



YOUTH

VOICES |||| CHOICES

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

Research Report

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

Youth Voices, Youth Choices project partners

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(North Macedonia)

The research methodology, guidance and writing for this report were carried out by Noverna Analytics and Research. Local teams in the five countries were centred around young people trained to conduct the research.

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



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Foreword

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

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

As a basis for this work, we commissioned a study to provide us with a clear picture of the impact of the pandemic on young people's SRHR. This report presents the findings of that study, carried out by and among youth in five Balkan countries. It documents young people's SRH needs and experiences and the perspectives of healthcare providers and other relevant stakeholders on these

needs. It also captures the latter's needs as they deliver services, information and education to young people, building on their experience of Covid-19.

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

We invite the readers of this report to join these expert groups and support our fight for resilient health and education systems in the Balkans that integrate SRH services and education and do not leave young people behind, during and beyond crisis situations. The findings presented here show clearly that family planning, maternal health and SGBV care are essential to a young person's mental and physical well-being.

The finalisation of this report, in February and March 2022, has coincided with another crisis hitting Europe: the humanitarian emergency unfolding in Ukraine, driving millions of refugees to seek safety and protection in surrounding countries. As Europe grapples with its response to the situation, the findings in this report confirm our belief that the provision of quality and accessible sexuality education, information and youth-friendly SRH care must be ensured for all young people on a continuous basis – before, during and after a crisis.

Table of contents (click below to go directly to the page)

Foreword	3
A. Introduction and background	5
B. Research objectives	6
C. Research design and approach	7
D. Primary research methodology and sample parameters	8
E. Analytical approach and research limitations	12
F. Key findings	13
I. Information-seeking and accessibility of information on sexual and reproductive health and rights	13
II. Access to SRH services	34
III. Negative personal impacts and discrimination during the Covid-19 pandemic	52
IV. Mental health	55
V. Sexual and gender-based violence during the Covid-19 pandemic	61
VI. Assessment of the institutional response to Covid-19	66
VII. Positive practices	68
VIII. Practices recommended for the future	77
G. Key considerations	79

A. Introduction & background

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

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

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

This document forms the detailed country report for the research conducted in Albania in the course of 2021.

B. Research and Objectives

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

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

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

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

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

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

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

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

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

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

C. Research design and approach

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

Phase 1

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

Phase 2

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

Phase 3

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

Phase 4

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

D. Primary research methodology and sample parameters

Target audience and definitions

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

- Young people in the age range 14–30 years were covered in Phases 2 and 3, including men/boys and women/girls alike, though women/girls represented a larger proportion of participants. These young people were recruited for participation on the basis of their potential vulnerability. At the initial level, two broad categories were identified, namely:
 - **Young people in vulnerable situations, defined as those who are exposed to conditions of vulnerability in relation to SRH matters due to one or more of the following characteristics:**
 - their geographic location, especially residing in remote areas far from the main urban centres which host most of the large public health care facilities;
 - their ethnicity, especially those people belonging to minority or marginalized ethnic groups;
 - belonging to the lesbian, gay, bisexual and transsexual (LGBT) community, based on their own self-identification;
 - having been pregnant or given birth during the Covid-19 pandemic; and
 - having a lower socio-economic status and residing in urban areas; and
 - **Young people belonging to the general youth population, defined as young people who reside in the main urban areas of the country (in close proximity to the main health centres) and who are not considered vulnerable based on the conditions listed above.**

Adopting these two broad categories of youth participants allowed us to identify differences in patterns across the two groups in the subsequent analysis, thus yielding insights into how (and which) situations of vulnerability are differentiating

factors in determining the impact of the Covid-19 pandemic on access to SRH information, education and services.

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

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

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

Qualitative research among young people and stakeholders: Methodological parameters

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

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

- Was based on a discussion guide peer-reviewed for relevance to the youth audiences prior to starting the fieldwork;
- Included the participation of 6–8 young people; and
- Lasted approximately 2–2.5 hours.

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

- Was moderated by an experienced research moderator with the active assistance and involvement of one or more young people from the local partner team, all of whom were trained

and briefed on the objectives of the study and the correct techniques for carrying out the moderation;

- Was administered in the local language following translation of a discussion guide that was initially designed in English;

- Lasted approximately 1–1.5 hours.

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

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

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

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

In-depth Interviews with stakeholders/ experts Total number of interviews: 7

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

Quantitative youth study among young people: Methodological parameters

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

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

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

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

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

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

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

Total number of questionnaires

340

By type:

General youth population	152
Youth in vulnerable situations:	188
In remote areas	45
Roma youth	37
LGBT youth	55
New mothers (<i>pregnant and/or giving birth during the Covid-19 pandemic</i>)	35
Youth with low socio-economic status in large urban centres	47

By gender:

Total males	115
Total women/girls	223
Undefined	2

By age:

Young people (18–30 years)	287
Teenagers (14–17 years)	53

E. Analytical approach and research limitations

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

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

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

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

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

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

F. Key Findings

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

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

In particular through focus groups discussions, a range of youth target audiences, including both those in vulnerable situations and those in the general population, identified a series of constraints to seeking information on SRHR that pre-date the pandemic. Key constraints that present long-term obstacles to greater youth involvement in SRHR issues include the following:

- A general lack of awareness of SRHR issues, and especially among youth in remote areas, suggests a pre-existing underlying need for awareness-raising activities and interventions. This appears to be sustained by a lack of effort to consult general practitioners due to a lack of trust in their professionalism.

"This is the first time I have heard about SRHR."

- Young person in remote area

- A virtual absence of serious sex education in schools was reported by teenagers, resulting in teenagers being ill-equipped in terms of relevant SRHR information from an early age.

"Every time we had the sexual education hour in our school, it all became like a comedy: nobody took any issue seriously, and even the teacher looked embarrassed when talking about such topics."

- Teenager in Tirana

- Youth from various audiences, and members of the LGBT community in particular, strongly expressed a deep distrust of institutions conveying SRHR-related information.

"Sometimes I really do not understand the roles of the institutions in Albania. I think they are totally useless when it comes to practicality regarding informing the population."

- Young LGBT person

- The Roma community considered SRHR information irrelevant, reflecting their community traditions and culture, implying that efforts are needed to explain to Roma community members the importance of having accurate SRHR information and the potential benefits of using SRHR services.

"I personally do not think that such information is necessary. We usually do not seek information on such things [SRHR issues]; it is not in our mentality to seek information on sexual health."

- Young Roma person

In this respect, Roma females in particular consider information on ways to avoid unwanted pregnancy confusing, and the benefits and risks of using different means (e.g. oral contraceptive pills or injection) unclear.

1.2 General impact of the Covid-19 pandemic on information-seeking and access on SRHR topics

The Covid-19 pandemic is perceived by the various youth audiences as having eclipsed all other health issues and information requirements, including SRHR issues.

This perception is particularly strong among the general youth population, with **51% of them agreeing with the statement that they have been preoccupied with other issues than seeking SRHR information or services**. The proportion of youth in vulnerable situations is somewhat lower, at 35%. Nevertheless, it appears that the majority of youth of all types have not faced any issues in terms of knowing where to look for information on SRHR issues when needed.

Perceptions of SRH information-seeking - General youth population (% mentioning)

During the pandemic, I didn't know where to look for information on sexual health, sexuality or relationships



During the pandemic, I was preoccupied with other more important issues than seeking SRHR information or services



- Youth in vulnerable situations (% mentioning)

During the pandemic, I didn't know where to look for information on sexual health, sexuality or relationships



During the pandemic, I was preoccupied with other more important issues than seeking SRHR information or services



■ Agree ■ Disagree ■ Neither agree nor disagree ■ Don't know

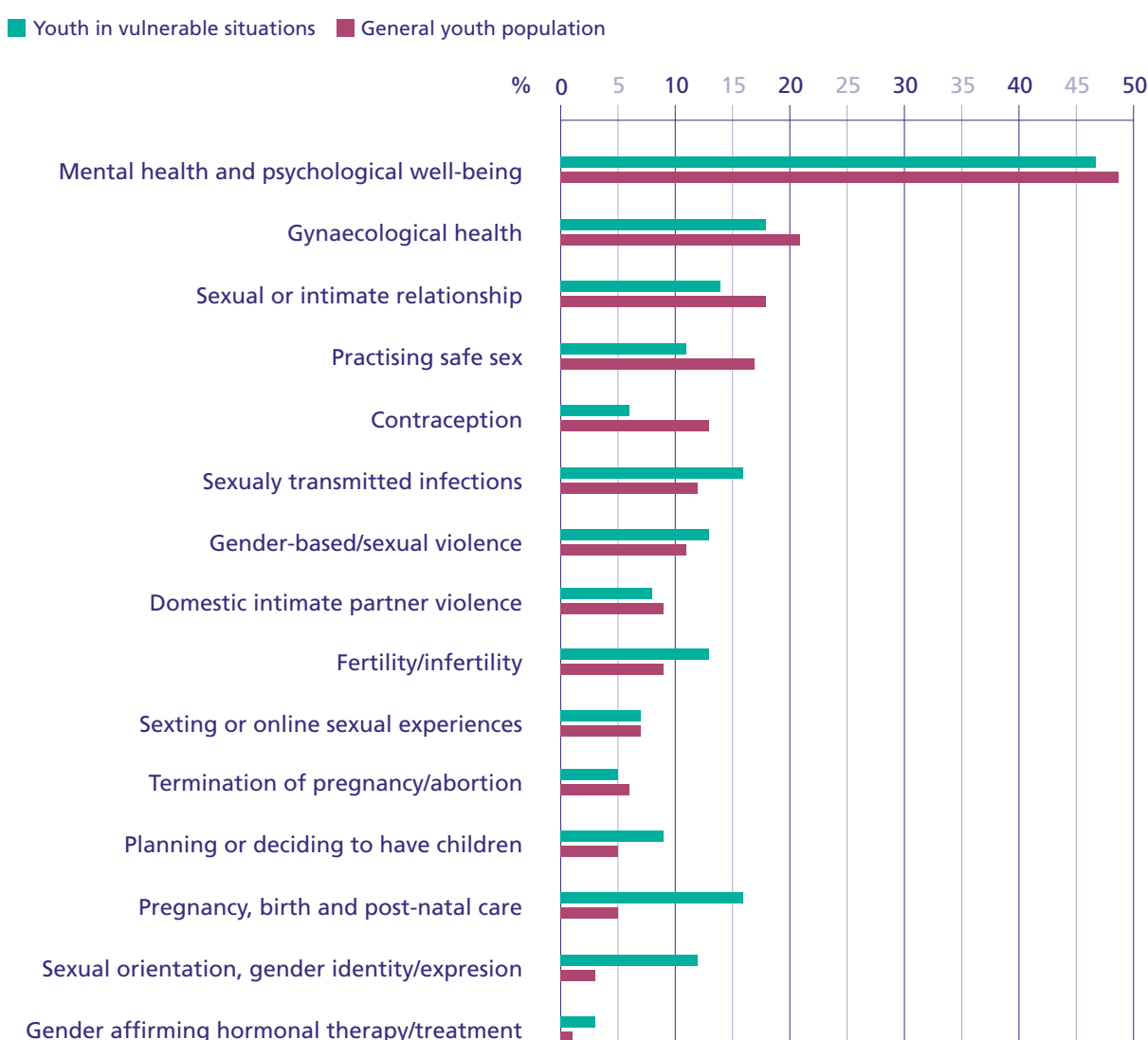
Source: Quantitative youth survey (2021)

1.3 Information-seeking and needs on SRHR issues during the Covid-19 pandemic

Although SRHR and other health issues have been eclipsed in terms of importance by Covid-19, a significant proportion of youth audiences reported efforts to source information related to specific SRHR topics during the pandemic, suggesting a

real underlying need. This is clear among females in particular, with 74% of **females** (compared to just 55% of males) reporting having sought information on at least one SRHR-related topic during the pandemic (Quantitative youth survey 2021). Both the general youth population and those in vulnerable situations have primarily sought information on **mental health and psychological well-being**.

