



Since 2012, the “Family Planning 2020” partnership has supported the right of women and girls to decide for themselves whether they want to have children, when and how many. Together with our partners around the world, we have created the global spark to focus on lessons learned and proven solutions, expanding and deepening our network of partners to scale up the local action and solutions. Through dedicated efforts by governments, policymakers, program implementers, service providers, donors and family planning stakeholders, countries are better aligned with the needs of ever-growing number of women and girls. Our global community has developed the overall vision from 2020 to 2030 that builds on the progress gained to date and enables us to achieve the future that women and girls around the world aspire to.

However, as we strive to share more information on the new partnership and decision making on new commitments beyond 2020 in the coming months, we are aware that governments are mobilizing to ensure the health of their citizens and respond to the global pandemic COVID-19. We also understand that these efforts are likely to have impact on submission of the Questionnaire on renewal of commitments for 2020. FP2020 offers deadline for submission of the Questionnaire until **July 31, 2020**. This is fairly flexible term given the current crisis. FP2020 is committed to working with all 47 participating countries to ensure that family planning programs remain functional and accessible to all women and girls who need them. We've created the platform with key information from global family planning experts during COVID-19.

The questionnaire process is planned for the annual national meeting on family planning for data harmonization. It allows data, which is discussed and verified during this process, to be used in this Questionnaire. We know these meetings are taking place online this year, and FP2020 will coordinate with Track20 to ensure that this process is flexible and responsive.

Questionnaire responses support the greater information and knowledge sharing, transparency and accountability among the growing number of FP2020 participants and the broader family planning community. As in previous years, we will share the answers on the dedicated FP2020 web page for your country - www.familyplanning2020.org/kyrgyz-republic, - so that national and global stakeholders can follow the progress of the Kyrgyz Republic towards its ambitious goals, stated on behalf of women, girls, families and communities in your country.

The FP2020 commitments can be achieved through coordinated cross-sectoral partnerships at different levels. We request you to work with the focal point team in your country, including youth and civil society focal points, as well as family planning stakeholders in the country, to jointly review the progress made and the challenges encountered.

After completing the Questionnaire, send it to msmith@familyplanning2020.org и jhatcher@familyplanning2020.org.

If you have any questions or concerns, please contact Eva Ros at eros@familyplanning2020.org. FP2020 can also help you by teleconference, if needed.

Thank you for your time and effort to fill out this Questionnaire and provide useful information for broader collaboration.



The questionnaire includes 1) the commitment of the Kyrgyz Republic and 2) six standard questions for all 47 countries that have committed themselves to the FP2020

When providing renewals on each item of commitment, please note:

- Major achievements, progress made and key challenges or obstacles your country faced during the reporting period from July 2019 to June 2020.
- Please, include information on upcoming key milestones related to the implementation of the commitments.
- Finally, reflect on progress on each commitment using the self-assessment.

SECTION I: QUESTIONS ON RENEWAL OF COMMITMENTS

OVERVIEW OF THE COMMITMENTS

Recognizing the importance of meeting the needs of the population in the area of family planning in the Kyrgyz Republic, the MoH KR (MoH) commits to accelerate the progress in ensuring the rights of people to access family planning services, including contraceptives, by 2020 through:

1. Strengthening the political will in implementation of the family planning program to achieve the commitments adopted by the Kyrgyz Republic on the Sustainable Development Goals;
2. Willingness to fund the family planning in order to ensure the reliable supply and reasonable use of modern contraceptives for vulnerable groups of women of reproductive age;
3. Provision of quality medical services for family planning through the implementation of WHO recommendations and raising awareness of the population on family planning.

FINANCIAL COMMITMENTS:

1.1. Increase the government funding to purchase contraceptives approved by the MoH KR in 2019, by at least KGS 1 mln. Som (national currency KGS) compared to 2018, for women from groups of high medical and social risks of maternal mortality.

