50.0 | 20.8 | 37.5 |
| Not offered the possibility to provide feedback/opinion on the FPS received | 60.0 | | 66.7 | | 100.0 | 85.7 | 66.7 | 50.0 | | 50.0 | | 50.0 | 40.9 | 100.0 | 20.8 | 50.0 |
| Prefers to receive FPS at the HIVAIDS center than in a general health care setting because of better services | | 100.0 | 28.6 | | | 66.7 | | 50.0 | | | | | 66.7 | 100.0 | | 46.9 |
| Has not been advice by FPP about safe conception | | | 57.1 | | 100.0 | 66.7 | | | | | | | 44.4 | 100.0 | | 50.0 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FPF not fully accessible for people with impairments | | | | | | | | | | | 100.0 | | | 46.7 | 44.4 | |
| Felt staff did not have adequate knowledge about FP for women with disabilities | | | | | | | | | 100.0 | | 100.0 | | | 60.0 | 61.1 | |
| Faced prejudice or inappropriate attitudes by staff | | | | | | | | | 100.0 | | | | | 33.3 | 33.3 | |
| Facility not able to accommodate her disability specific needs | | | | | | | | | 100.0 | | | | | 40.0 | 38.9 | |
| FPP did not offer enough information for her to understand what to expect, privacy and confidentiality | 60.0 | | 66.7 | 66.7 | 85.7 | | 25.0 | | 66.7 | | 100.0 | 36.4 | 100.0 | 29.2 | 47.9 | |
| FPP did not offer necessary information for her to make a voluntary, informed decision | 40.0 | | 66.7 | 66.7 | 85.7 | | 25.0 | | 50.0 | | 50.0 | 18.2 | 100.0 | 16.7 | 36.5 | |
| FPP did not explain she has the right to receive services confidentially, without family members present | 40.0 | | 55.6 | 66.7 | 85.7 | | 25.0 | | 50.0 | | 100.0 | 22.7 | 100.0 | 16.7 | 37.5 | |
| FPP did not explain that all information provided will be held strictly confidential, including to family members | 80.0 | | 55.6 | 50.0 | 71.4 | | 25.0 | | 66.7 | | | 18.2 | 50.0 | 16.7 | 36.5 | |
| FPP asked personal questions when other persons were present | 30.0 | | 11.1 | 50.0 | 57.1 | 66.7 | | | 16.7 | | 50.0 | 9.1 | 50.0 | 8.3 | 20.8 | |
| Did not feel she can make FP decisions voluntary | 50.0 | | 55.6 | 50.0 | 14.3 | 100.0 | 25.0 | | 66.7 | | | 27.3 | 100.0 | 20.8 | 36.5 | |
| FPP did not ask explicit consent before conducting physical examination | 40.0 | | 55.6 | 50.0 | 71.4 | 100.0 | 25.0 | | 33.3 | | | 9.1 | 100.0 | 20.8 | 33.3 | |
| She does not feel she experiences FPS as any other women | 40.0 | | 77.8 | 100.0 | 42.9 | 33.3 | 75.0 | | 16.7 | | 100.0 | 27.3 | 100.0 | 41.7 | 46.9 | |
| **Administrative accommodation** | **10.0** | | **16.7** | **16.7** | **21.4** | | **12.5** | | **33.3** | | **50.0** | **6.1** | **50.0** | **32.2** | **33.6** | |
| FPF does not have opening hours convenient for her | 10.0 | | 33.3 | 16.7 | 28.6 | | 25.0 | | | | 50.0 | 13.6 | 50.0 | 16.7 | 17.7 | |
| Eligibility criteria prevented her from using FPS | | | | | | | | | 100.0 | | 100.0 | | | 80.0 | 77.8 | |
| FPF required the approval of partner to provide her contraceptive | 10.0 | | | 16.7 | 14.3 | | | | | | | 4.5 | 50.0 | | 5.2 | |
| **Affordability** | **30.0** | **100.0** | **66.7** | **100.0** | **85.7** | **100.0** | **100.0** | | **50.0** | | **100.0** | **59.1** | **100.0** | **25.0** | **57.3** | |
| Cannot afford the costs of FPS and commodities | 30.0 | 100.0 | 66.7 | 100.0 | 85.7 | 100.0 | 100.0 | | 50.0 | | 100.0 | 59.1 | 100.0 | 25.0 | 57.3 | |
| **Effects of COVID-19 on accessing FPS** | **25.9** | | **14.8** | **26.9** | **38.1** | **54.2** | **15.6** | | **32.5** | | **25.0** | **16.1** | **33.3** | **22.1** | **22.8** | |
| Changed her mind about having a child because of COVID-19 | 33.3 | | | 83.3 | 42.9 | 66.7 | 25.0 | | 25.0 | | 50.0 | 35.3 | | 12.5 | 33.3 | |
| COVID-19 measures stopped or hindered her from seeking or obtaining contraception in the last three months | | | | 33.3 | 50.0 | | | | | | | 16.7 | 100.0 | 50.0 | 20.5 | |
| Prejudice towards family planning is higher now than before COVID | | | | 25.0 | 50.0 | | | | 100.0 | | | | | 22.2 | 12.8 | |
| It been more difficult for you to travel to the nearest FPF now, compared to the period before the COVID measures were introduced | 40.0 | | | | 28.6 | 66.7 | | | | | | 13.6 | 50.0 | 12.5 | 15.6 | |
| It been more difficult for you to afford the costs of the FPS supplies now, compared to the period before the COVID measures were introduced | 30.0 | | 11.1 | 33.3 | 42.9 | 100.0 | 25.0 | | 50.0 | | 50.0 | 36.4 | 100.0 | 16.7 | 32.3 | |
| COVID affected her ability to use informal support to reach FPF | | | | | | | | | | | | | | 20.0 | 16.7 | |
| Not satisfied with the overall quality of the service received since the COVID measures were introduced | 40.0 | | 11.1 | 16.7 | 28.6 | 33.3 | | | 33.3 | | | 4.5 | | 37.5 | 21.9 | |
| Worse quality of FPS now, compared to the period before the COVID measures were introduced | 20.0 | | 33.3 | | 42.9 | 33.3 | 25.0 | | 33.3 | | | 9.1 | | 33.3 | 22.9 | |
| Opening hours of the FPF changed after the COVID measures were introduced | 50.0 | | 66.7 | 16.7 | 28.6 | 33.3 | | | 16.7 | | 50.0 | 18.2 | | | 21.9 | |

*All numbers in the table are valid %


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