Information-seeking on SRH during the Covid-19 pandemic (% seeking information)

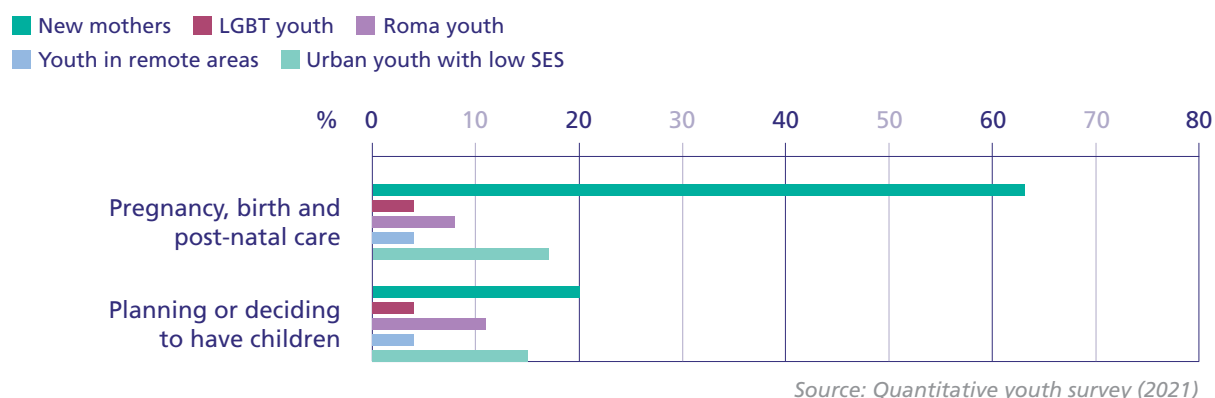


Source: Quantitative youth survey (2021)

Youth in vulnerable situations have been seeking information on a number of topics in particular during the Covid-19 pandemic:

● Comparatively more **urban youth of lower socio-economic status** and **(SES) new mothers** have been seeking **family planning and pregnancy-related information**.

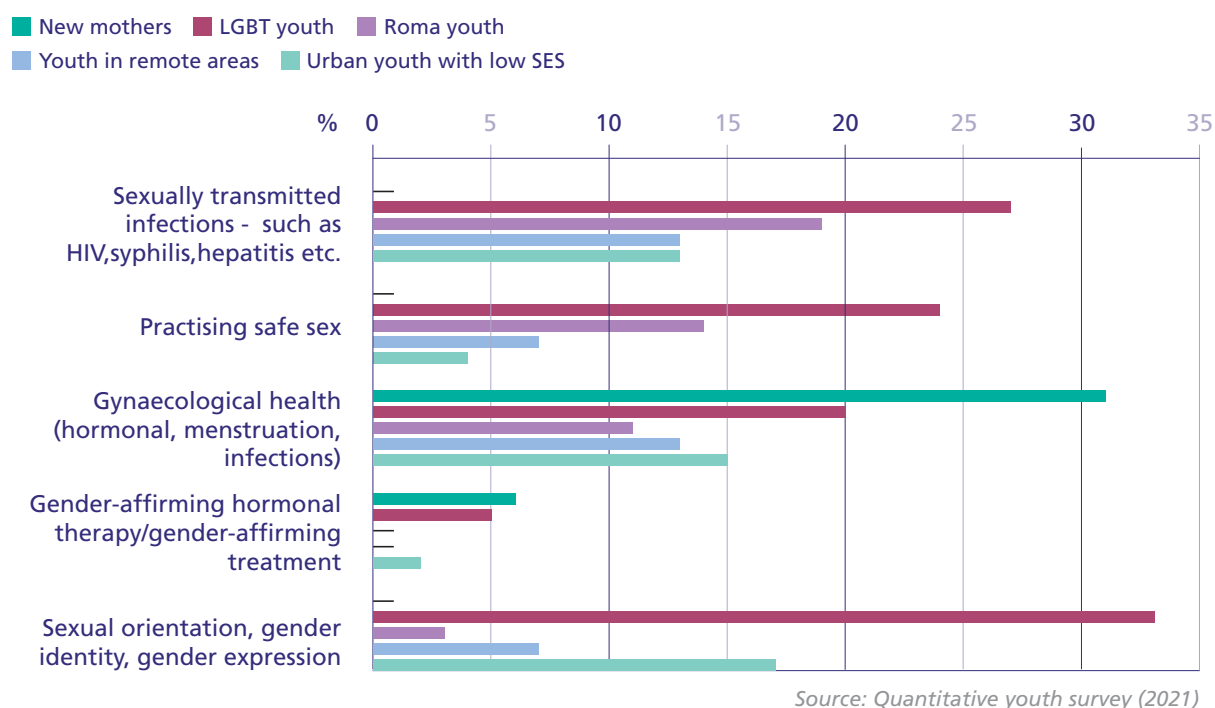
Information-seeking on SRH during the Covid-19 pandemic (% seeking information)



● Information-seeking on **STIs, practising safe sex and issues relating to sexual orientation and gender**

expression is considerably more common among **LGBT youth**.

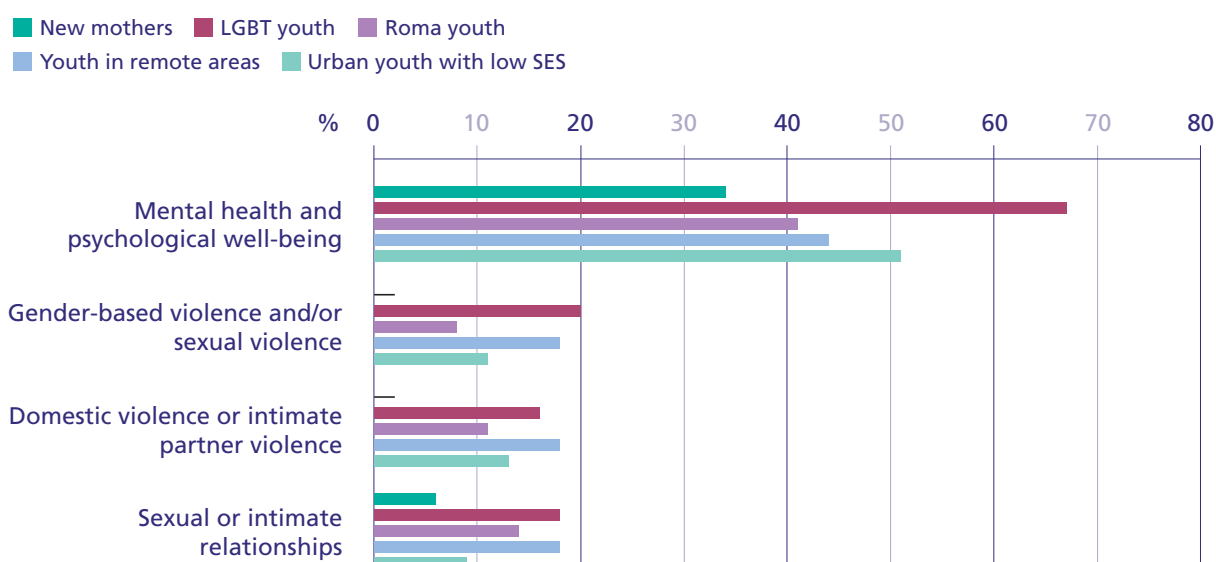
Information-seeking on SRH during the Covid-19 pandemic (% seeking information)



● Issues related to **mental health, gender-based violence and relationships** are important to young people in **remote areas**. Qualitative feedback further suggests that in terms of generic SRHR

topics, information on **contraception** is the single additional topic on which they have sought information.

Information-seeking on SRH during the Covid-19 pandemic (% seeking information)



Source: Quantitative youth survey (2021)

1.4 Lack of motivation and commitment to seeking SRHR information

Although wide information-seeking is reported by the various youth audiences, qualitative analysis suggests that the intensity with which such information has been sought during the pandemic has been somewhat limited, due to the situation created by the pandemic, coupled with the pre-existing constraints on involvement in SRHR matters. This is reported by various audiences as follows:

● **The general youth population and those in remote areas alike** reported a low level of motivation on account of:

- Being **unable to obtain SRHR-related information** (because SRHR issues are considered of low priority) when visiting health centres and thus being discouraged from making further effort.
- Having a **lower level of sexual desire**, leading to a low intensity/need to seek information.

- Feeling **scared and reluctant** to seek information; and
- The **inherent fear or concern** about going to a health centre or visiting medical staff due to the Covid-19 situation, restrictions, precautions and warnings, resulting in postponement of information-seeking behaviour.

“Covid-19 has affected our daily and sexual lives, hindering and frightening us and experiencing a high level of discomfort. A study I read showed that during the pandemic, 80% of men lost their sexual desire, which leads to relationship problems.”

- Young person, Tirana

“I can mention a case when my relative went to a health centre for a gynaecological problem but she did not even get the minimum information, which made me reluctant to seek SRHR information as well.”

- Young person, Tirana

"We were less motivated to seek SRHR information during the pandemic, because Covid-19 was the main concern and all other things came second."

- Young person in a remote area

● **Teenagers** reported feeling restricted or ashamed to seek SRHR information actively or persistently, constrained by historical feelings of shame related to sex, as well as misconceptions relating to various SRHR issues (which are sustained by teachers' attitudes and misinformation). This is vividly exemplified in the course of focus group discussions, where a participant mentioned that she did not know what a condom was until her teacher explained it, which was met with spontaneous laughter.

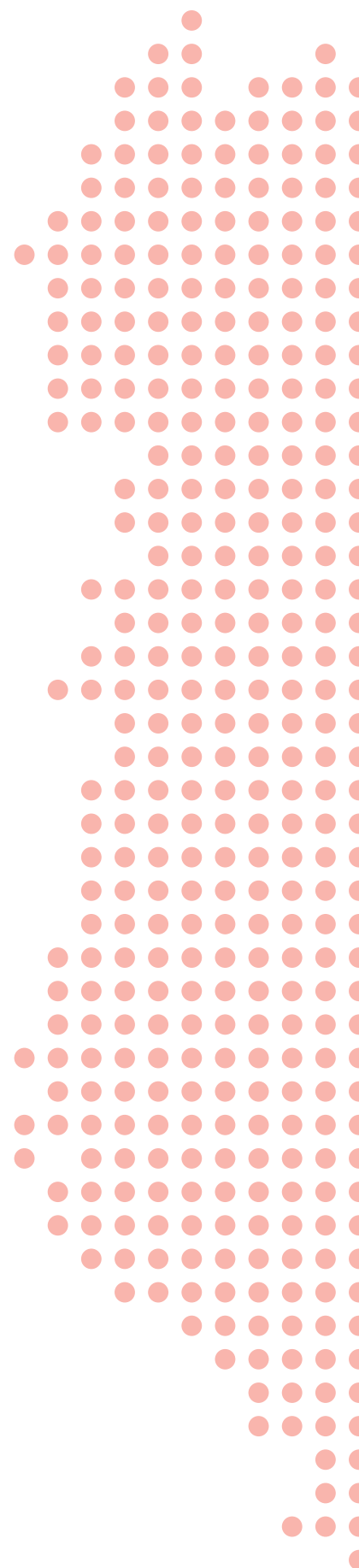
"Teens are not aware about many aspects of SRH. For example, there are myths such as you cannot get pregnant during the first sexual intercourse and other myths."

- Teenager

Male teens display the least involvement in information-seeking, claiming that they would only seek SRHR information if a school project "forced them to do so". Female teens are dissuaded from seeking information that is not related to a specific personal situation or need.

● **Roma youth** have clearly been even less connected with SRHR issues during the Covid-19 pandemic, due to their lack of interest before the onset of the pandemic, coupled with a significant lack of internet access (the impact of which has been felt and highlighted during the pandemic). Other than information on how/where to obtain contraceptive pills, Roma participants did not display any major concerns about any particular SRHR issue.

● **LGBT people** have also been focusing on overcoming the general difficulties of the pandemic, rather than seeking information on SRHR.