1.2. Develop the 5-year plan to gradually increase of the government funding to meet the needs of 50% of women in high health and social risk groups of maternal mortality by 2023.

a. Please, provide below the update on the achievements for the reporting period, July 2019 to June 2020, in support of the commitments elements, including key upcoming milestones related to the implementation of the commitments:

1.1. In 2020, the separate line for procurement of contraceptives was introduced for the mid-term budget spending to track the performance indicator in the framework of maternal and child healthcare.

According to the commitments adopted, KGS 1 million more were allocated from the state budget to purchase contraceptives in 2020, compared to 2019, which was KGS 5.2 million.

To date, based on the bidding process, the combined oral contraceptives (25956 conv.) are purchased through centralized procurement for the amount of KGS 5.1 million and, by order of the MoH of the Kyrgyz Republic, the plan for their distribution across the regions of the country is developed, taking into account the needs of women of reproductive age from health -social risk group in Cs. Delivery of the Cs will be carried out until early October 2020 upon logistical support of the UNFPA.

1.2. A program for five-year plan on gradually increase of the public funding to meet the needs of 50% of women from high medical and social risk groups has been developed until 2023. This document reflects the list of contraceptives to be procured out of public funds, defines the categories of women of reproductive age from the medical and social risk group, in order to provide them with Cs acquired from the state budget, forecasting the need for contraceptives of women from the medical and social risk group for the next 5 years, mechanism for monitoring and evaluation of the effectiveness of using contraceptives the purchased at the expense of public funds.

This year, the number of women of reproductive age has almost doubled compared to the estimated number in the 5-year plan¹. Therefore, the group of experts on development of **costed implementation plan** is currently doing additional calculations for the forecast of needs in contraceptives, using the methodology of the 5-year plan.

b) Please, mark below with X, how do you rate the progress towards the meeting the elements of the commitments:

Achieved (X) In progress () Delayed ()

c) If you marked “In Progress” or “Delayed”, what are the key challenges or barriers you face in achieving these elements of commitment?

2. POLITICAL COMMITMENTS:

2.1 Develop program on women, newborns, children and adolescents healthcare for 2019-2030 with the action plan and budget, including the package of indicators.

2.2 Eliminate barriers to registration of modern contraceptives in the Kyrgyz Republic and promote the increase of number and variety of contraceptives available in the market of the Kyrgyz Republic.

2.3. Include the injectable, barrier contraceptives and contraceptives used for emergency contraception into the Supplementary Package on preferential drug provision under the State Guarantee Program of the Kyrgyz Republic,

a) Please, provide below the update on the achievements for the reporting period, July 2019 to June 2020, in support of the commitments elements, including key upcoming milestones related to the implementation of the commitments:

2.1. The "Sectoral Program on protection of the healthcare of women, newborns, children and adolescents for 2020 - 2030" including the package of indicators was drafted by the MoH KR at the end

¹ In the 5-year plan, the number of women in the medical and social risk group was estimated. Currently, the first data on the number of women in this category have been obtained from the statistical reports of the healthcare facilities.

of 2019, but the approval of this program was delayed due to the change in leadership of the MoH of the Kyrgyz Republic and the COVID epidemic.

2.2. In May 2019, as part of the work of the Population Committee for the Kyrgyz Parliament, the new monitoring tool was tested for implementation of the Law on Reproductive Rights. The main purpose of this tool was to stimulate and hold accountable the relevant competent authorities, as well as to identify areas that require attention in order to fulfill the obligations of the state in relation to reproductive rights, including family planning. Based on the monitoring results, the Office of the Parliament has prepared the Descriptive Report with specific recommendations for relevant stakeholders, which was approved by the Parliamentary Committee on Social Affairs, dated December 23, 2019 (Resolution). The Resolution included the recommendation on need to improve the capacity of the Jogorku Kenesh (Parliament) on formation of program principle of the budget, formation and implementation of the medium-term budget spending strategies, as well as use of the monitoring tool for the implementation of the Law of the Kyrgyz Republic "On reproductive rights of citizens and guarantees of their implementation", within the framework of functions of the parliamentary control. One of the recommendations of the Parliament in this Resolution was to amend the Law of the Kyrgyz Republic "On Public Procurement" on possibility of purchasing contraceptives, in the international market and through international organizations, as well as to consider the possibility of selling condoms not only through pharmacies, but also through the general retail network, by amendments to the Law of the Kyrgyz Republic "On circulation of medical devices"².