1.5 New information needs and urgency during the Covid-19 pandemic

1.5.1 Overall urgency of SRHR information

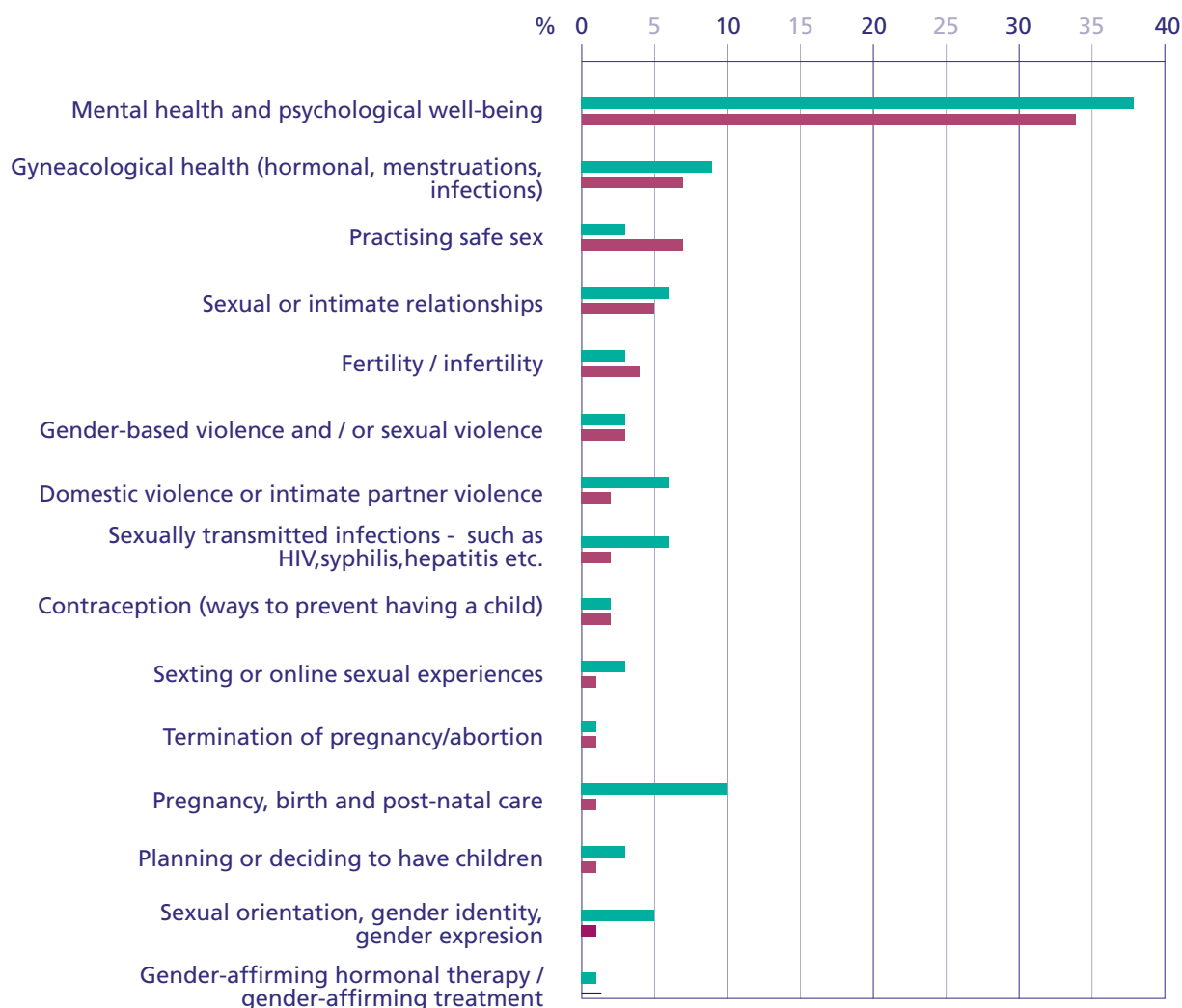
The lack of motivation in seeking SRHR information highlighted above is reflected in the **relatively low proportion of the total youth**

population who mentioned that information on specific topics has become more urgent during the pandemic.

On a general level, **mental health and psychological well-being** clearly stands out as the main topic that has become more important for a greater proportion of young people (both among the general youth population and those in vulnerable situations).

Information on SRH which became MORE URGENT during the Covid-19 pandemic - All youth audiences (% mentioning)

■ Youth in vulnerable situations ■ General youth population



Source: Quantitative youth survey (2021)

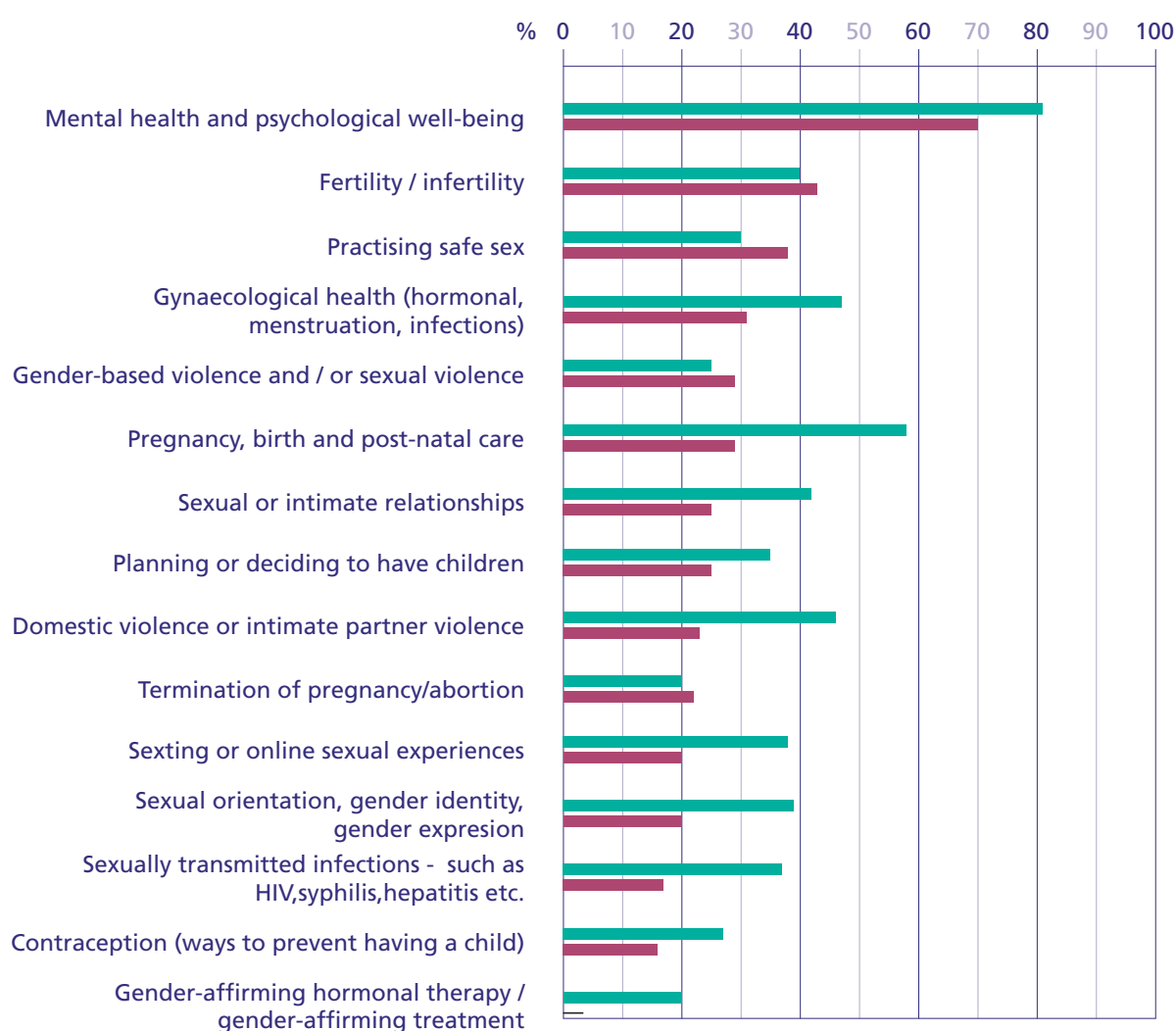
1.5.2 Urgency of SRHR information for youth in vulnerable situations seeking information

Comparative analysis **among those who actually sought information** on specific topics suggests that across virtually all SRHR topics, the need for

information has become particularly **greater among youth in vulnerable situations**. Hence, despite the lack of motivation and obstacles to seeking information, there is an increased (unmet) need for SRHR information among those in vulnerable situations.

Information on SRH which became MORE URGENT during the Covid-19 pandemic - Among those seeking information (% mentioning)

■ Youth in vulnerable situations ■ General youth population



Source: Quantitative youth survey (2021)

Specific differences are clear with respect to greater urgency for information across the various youth groups in vulnerable situations:

- **Among all teenagers**, 15% reported a more urgent need for information on **sexual and intimate relationships** (across both the general youth population and those in vulnerable situations). In addition, 11% of teenagers and youth in remote areas reported a greater urgency for information related to **practising safe sex**. Specific qualitative mentions by teenagers also included strong references to information on **STIs, emergency contraception and how to avoid unwanted pregnancy**, as well as **counselling services on sexuality, relationships and protection from violence**. Moreover, qualitative discussions revealed that information relating to the above carries a greater urgency in terms of **obtaining high-level functional information about how services are arranged in the framework of new regulations, operating hours of health facilities and what types of services are offered to the population at any given time**—for example, to know what to do in emergency situations related to counselling or how to safely end a pregnancy.
- **Among young people in remote areas**, 11% made reference to a greater urgency for information on **practising safe sex**, while there were common qualitative references to needing to know how Covid-19 affects **people's sex life and the ability to conceive, and what the psychological consequences of lockdowns might be**.
- Although many **LGBT people** mentioned that Covid-19 did not give rise to specific new needs (considerable needs pre-dated the pandemic), 15% referred to a greater need for information on **issues related to sexual orientation and gender identity**. Nevertheless, qualitative discussions reveal that, similar to other groups, LGBT people have also been focusing on 'surviving' the pandemic, rather than seeking information on SRHR. In this context, the **fear to engage in sexual relationships with another person (a partner or a stranger)** during the pandemic has been particularly prominent.
- **Roma females** stand out as the only vulnerable group where there is a lack of any evidence (quantitative or qualitative) suggesting a greater urgency for information, other than mental health or psychological support, clearly constrained by their historical lack of involvement in the subject matter.