Medicines are imported, produced, sold and used on the territory of the Kyrgyz Republic, if they passed the state registration procedure, except for cases provided for by law.

In 2017, the new Law "On Circulation of Medicines" was adopted, which improves the conditions for availability of high-quality medicines in the country's market and provides for the possibility of accelerated registration of medicines from countries with strong regulatory authorities, including medicines for treatment of socially significant diseases in the List of Medicines approved to use in the country without registration.

The term for registration of medicines in Kyrgyzstan reaches 180 days. In accordance with the new Law on "Circulation of Medicines", medicines on the WHO Prequalified Medicines List and medicines registered by regulatory agencies such as the US Food and Drug Administration (FDA), European Agency Medical Products (EMA) (under centralized procedure), Japan's Medicines and Health Products Agency (PMDA), Swiss Therapeutic Products Agency (Swissmedic) and UK Medicines and Health Products Regulatory Agency (MHRA), are under the fast track registration.³ From March 01, 2019, the above drugs can be registered for 45 days.

The new law "On Circulation of Medicines" provides for the possibility of forming the list of socially significant diseases, in respect of which medicines could be admitted to the market in the simplified manner, without registration, and at this stage, active work is required to include the contraceptives in the list, as preventing consequences STDs and maternal mortality.

Currently, active advocacy work is underway to amend the Law "On Public Procurement", where the main emphasis is on creating opportunities for public procurement of drugs through international organizations (specifically through the UN) in order to ensure the effective cost of drugs, their availability, unattractive for large pharmaceutical companies due to small market, as well as decrease the corruption risks in procurement. The Draft Law amending the law "On public procurement" was registered in the country's Parliament at the end of 2018, and the active discussions took place until April 2020. As expected, this Draft Law is being strongly opposed by representatives of local pharmaceutical

² Law of the Kyrgyz Republic "On Circulation of Medical Devices", Article 20, parts 2 and 4.

³ The procedure for the accelerated procedure of registration of medicines is regulated by Chapter 5 of the "Procedure for state registration of medicines".

companies and decision-makers. Due to the election of the new Parliament, this activity was temporarily suspended.

To date, the following types and names of contraceptives are registered in the Kyrgyz Republic⁴:

Hormonal contraceptives:

15 names of oral contraceptives;

2 names for postcoital contraception (Postinor and Escapel);

1 injection (Depo-Provera 150mg);

Intrauterine contraceptives:

IUD(YUNONA, T-Cu);

Barrier contraceptives:

2 brands of non-hormonal products for intravaginal use, in 7 drug dosage forms;

11 companies producing condoms of 14 brands.

The National List of Essential Medicines and Medical Devices⁵ includes:

- 3 oral contraceptives (Levonorgestrel 30 mcg + ethinyl estradiol 150 mcg, Norethisterone 35 mcg + ethinyl estradiol 1 mg, levonorgestrel 150 mcg);
- 2 injectable hormonal contraceptives (Medroxyprogesterone acetate 150 mg/ml, norethisterone enanthate 200 mg / ml);
- progestogens (Medroxyprogesterone acetate 5g);
- intrauterine device (intrauterine system with reservoir containing 52 mg of levonorgestrel and copper containing devices);
- progesterone-releasing (vaginal ring containing 2.074 g of micronized progesterone);
- Implants (single-rod etonogestrel-releasing implant containing 68 mg of etonogestrel and double-rod levonorgestrel-releasing implant, each rod containing 75 mg of levonorgestrel (150 mg total)).

The number of advocacy activities was carried out to expand the contraceptive market. The registration process for the Levoplant double-rod implant (Levonorgestrel 75 mg / rod) is currently underway.

2.3. Injectable contraceptives (DMPA 150 mg) have been included into the Additional Drug Package of the Mandatory Health Insurance Fund under the Government KR, since 2018.

Since February 2020, Emergency contraceptive drugs (Levonorgestrel 0.75mg and 1.5mg) are included in the List of Medicines and Medical Devices, allowed for provision of emergency medical, palliative care and correction of adverse events of anti-TB drugs in the healthcare facilities of the Kyrgyz Republic providing primary health care within the framework of State Guarantee Programs of the Kyrgyz Republic⁶.

Emergency contraception can be prescribed in the following emergency situations: unprotected sexual contact, rupture of the intimate partner's condom (slipping or improper use), doubts about the effectiveness of contraceptives used, improper use of contraceptives (cases when no contraceptives were used or there was missed reception of combined oral birth control pills three or more times in a row) and sexual abuse (if no contraceptive was used).

Currently, there is a need for advocacy on decentralized procurement of emergency contraception in PMSHC of the healthcare facilities.

b) Please mark X below, how do you rate the progress towards meeting the elements of the commitments:

⁴ <http://reglek.kg/#/registry> ; <http://212.112.103.101/reestr>

⁵ The list of vital medicines and medical devices was approved by Government Decree No. 274 dated June 6, 2018

⁶ Joint Order of the Ministry of Health of the Kyrgyz Republic and the Fund for Mandatory Medical Insurance, February 17, 2020. No. 98

Achieved () In progress (X) Delayed ()

c) If you marked “In Progress” or “Delayed”, what are the key challenges or barriers you face in achieving these elements of commitment?

The limited capacity of the country's pharmaceutical market makes it vulnerable to price fluctuations when supply disruptions occur, leading to drug shortages or overstocks. Abundance of wholesale suppliers leads to the fact that size of trade margins (wholesale or retail) varies widely, from the moment of import into the country to sale to the consumer.

Despite the practice of exemption from value added tax on drugs and medical devices, the issues of affordability of drugs and price regulation by the state remain open.

The possibility of regulating prices for medicines by the state, and primarily those included in the LEM (List of Essential Medicines), is provided for in the law “On Circulation of Medicines”. The solution to this issue is also included into the new National strategy for development of the healthcare system 2019-2030, and in the current period, the drafting of the normative legal acts that will allow such regulation is carried out.

Another significant limitation to expanding the availability of medicines is the legislative framework, which does not provide the possibility of procurement through international organizations that could provide the optimal combination of the cost and quality of medicines.

3. PROGRAM COMMITMENTS:

- 3.1. Increase contraceptive use by women of reproductive age to 30% by the end of 2020.
- 3.2. Improve the quality of family planning services through the implementation of WHO recommendations and clinical protocols for family planning with subsequent monitoring.
- 3.3. Revise the family planning curriculum of the Kyrgyz State Medical Institute for Retraining and Professional Development focused on counseling and practical skills in inserting and removing the intrauterine device. Develop the electronic package of documents on family planning for distance learning.
- 3.4. Raise awareness of the population on family planning through communication activities with the Republican Center for Health Promotion and Village health committees.

a) Please, provide below the update on the achievements for the reporting period, July 2019 to June 2020, in support of the commitments elements, including key upcoming milestones related to the implementation of the commitments:

3.1. Over the past 3 years, according to statistics from the Center for Electronic Health under the MoH KR, the share of women of reproductive age using contraceptives has decreased by almost 25%, and compared to 2015. - by 43% (2015 - 33.0%, 2017 - 25.6%, 2019 - 18.8%).