1.6 Information channels on SRH during the Covid-19 pandemic

1.6.1 General youth population

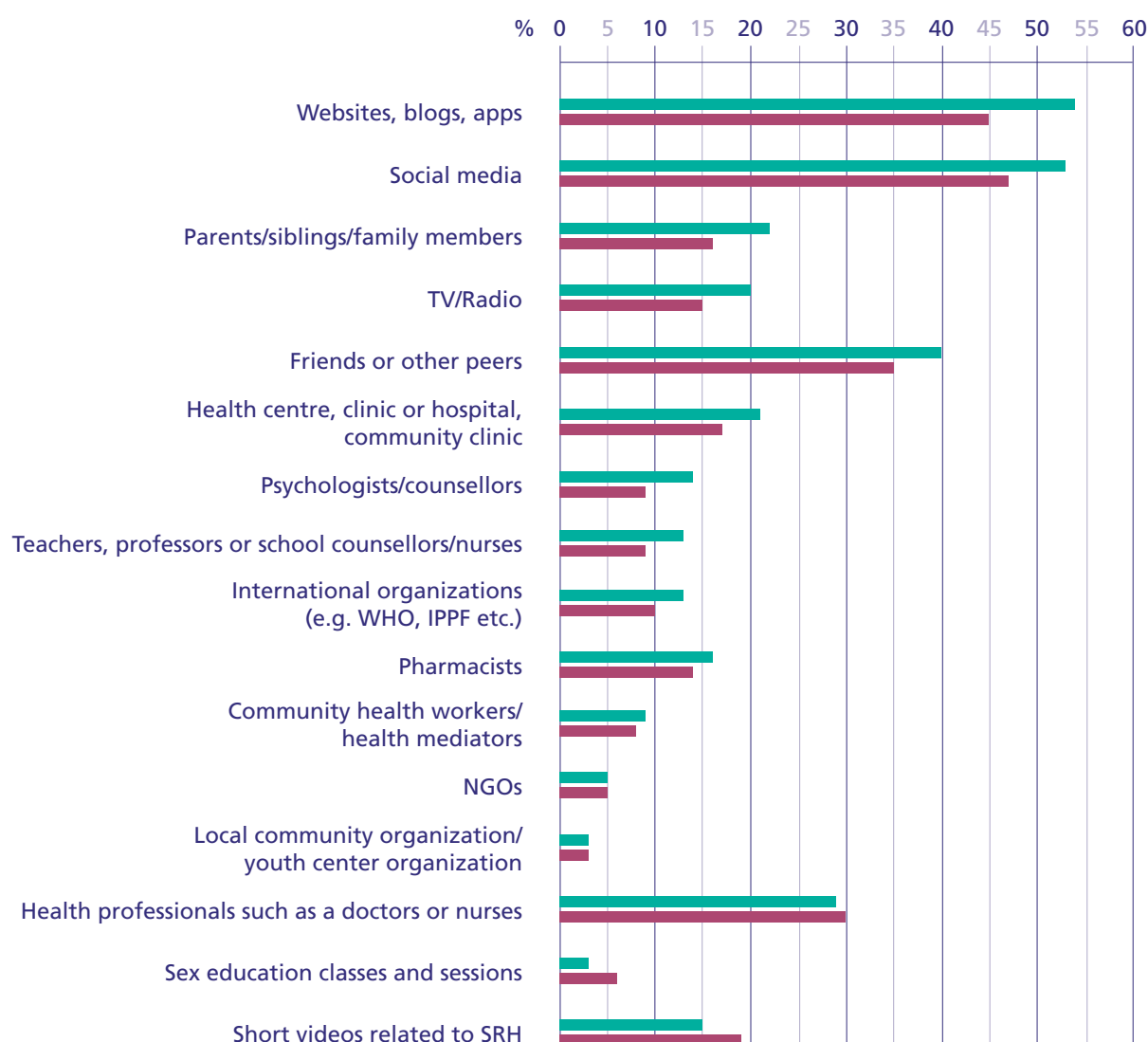
The general youth population seem to have made a marginal collective shift to using a wider variety of information channels, most notably with respect to the use of websites, blogs, apps and social media, but also with a marginal increase in the use of traditional TV and radio, and continued reliance on friends/peers.

Specific information channels mentioned by urban youth in qualitative discussions relate to:

- TV medical programmes featuring increased focus by doctors on females and youngsters arguing that the Covid-19 pandemic should not interfere with people's reproductive health (e.g. Hipokrati programme broadcast by Top Channel);
- Following certain doctors (for example, their gynaecologist) on social media;
- Following the World Health Organization website in particular; and
- Continuous chatting on social media with friends.

Information channels for SRH before and during the Covid-19 pandemic - General youth population (% mentioning)

■ During the pandemic ■ Before the pandemic



Source: Quantitative youth survey (2021)

1.6.2 Youth in vulnerable situations

Information channels used by young people in vulnerable situations indicate a similar pattern,

with an increased uptake in the use of social media and TV channels, though not websites or apps. Such youth have used fewer channels across the board.

Information channels for SRH before and during the Covid-19 pandemic - Youth in vulnerable situations (% mentioning)

■ During the pandemic ■ Before the pandemic



Source: Quantitative youth survey (2021)

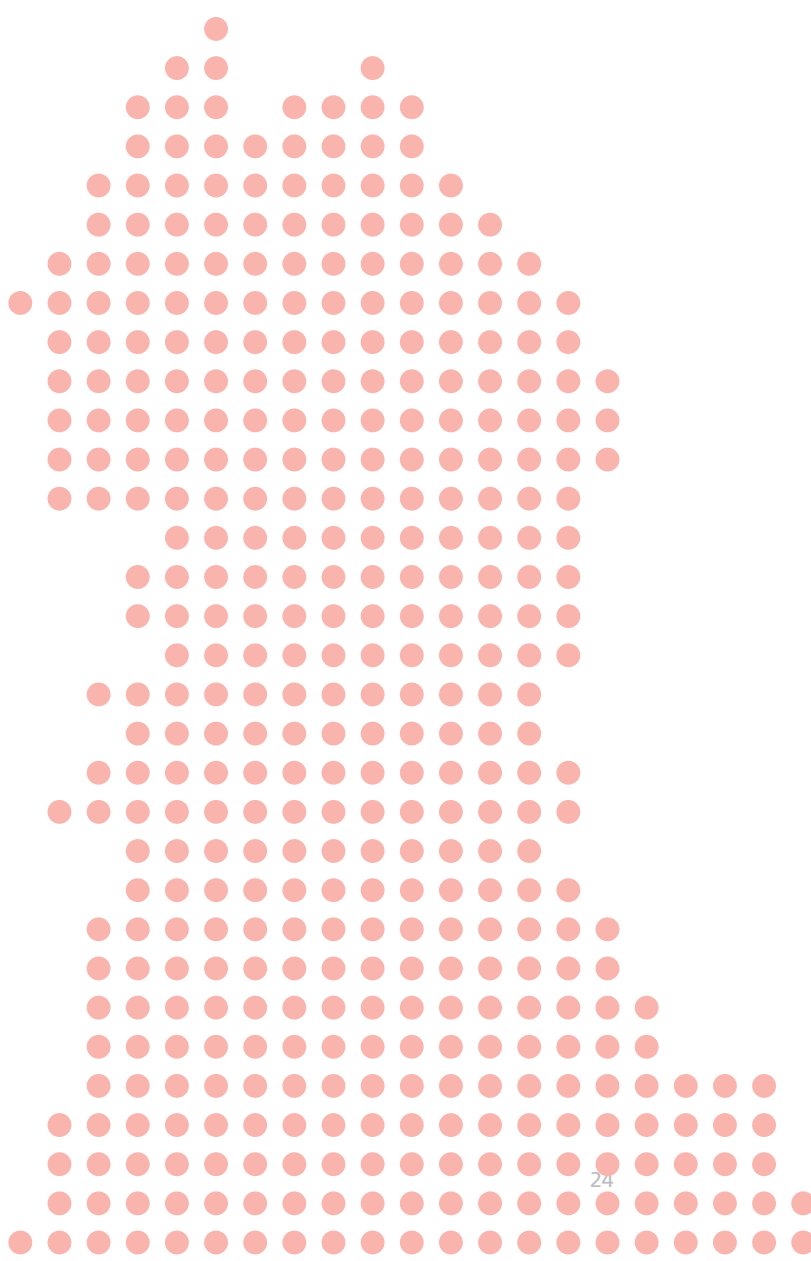
Qualitative discussions revealed the degree to which various channels have been used, included the following:

- **Youth in remote areas** mentioned **contact with gynaecologists** in particular as a continuing positive practice, as well as **online live consultations** (via telephone or internet calls), as the main way to receive advice from medical staff.
- **Teenagers** made strong reference to turning to:
 - **Online channels** (Google, social networks etc.) to obtain the information they need **personally and privately**; and
 - TV programmes such as the **Sex Education TV series and Euphoria**. Even though these programmes are not specifically designed for educational purposes, viewers can benefit by seeing the mistakes that US teens make, and hence avoid them.

- **Roma youth** with access to the internet and TV have used these sources, while those without such devices often mentioned asking **pharmacists or their family doctor** about specific issues such as unwanted pregnancy or contraceptives.

- **New mothers** are less keen to rely on internet sources (only as a last resort, mostly to learn about Covid-19 signs/symptoms and consequences for pregnancy) and claimed **greater reliance on their gynaecologist**.

- In contrast, **LGBT people mentioned a wide variety of internet and technology channels**, including Instagram, Safari (web browser), Grindr and other dating apps, and social networks.



1.7 High level of reliance on established channels

1.7.1 Overall reliance on historically familiar channels

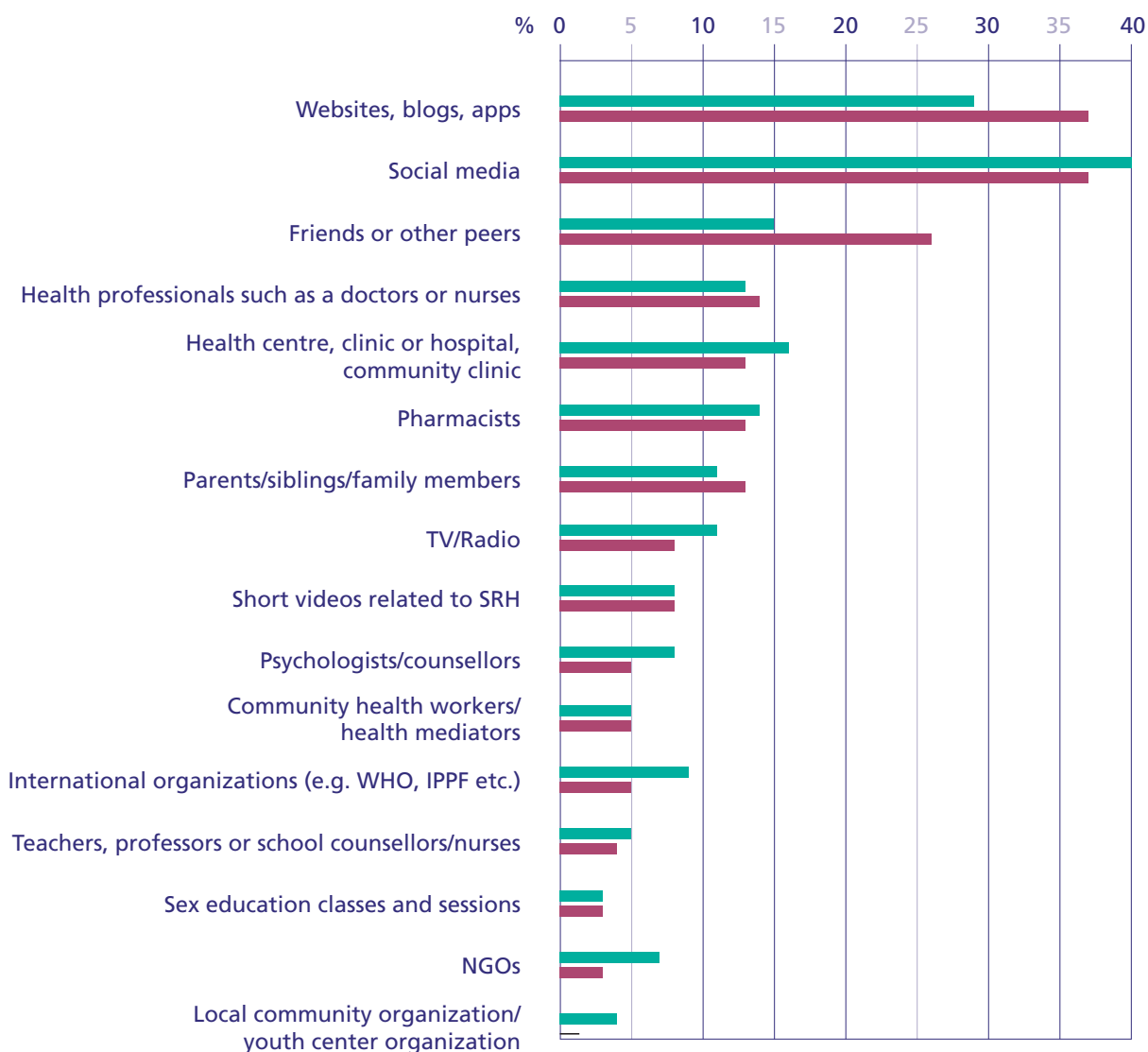
As highlighted above, the Covid-19 pandemic led to only marginal shifts in terms of the general uptake of new channels for sourcing SRHR-related information. However, **among those young people**

already previously using the various channels there has been a much greater reliance on a range of channels, especially:

- Social media (all youth);
- Websites, blogs and apps (especially the general youth population); and
- Friends or peers (especially the general youth population).

Channels on which youth relied MORE during the Covid-19 pandemic - Among those previously using each channel (% mentioning)

■ Youth in vulnerable situations ■ General youth population



Source: Quantitative youth survey (2021)

1.7.2 Reliance on channels historically familiar among youth in vulnerable situations

Among pre-existing users of channels who are in vulnerable situations, there is strong evidence of greater reliance on a variety of channels, as follows:

- Among **new mothers**, greater reliance was reported:
 - By 44% on the health centre, clinic, hospital or community clinic;
 - By 38% on social media;
 - By 25% on health professionals such as doctors or nurses; and
 - Through qualitative references to information posted by well-known doctors, certain websites about babies, the website of the Institute of Public Health, the World Health Organization website and various online forums (although partly reluctant to accept the accuracy and reliability of the information being provided).
- Among **LGBT people**, greater reliance was reported:
 - By 47% on social media; and
 - By 45% on websites and blogs.

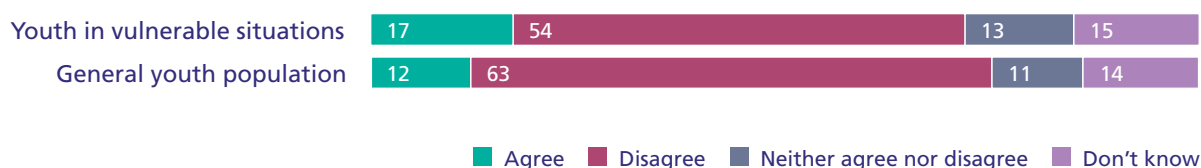
- Among **Roma youth**, greater reliance was reported:
 - By 35% on **social media**, suggesting that those Roma with access to technology are likely to be open to using technological means to source information; and
 - By 26% on **pharmacists**, indicating the pivotal role of this channel for those Roma with lower access to technological means or in tight-knit, restrictive communities.
- Among **youth in remote areas**, greater reliance was reported:
 - By 44% on social media;
 - By 26% on websites and blogs; and
 - By 24% on friends/peers.
- Among **teenagers**, 53% reported greater reliance on social media, indicating the importance of this channel.

1.8 Use of technology for seeking information during the Covid-19 pandemic

1.8.1 Positive dimensions of technology use

A relatively small proportion of young people could not use the internet to seek information on SRHR due to internet accessibility issues or because they did not own a suitable device.

Availability of technology: wanted to use the internet but did not have access or the necessary devices (% mentioning)



Source: Quantitative youth survey (2021)

Moreover, it is clear that **the opportunities and the collective shift to a digital world offer potential opportunities in terms of information-seeking**, as expressed in qualitative group discussions:

● **Among teenagers in particular the digital shift is highly welcomed.** In the context where teens are reluctant to talk about or seek information on SRHR issues from other people, and given that they are constantly thinking about sexual and romantic relationships, teenagers appear to have had the time to navigate the internet and find information on SRHR issues, privately and anonymously. In this context, teens try to filter out inaccurate and unreliable information on the basis of the credibility of the doctor and website they are obtaining information from.

"We usually use the internet to get information about SRH because we are afraid that the adults would not understand us, the doctor would judge you, parents would understand you even less. So, we cannot say and ask freely about what we need with regard to SRHR."

- Teenager

● **Interestingly, among Roma community members with access to the internet**, there is a belief that the internet is a safer, more private way of asking sensitive SRHR-related questions. Indeed, satisfaction among those with access to the internet appears to be high in this respect, implying that the internet can also be a potential future communication channel for even this very marginalized youth group.

"I personally have sought information on my pregnancy during Covid-19 on YouTube, and I was happy with it; the information was accurate and valuable."

- Young Roma female

1.8.2 Limiting dimensions of technology use

At the same time, it is also clear that certain youth segments are strongly aware of limitations in terms of information-seeking via technological means, even at the basic informational level.

- **Among youth in remote areas**, online live consultations (via telephone or internet calls) with medical staff and browsing the internet were reported in qualitative discussions as having been used as a **second-best option purely in response to the closure** of other ways of accessing medical staff or health professionals. Hence, their level of interest in technological channels has been high, but only:

- Because **other traditional means or channels were closed** or unavailable during Covid-19 restrictions; and
- On a **very general information-seeking level**, rather than following through with full SRH services remotely.

- **Among new mothers**, there is a clear lack of trust in information found on the internet, in particular relating to confusing information such as negative consequences with regard to pregnancy or whether anti-Covid-19 vaccines were linked to an increased risk of abortion among pregnant women. In contrast, **face-to-face consultations with doctors to obtain all the information and advice needed** were mentioned as a preference even during the pandemic.

1.9 Misinformation during Covid-19

Perceptions of misinformation during the pandemic vary starkly between the general youth population and those in vulnerable situations. While the former did not make any strong reference to misinformation, the latter revealed considerable confusion in focus group discussions:

- **LGBT people** referred to recommendations during the initial period of Covid-19 not to engage in sexual relationships at all, so as to avoid Covid-19, although guidelines subsequently changed to both partners needing to be tested, or even wearing masks, during intercourse. Such confusing messages have impacted sexual relationships:

"During the quarantine I personally abstained from sex. I didn't touch anybody during that time."

"I engaged in sexual relationships with my partner only after both of us had been infected and recovered from Covid-19."

- LGBT respondents

- **New mothers** referred to confusing information (especially over the internet) regarding the **potential link between Covid-19 and reproductive health, the chances of pregnancy, their ability to breastfeed, the pregnancy outcome and the impact of vaccination on abortion or the ability to become pregnant**. Indeed, quantitative findings suggest that as many as 43% of new mothers held the belief that being vaccinated against Covid-19 puts the health of pregnant women and their babies at risk.

"I was infected with Covid-19 and recovered several months prior to my current pregnancy; reading all over about Covid-19 made me afraid of its potential consequences for my ability to remain pregnant; and I always had this issue on my mind until I succeeded to be pregnant."

"I was trying to remain pregnant during Covid-19 but was so confused whether it would decrease my chances of being pregnant, or what effects it would have on my pregnancy outcome. I am still not clear and do not have answers for these questions."

"A friend of mine was infected with Covid-19. She recovered, then she remained pregnant and soon after she had an abortion; obviously she blamed Covid-19 for the failure of her pregnancy."

- New mothers

- **Young people in remote areas** perceive being misinformed by the **SRHR materials consulted on the internet**:

"I have been confused and misinformed about sexual health and Covid-19, and about its consequences for reproduction health."

- Young person in a remote area

- **Roma females** are particularly confused about aspects relating to **how to avoid pregnancy**:

"Actually I feel confused with all the information there is out there on ways to avoid pregnancy. Some say take the pill, some others say have an injection; I don't really know what to do!"

- Young Roma female

1.10 Information needed on SRHR that could not be accessed during the Covid-19 pandemic

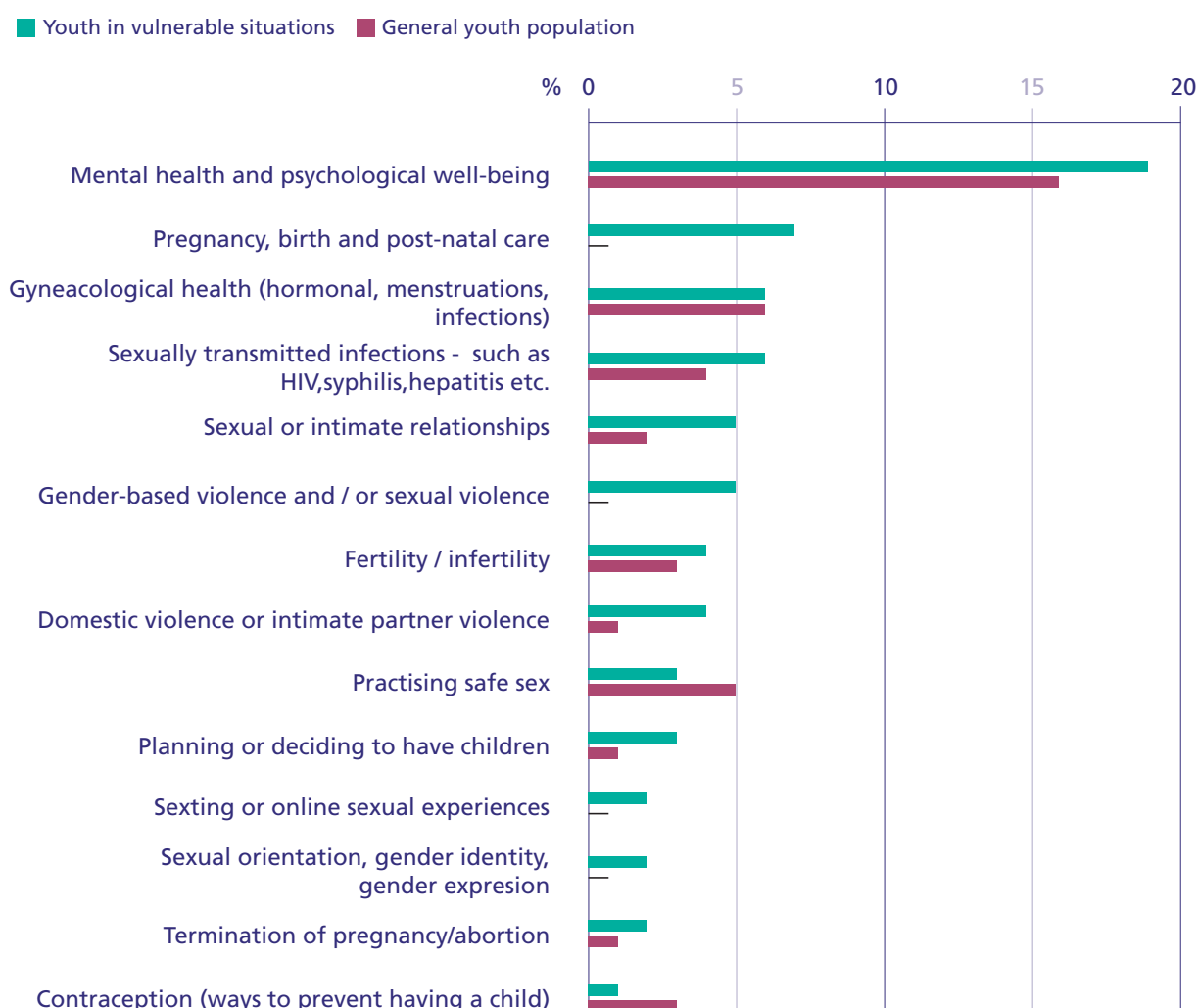
1.10.1 Overall limitations on finding the required SRHR information

Despite the increased use of various channels, the prevalent environment during the Covid-19 pandemic relating to a lack of prioritization of SRHR

matters and confusing or conflicting information on the internet in particular appears to have resulted in information shortcomings pertaining to both topics and channels.

On a general level, a relatively small proportion of youth were unable to find the information they were looking for across a range of topics, with the exception of mental health issues, as indicated below.