The decrease in using of Contraceptives is associated both with interruption of supplies of contraceptives by international partners (in 2015, one of the main suppliers of contraceptives, to the country, the UN Population Fund, stopped supplies), which were distributed through the network of PMSH organizations and thanks to which the significant part of socially vulnerable WRA (Women of Reproductive Age) were covered, and lack of budget funds for targeted financing of centralized procurement of modern contraceptives until 2018. Since the end of 2018, centralized procurement of contraceptives from public funds has been carried out three times. Taking into account the limited financial resources, the Cs

purchased from of the state budget are directed only to meet part of the needs of WRA from the medical and social risk group.

In order to track the targeting of FP services to women in this category, the e-Health Center under the MoH KRcare of the Kyrgyz Republic, supported by the UNFPA, has begun the development of the computer database, which, in the future, will allow online tracking of use and coverage by contraceptives of women at risk.

The National Center for Protection of Mothers and Children, together with the Center for E-Health, developed and approved by the MoH KR “Instructions for medical workers on recording, identifying women of reproductive age from a medical and social risk group and reporting on their use of contraception” and “Monitoring tool for to determine the effectiveness of using the contraceptives by categories of persons belonging to the medical and social risk group”, which will help service providers to conduct more complete registration of WRA of the medical and social risk group, ensure more targeted and effective provision of FP services, improve the quality of reporting data, conduct adequate planning the contraceptives, to order, as well as regular monitoring of this process.

Including contraceptives in the Supplementary Compulsory Health Insurance Scheme⁷ was not as effective as expected. Despite the fact, that there is a certain trend towards increase in the number of prescriptions for contraceptives,, reimbursed under the preferential program (from 10 to 12 thousand prescriptions are issued annually), Primary health care-doctors issue prescriptions for the contraceptives, insufficiently, due to the limited choice of contraceptives and fairly high price, even at partial cost, for women from vulnerable groups.

A certain role is played by affordability of drugs on the pharmaceutical market, as mentioned above, and religious and cultural issues have also fairly high level impact on the FP issues.

3.2. The clinical protocols for implants and progestin-only injectable contraceptives (DMPA-PC 104 mg) have been developed and approved by the order of the MoH of the Kyrgyz Republic. In order to familiarize with the CP data and improve the quality of the ongoing clinical examination, the online workshop was held for the experts of the Mandatory Health Insurance Fund under the Government of the Kyrgyz Republic.

3.3. The Kyrgyz State Medical Institute for Retraining and Advanced Training has revised and approved the FP curriculum and package of training materials (manuals for participants, training manual for teachers, presentations), in accordance with national and international standards. According to the approved FP program, activities are planned to conduct the online training (ToT) for teachers of postgraduate education and 9 online trainings for primary health care workers in the 4th quarter of 2020. Distance learning courses on FP are conducted on the regular basis with 40 credit hours at the end of the cycle⁸. 2 cycles of distance learning were carried out covering 25 primary health care workers.

3.4. The Republican Center for Health Promotion under the MoH of the Kyrgyz Republic, joint participation of partners from of Kyrgyz Post graduate training institute ,Kyrgyz Family planning Association , religious public fund “ Mutakalim”, UNFPA, GIZ, carried out the following activities:

- Prepared posters on FP issues and dangerous signs of pregnancy for distribution in WhatsApp groups through the village health committees (coverage - 23,000 people);
- Speakers were organized on the issues related to pregnancy and family planning in the context of COVID-19 in the media (TV-3, radio-3);

⁷ According to the DP OMC, the MHIF covers from 30 to 50% of the cost of Cs

⁸<http://www.ksmi.kg/elearning/enrol/index.php?id=72>

- Conducted mentoring visits and counseling on conducting the open lessons on FP issues among girls-students of madrasah;
- Conducted online training sessions on FP issues for volunteers of village health committees (coverage - 300 people) and for health promotion units specialists (coverage - 69 people).

b) Please, mark by X below, how do you rate progress towards meeting the elements of the commitments:

Achieved () In process (x) Delayed ()

c) If you marked “In Progress” or “Delayed”, what are the key challenges or barriers you face in achieving these elements of commitment?