Information on SRH which could NOT BE OBTAINED during the Covid-19 pandemic (% mentioning)

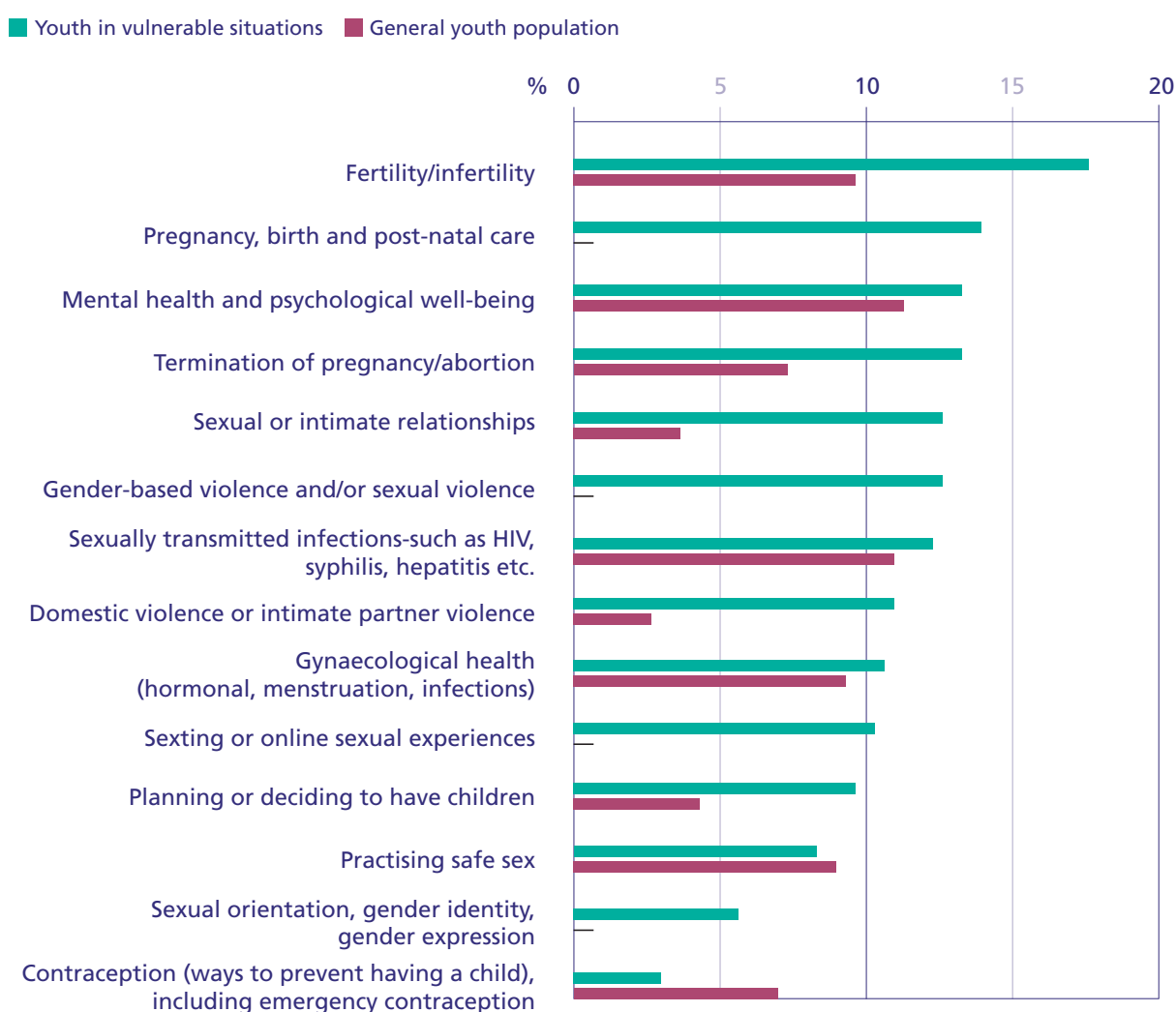


Source: Quantitative youth survey (2021)

However, among those in need of information, the proportion of those unable to find adequate information is particularly large across the range of issues among **youth in vulnerable situations in particular**. Key limitations on finding the required information relate to the topics of **fertility, pregnancy, mental health, sexual and intimate**

relationships and STIs. At the same time, it is noted that the lack of information does not appear to have strongly impacted young people on an emotional level, with very few participants in focus group discussions mentioning that informational shortfalls have had a real personal impact on them.

Proportion of those **NEEDING** Information who could **NOT OBTAIN** it during the Covid-19 pandemic (% mentioning)



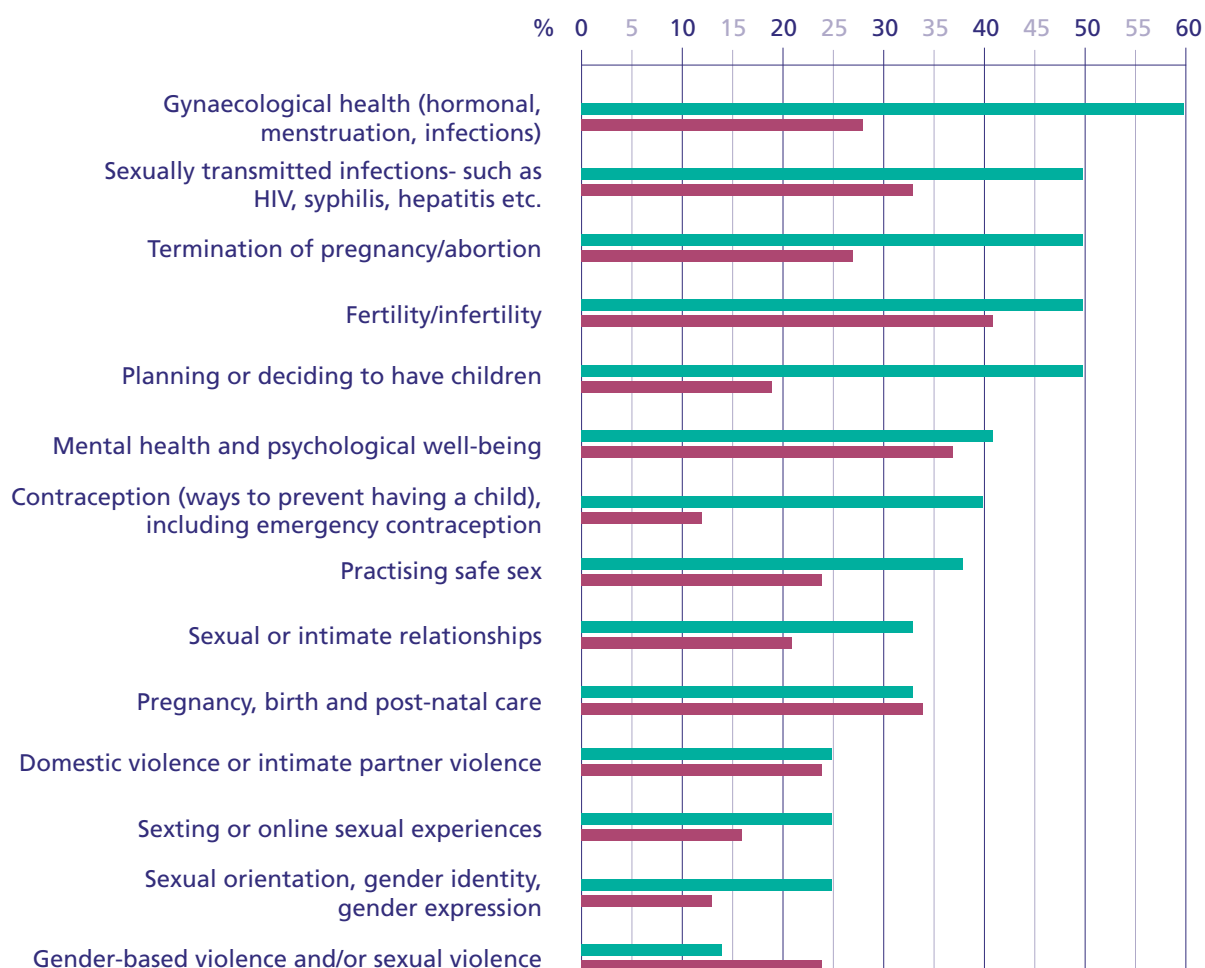
Source: Quantitative youth survey (2021)

1.10.2 Limitations on finding the required SRHR information among youth in vulnerable situations

Teenagers in particular have found it hard to find adequate SRHR information on key topic areas, as highlighted below.

Proportion of those **NEEDING** information who could **NOT OBTAIN** it during the Covid-19 pandemic (% mentioning)

- All teenagers (from both the general youth population and youth in vulnerable situations)
- All young people aged 18 to 30 yrs (from both the general youth population and youth in vulnerable situations)

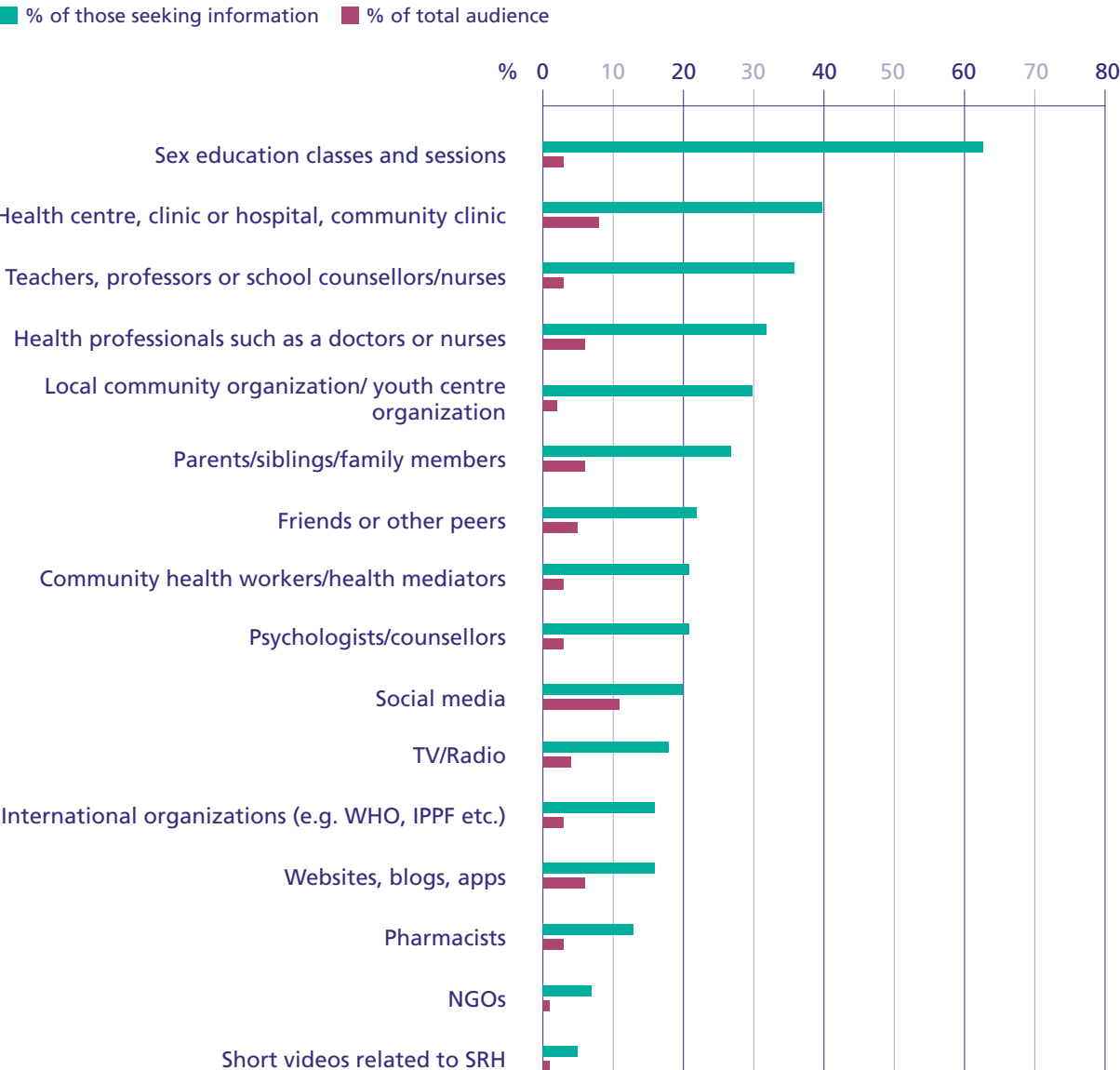


Source: Quantitative youth survey (2021)

With respect specifically to **information channels** that could not be accessed, young people in vulnerable situations also appear to have been impacted more. More than half (55%) of such youth mentioned an inability to access at least one of their desired channels, compared to just 35% among

the general youth population. A wide variety of channels were mentioned as being problematic by vulnerable audiences who sought to use various channels, pertaining especially to sex education/ teachers, health centres and professionals, and local community centres.

Channels from which it was IMPOSSIBLE OR DIFFICULT TO OBTAIN REQUIRED INFORMATION - Youth in vulnerable situations (% mentioning)



Source: Quantitative youth survey (2021)

The above-mentioned tendencies are reflected in a notable share of the total audience being unable to obtain information from specific channels, as follows.

- Among **youth residing in remote areas**, 15% have been unable to obtain the required information from social media channels.
- Among **Roma youth**, 13% have been unable to obtain the required information from social media channels, and 13% from friends/peers.
- Among **new mothers**, 19% have been unable to obtain the required information from hospitals.

1.11 Stakeholder assessment of the provision of SRHR information during the Covid-19 pandemic

Expert stakeholders' assessment of SRHR information provision during the pandemic is largely at variance with the experience of youth themselves. Indeed, in the course of in-depth interviews, a variety of stakeholders mentioned a series of positive activities that have taken place. While these activities are positive steps, they would need to be complemented with considerable communication to reach young people.

- Online consultations were offered for mental health services.

- Health mediators from the Albanian Community Assist (ACA) organization delivered information via leaflets in three areas of Tirana (Selite, Shkoze and Allias).

- Information was dissemination on gender aspects of SRHR, with a focus on gender-based violence and contraception.

- Ministry of Health and Social Protection officials made references to reliable websites and associated social media platforms run by organizations that work in the SRH field, such as ACPD, Stop AIDS, Aksion Plus, Youth Voice, Jo Tabu, Albanian Community Assist and Act for Society.

- The Ministry of Health and Social Protection used its website and Facebook page to inform the entire population and young people about Covid-19 implications, vaccinations and its impact on SRH, such as the provision of emergency services only.

- A long-established telemedicine platform (operational in 5 university hospitals, 12 regional hospitals and 3 municipal hospitals) was used to conduct training for health care professionals on Covid-19 and prevention measures.

Despite these positive measures to make SRHR information available during the Covid-19 pandemic, experts accept that marginalized vulnerable groups have not benefited from them.

II. Access to SRH services

2.1 General perceptions of access to and provision of SRHR services

Among all youth (both those in the general population and those in vulnerable situations) very strong beliefs were reported that the pandemic:

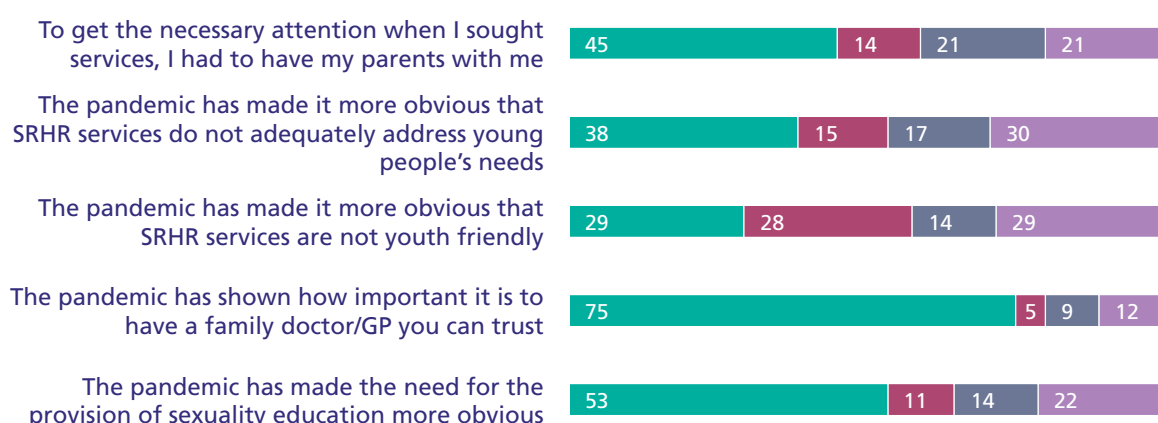
- Has shown how important it is to have a **family doctor that can be trusted** (expressed by 75% of the general youth population and 68% of those in vulnerable situations);

- Has made **the need for the provision of sexuality education more obvious** (53% of the general youth population and 44% of those in vulnerable situations); and

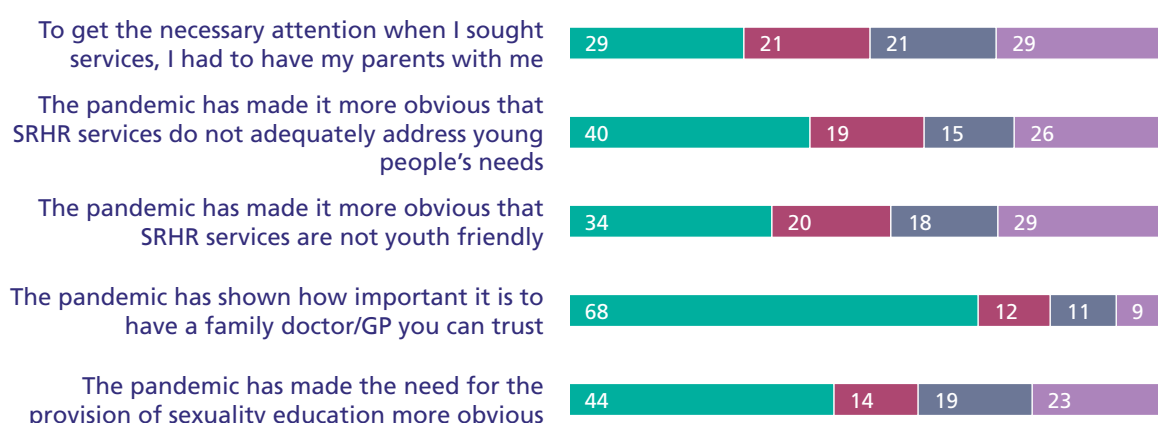
- Has made it **more obvious that SRHR services do not adequately address young people's needs** (38% of the general youth population and 40% of those in vulnerable situations).

Moreover, a net majority of teenagers believe that they need to have their parents with them to receive the necessary attention when seeking SRHR services.

Perceptions of SRH services - General youth population (% mentioning)



- Youth in vulnerable situations (% mentioning)



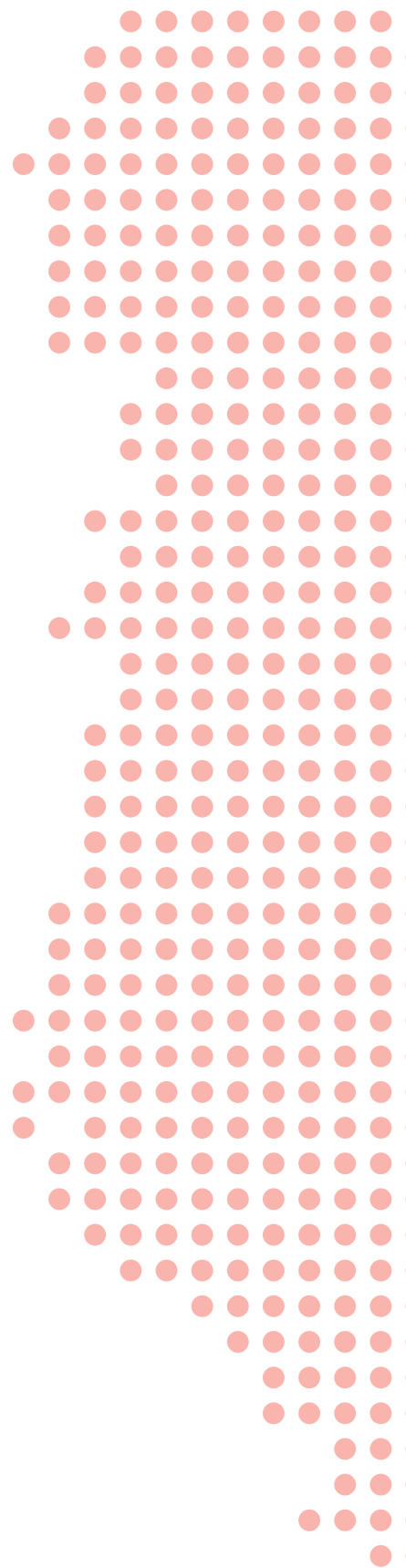
■ Agree ■ Disagree ■ Neither agree nor disagree ■ Don't know

Source: Quantitative youth survey (2021)

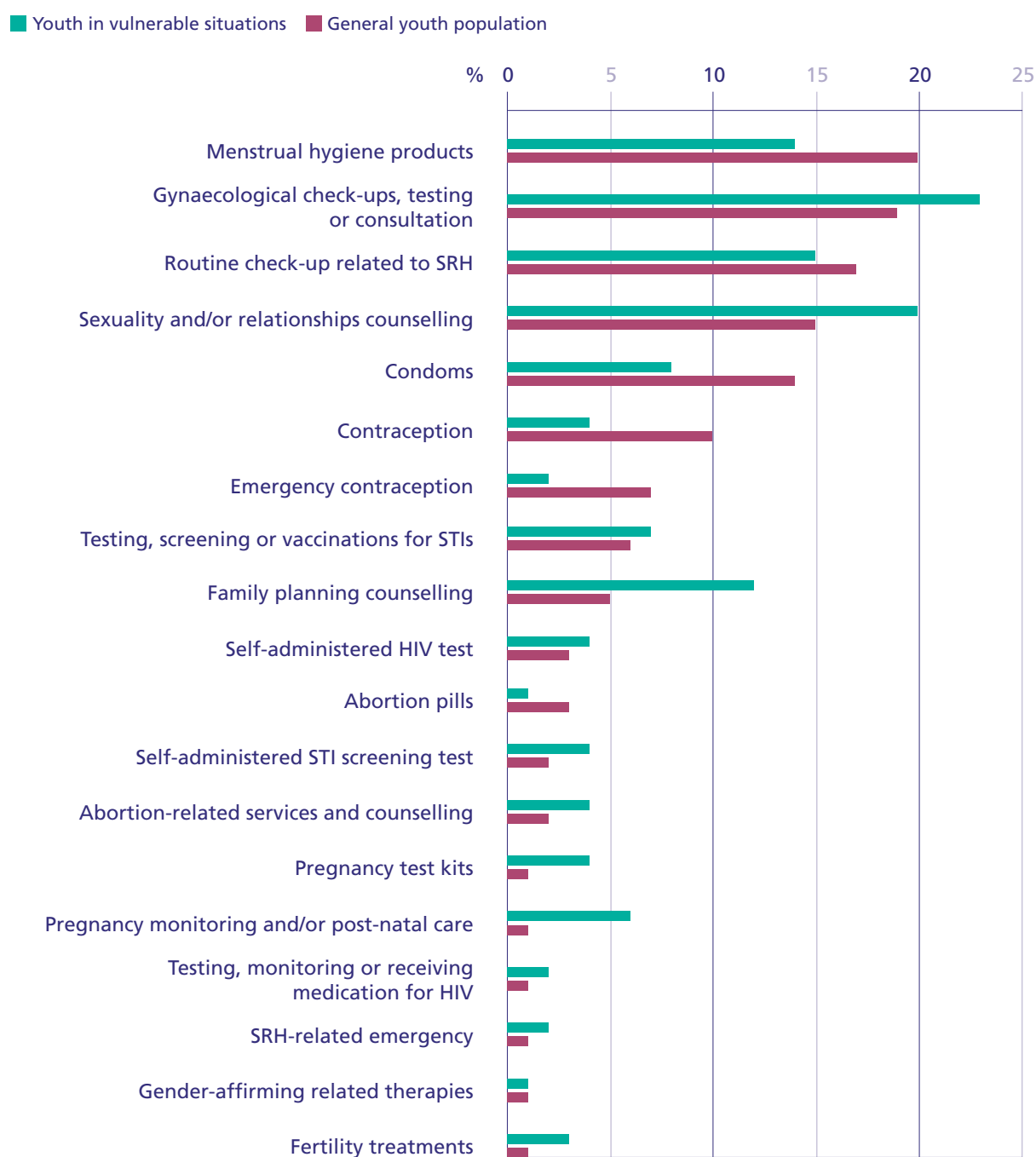
2.2 SRHR services and supplies needed during the Covid-19 pandemic

Qualitative discussions indicated a general agreed perception that efforts to address the Covid-19 virus have dominated all other health issues in general, and that the situation per se did not impact their overall need for SRHR services.

In this context, in terms of SRHR services/products needed during the pandemic, **gynaecological check-ups/consultations** (mentioned by 37% of new mothers), **menstrual hygiene products** (mentioned by 19% of teenagers) and **routine check-ups** were identified as important service areas needed for all audiences. Notably, all youth audiences, and especially LGBT people (27%) mentioned the need for **counselling on sexuality and relationships**. **Contraception and condoms** were considered particularly important by the general youth population, as well as Roma (14%) and teenagers in general (15%). Services related to **family planning counselling and pregnancy** were considered particularly necessary by **youth in vulnerable situations**, especially new mothers (20%) and Roma females (19%).