The decrease in level of Contraceptives use by women of reproductive age in the country is explained by the fact, that Kyrgyzstan is in the transition period from humanitarian supplies of Cs to the procurement at the expense of state budget. But, since the Government fulfills its obligations to annually increase the volume of state funding for the purchase of Contraceptives to provide WRA from the medical and social risk group, and also taking into account the initiatives that are being carried out in the country, it can be argued that decrease in the proportion of women using Cs, is temporary and is expected to improve in the coming years.

The planned on-site clinical training on postnatal and post-abortion IUD insertion / removal, supported by parallel funding, has been postponed to 2021 due to the pandemic and the inability to conduct it remotely.

There is an insufficient capacity of the Kyrgyz State Medical Institute for Retraining and Advanced Training , it takes much more time to transform all areas of traditional teaching of subjects into the new electronic educational process. Telemedicine is still underdeveloped in the country, including on FP issues; mechanism for financing FP telemedicine through the MHIF has not been developed.

Insufficient capacity of service providers to use new electronic technologies and innovative approaches (for example obstetricians-gynecologists and family doctors practicing online webinars and training, have limited experience in using online platforms to ensure quality of patient care). There is also weak Internet connection in certain regions of the republic, etc.

SECTION II: ADDITIONAL QUESTIONS

Please, answer all parts of the following 6 questions for the reporting period- July 2019 to June 2020:

1. Please, tell us about the challenges (if any) and the successes your country is experiencing in maintaining the family planning (FP) as the important service in your country in the view against COVID-19. What are the main barriers and obstacles? Please share your successes.

Challenges

1. Narrow market for contraceptives and limited choice of contraceptives, decrease in the activity and attractiveness of the market by Bayer, the latest forms of contraceptives, namely uterine rings, contraceptive patches, daphragms are not registered in the territory of the Kyrgyz Republic. The active

role of pharmaceutical companies in the active development of the pharmaceutical market of contraceptives. Companies such as Gedeon Richter, Stada invest in the promotion of drugs in the country, investing in training doctors about the new drugs and their use, training front desk workers in pharmacies, registering new forms of drugs.

2. The process of price regulation is carried out by the MoH related to the need to regulate the prices for medicines, to introduce fixing of wholesale prices and to introduce fixed retail mark-up for essential medicines. However, at the moment, prices in remote regions are twice as high. Weak involvement of professional pharmaceutical associations, wholesale pharmaceutical companies, the Ministry of Economy, the Antimonopoly Department, the Customs and Tax Services in this issue and the development of price regulation mechanism.

3. The impossibility of conducting practical simulation offline workshops for insert and removal of IUDs, implants, etc.

4. Weak capacity of using the information technology and telemedicine during COVID-19 when implementing the FP programs and FP counseling. Telemedicine healthcare practitioners have limited ability to use online platforms to ensure quality of care and patient safety. Obstetricians / gynecologists and family physicians providing telemedicine, do not have the knowledge and skills, including payment mechanism to comply with multiple guarantees in provision of quality medical services before providing telemedicine services, due to weak enforcement of government regulations and requirements.

5. Weak **Logistic Management Information System** for public procurement with integration of preferential prescriptions and tracking data in digitalization format and identifying women at high risk of MS for provision of contraceptives, at the expense of the state. Insufficient analysis of the need for contraceptives, inventory management and sale.

Successes

7. Despite the pandemic associated with COVID -19 and the state of emergency in the country, the MoH KR carried out state procurement of contraceptives in accordance with the obligations adopted.

8. Medical personnel are provided with PPE, which are acquired through bidding, as well as through patrons, humanitarian supplies by the International development partners and other countries.

9. Emergency contraceptive drugs (levonorgestrel 0.75mg and 1.5mg) are included in the List of Medicines and Medical Devices, permitted for provision of Emergency medical, palliative care and correction of adverse cases of anti-TB drugs in healthcare facilities of the Kyrgyz Republic providing primary healthcare within the framework of the State Guarantee Program of the Kyrgyz Republic.

10. The Kyrgyz State Medical Institute for Retraining and Advanced Training has revised and approved the training program/module on FP issues. The training of medical workers on RH and FP issues continued in remote format with the issuance of credit hours.

11. Monitoring tool and instructions on primary medical records and statistical reporting were developed and approved by the order of the MoH of the Kyrgyz Republic, as well as issues of planning the stock of contraceptives with calculation of needs, mechanism for determining the WRA of the risk group.

12. The SOP on postnatal patronage was developed and approved by the Order of the MoH of the Kyrgyz Republic.

13. Clinical protocols - Clinical guidelines for family planning with using of implants and subcutaneous injectable forms of progestin contraceptives have been developed and approved by the Order of the MoH KR.

14. SDG indicators in family planning issues included as priority area during consideration and discussion by the Government through voluntary national reviews on SDGs to be monitored by the National Statistical Committee, and also included in the Action plan for 2020 to implement the Program

of the Government of the KR on population health protection and development health care systems for 2019-2030 "Healthy person -prosperous country" <http://zdrav2030.med.kg/>

15. During the pandemic, the MoH KR reoriented planned purchases (Insulin, anti-tuberculosis drugs) for targeted procurement of PPE and other drugs, however, the MoH of the Kyrgyz Republic carried out scheduled purchases for 2020 only contraceptives, while other planned purchases were canceled.

16. Thanks to the advocacy of the Additional Drug Package of the Mandatory Medical Insurance Fund of the Kyrgyz Republic, where 4 contraceptives were introduced for insured citizens, prescriptions and use of family planning methods within the package increased.

17. Increased capacity and understanding of the principle of state budgeting in order to involve supporters in multi-year procurement planning of the contraceptives, participation in advocacy for distribution of budget allocations, taking into account the goals of the state policy; coordination of the process of budgeting at the level of areas, understanding the importance of costs; involvement in transparent consultation process, which is the main tool for allocating strategic resources of the MoH KR.

18. The information work was carried out with religious leaders to understand the importance of FP and the importance of restoring women's health after childbirth, including the celebration of the International Day of Contraception, introduction of information campaigns through other integration issues. In particular, outreach to key populations and outreach to cervical cancer day, the importance of family planning was raised.

2. Has your country integrated representatives from the following marginalized groups into the family planning technical working group, country engagement working group or other decision-making bodies? Mark below all groups involved

- X Adolescents and youth
- X People with disabilities
- Extracurricular youth
- Minority groups
- Remote or displaced populations

The FP Advisory Board includes NGOs working in the following areas: Youth, PWDs, religious communities.

a. How the participation of the above groups has influenced on the progress towards the implementation of the FP2020 country commitments? Also please share successes and / or lessons learned from these activities.

Activities on FP issues were held previously, but there was no advisory board coordinating and regulating FP issues. The working meetings of the advisory board were held, by decision of which it was decided to develop the Costed implementation plan. The work on developing of this document is currently being finalized. Family planning is a part of it.

b. If any of these groups have not worked in your country, what are the challenges in working with these groups? (Give specific examples)

Out-of-school youth

c. Did any of these groups participate in completing this questionnaire or did they participate in it?

Only focal point, representing the interests of youth

3. How is your country integrating family planning into efforts to achieve universal health coverage, and what mechanisms are being used or considered? What specific actions were taken during the reporting period on the following points:

- a. X Decrease in personal expenses for FP services
- b. X Expansion of covered FP services
- c. X Expanding the population covered

Work is underway in all three areas, and one of the striking achievements of 2020 is the consolidation of the legislative framework of MoH KR for the implementation of decentralized procurement of emergency contraception at the PHC level. Specific activities are also included in the CIP action plan.

4. What efforts have been made to improve the resilience and /or preparedness of family planning systems in the country for emergencies? Was this helpful during your country's response to COVID-19?

See para. 1, on page 11.

5. What efforts have been made to meet the FP needs of postpartum or post-abortion women or to improve family planning / maternal and child health integration services?

The SOP on postpartum nursing was developed and approved by the order of the MoH KR, which includes the issues of FP and contraception.

At the end of 2019, the MoH KR conducted clinical workshops on inserting and removal of the IUD after childbirth, after Cs, after abortion, implementing the use of FP methods on real patients

6. Has your country worked to improve quality of care and human rights programs in family planning?

- a. Do family planning programs provide for wide range of contraceptive methods (long-term, permanent or short-term)? Is comprehensive information and advice provided on all available methods, including information on any risks or side effects?

Yes, family planning program in Kyrgyzstan provides for introduction of FP methods such as implants and Voluntary surgical sterilization

Clinical protocols for implants and progestin-only injectable contraceptives (DMPA-PC 104 mg) have been developed and approved by the order of the MoH KR. Number of advocacy activities were carried out to expand the contraceptive market. The registration process for the Levoplant double-rod implant (Levonorgestrel 75 mg / rod) is currently underway. Implants are included in the National List of Essential Medicines and Medical Devices. Implant deliveries to the country are planned to start in 2021. In the near future, it is planned to develop clinical protocol for conducting voluntary surgical sterilization.

During FP counseling, a woman is provided with complete information about all possible Cs, including information about the risks and side effects. When prescribing a Cs, woman signs the informed consent sheet for using of one or another type of contraception, which contains questions regarding counseling (was everything clearly explained about the types of Cs, possible side effects and risks).

- b. To ensure a user-centered approach, are clients able to provide feedback after visiting the clinic using questionnaires, surveys or suggestion boxes?

In 2019, the "Questionnaire on study of patient satisfaction with services provided in maternity hospitals / departments." developed in Russian and Kyrgyz languages and is currently being tested in the The National Center for Protection of Mothers and Children at the tertiary level. This questionnaire covers the issues of satisfaction with material conditions during the stay in the hospital, adherence to personal

space, interaction with the hospital staff (this section of the questionnaire includes counseling issues, including those on FP) and the overall assessment of the hospital. The questionnaire included only those questions that can really help change the situation with the help of the public health organization. The questionnaire is filled out at the request of woman on the day of discharge from the maternity hospital. A special box is provided for collecting questionnaires. The processing of the questionnaires is carried out by an IT specialist, after which the information is sent to the quality committee to analyze the situation.

Also, on an ongoing basis, the Mandatory Health Insurance Fund under the Government KR conducts survey to study the satisfaction with medical services in health care facilities at both inpatient and outpatient levels⁹. During the survey, special attention was paid to studying the opinions of patients about quality of medical services received at the primary and inpatient level, about the observance of their rights when receiving medical services, and issues of informal payments. The outpatient questionnaire also included questions about prescription benefits.

c. How is the collected data used to improve the quality of care after collecting customer feedback?

Based on the results of the questionnaire, the Quality Committee of the National Center for Protection of Mothers and Children analyzes the situation and develops appropriate proposals for the management to eliminate the identified shortcomings. Since this questionnaire was developed for the level of maternity hospitals, the result of its application can be improvement of quality of counseling women on FP issues during their stay in the hospital. It also takes more time to use questionnaires to assess results. The MHIF developed the scorecard for self-assessment of healthcare facilities and external expertise. The scorecard contains the block containing questions regarding the satisfaction of patients with the service received, including the issues of preferential prescriptions for the DP MMI.

In every FMC and in hospitals there is anonymous contact box, so far there have been no complaints, but it is necessary to conduct analysis within the framework of motherhood and childhood.

Please provide information on the government contact, who completed this renewal:

1)

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⁹ "Questionnaire for assessing patient satisfaction in inpatient conditions" and "Questionnaire for assessing patient satisfaction in outpatient conditions" were approved by Order of the Mandatory Medical Insurance Fund under the Government of the Kyrgyz Republic, No. 125 dated 05.15.2017.

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