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



Source: Quantitative youth survey (2021)

2.3 Positive experiences of accessing SRHR services and supplies during the Covid-19 pandemic

Despite the challenges posed by the Covid-19 pandemic, the overall experience of accessing SRH services **via any means** has included some notable positive experiences across youth audiences.

2.3.1 Positive experiences of accessing SRHR services during the Covid-19 pandemic

Qualitative discussions have revealed positive or neutral experiences in this respect pertaining to the following.

- **Youth residing in remote areas** reported a generally good experience when seeking SRHR services. A particularly positive aspect has been that **family doctors (general practitioners—GPs) were available round the clock, mainly for Covid-19 issues but providing the safety required in case any SRHR issue arose.**

- **Among Roma females**, SRHR services were considered to have become less important during the pandemic. In this context, experiences of **local pharmacists providing clear instructions** on various needs were reported particularly positively.

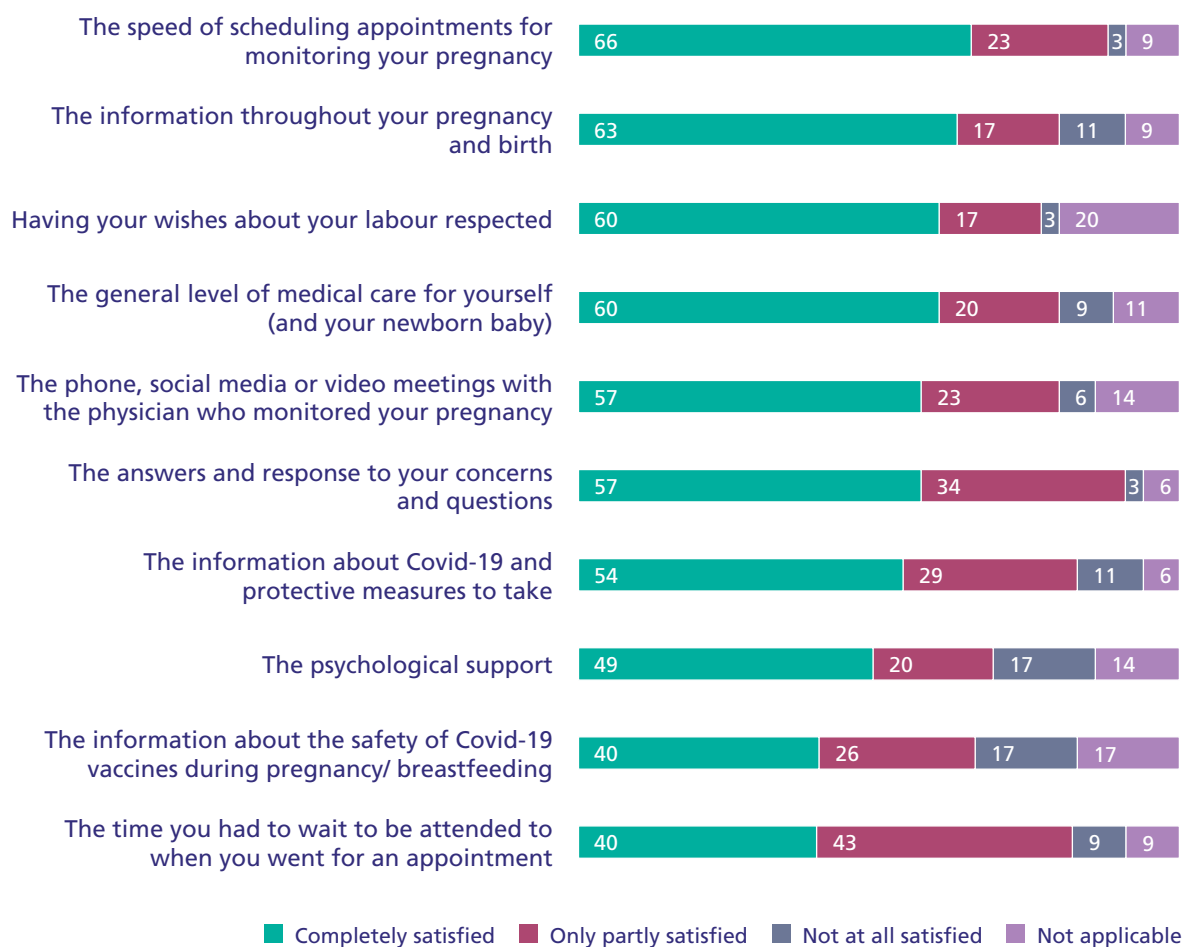
- **New mothers** rated their overall experience as satisfactory, irrespective of whether they sought services from the public or the private sector. Hence, despite Covid-19 restrictions in place, barriers to accessing the services they needed were not reported to any great degree. Specifically, new mothers appear to have found the right balance in making use of:

- Periodical encounters with the doctor that followed their pregnancy;
- Periodical examinations (ultrasound) to check the development of the foetus;
- Various laboratory examinations at different stages of the pregnancy (including blood count, HIV testing (one time only), analysis of vaginal specimen, TORCH screen, bi test, triple test or NIPT test for congenital malformations etc.; and
- Professional counselling on behaviour, diet, supplements to be taken during pregnancy etc.

Indeed, particular examples of satisfactory service were mentioned even in emergency situations, with examples cited of cases when a pregnant woman's water broke at home and she was able to quickly go to the hospital and give birth, despite Covid-19 restrictions.

The high levels of satisfaction experience by new mothers during their pregnancy and in giving birth are indeed quite striking, as measured in the quantitative youth survey:

Level of satisfaction with services for new mothers during Covid-19 (% mentioning)



Source: Quantitative youth survey (2021)

2.3.2 Incremental improvements in accessing SRHR services compared to before the Covid-19 pandemic

Moreover, quantitative analysis of difficulties faced in accessing services before and after the pandemic, factoring in the needs of young people, actually shows some improvements in terms of accessibility, pertaining especially to:

- Testing, screening or vaccinations for STIs and self-administered HIV tests;

- Abortion-related services and counselling (especially among youth in vulnerable situations); and

- Self-administered pregnancy tests.

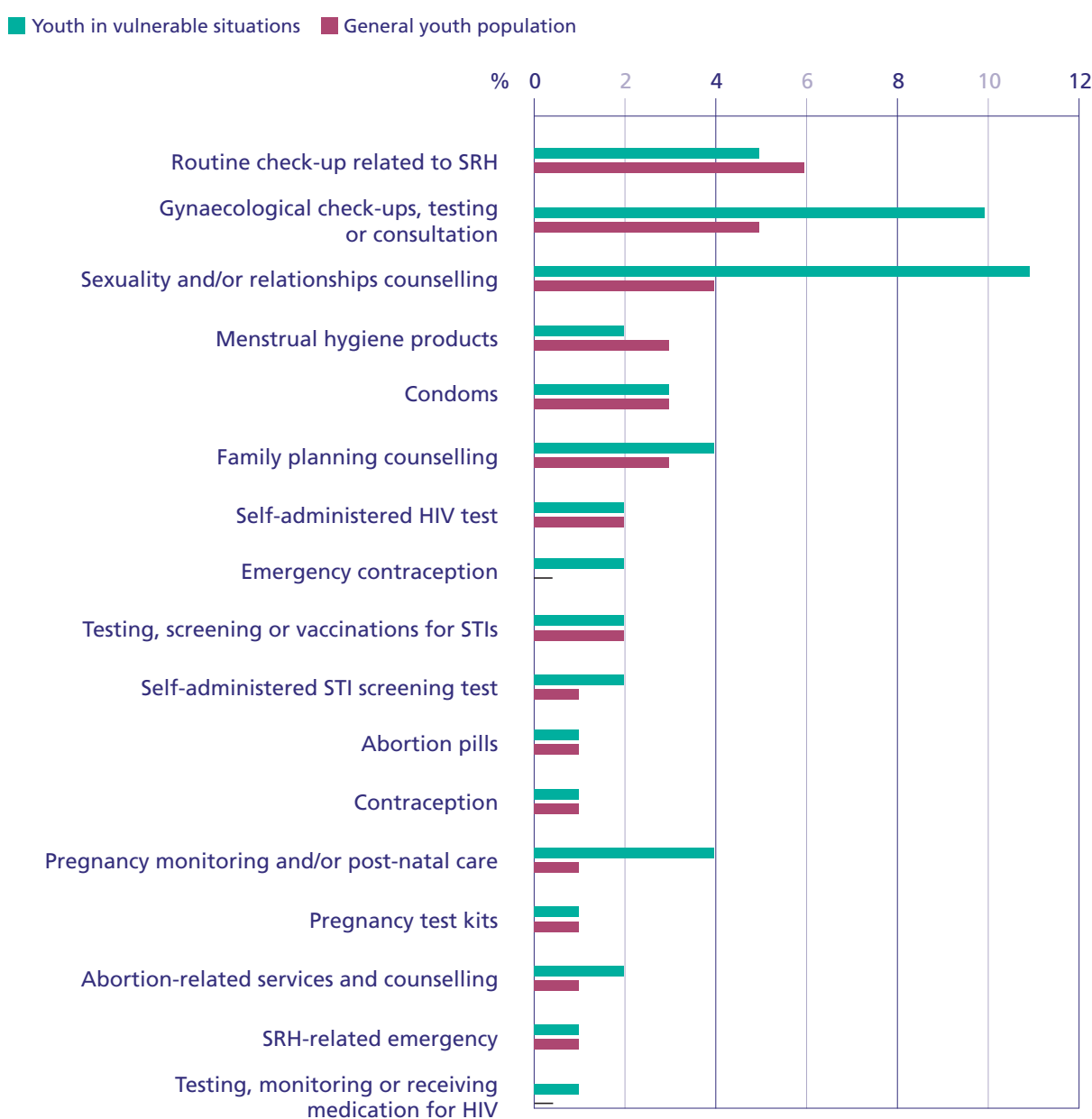
As such, a focus on these areas appears to be instrumental in driving higher levels of satisfaction with SRHR services during times of crisis.

2.4 Difficulties in accessing SRHR services and supplies during the Covid-19 pandemic

2.4.1 Difficulties in accessing SRHR services for all youth during the Covid-19 pandemic

On a general level, the proportion of the total youth population reporting difficulties in accessing SRHR services/supplies **via any means** appears limited, as indicated both through quantitative measurement and in the course of focus group discussions.

Difficulty in accessing services during the Covid-19 pandemic (% mentioning)



Source: Quantitative youth survey (2021)

Nevertheless, two broad areas stand out as having been particularly difficult to access for vulnerable youth:

- **Gynaecological check-ups and testing** were mentioned as difficult to access by 10% of youth in vulnerable situations and 19% of Roma youth. This situation was described in focus group discussions in conjunction with other limitations such as the following.

- In urban areas, **limited opening hours of pharmacies or health centres, long queues in public health facilities and an inadequate number of staff** were reported.
- In remote areas, the limited range of services offered by health centres or other health facilities during the peak of the pandemic has led to a **greater reluctance to seek services**. It is also strongly felt that **doctors deliberately attempted to lure patients to attend online consultations**, to avoid physical contact with patients.
- Roma community members expressed a strong feeling that they had to wait **longer than other people, due to discrimination**.

Secondary sources reported by official Ministry of Health statistics appear to confirm these difficulties, with 5% of all women estimated to have experienced some difficulties in accessing gynaecological and obstetric care services.

- **Sexuality and relationships counselling** was mentioned as difficult to access by 10% of all vulnerable youth and 19% of teenagers. Qualitative evidence further suggests that the availability of counselling services has been a generic issue, with the general youth population also stating that such services were no longer available in public health facilities on account of the focus placed on dealing with the Covid-19 pandemic.

2.4.2 Difficulties in accessing SRHR services for all youth during the Covid-19 pandemic by youth in specific need

Moreover, analysis of difficulties faced in accessing services before and after the pandemic, factoring in the needs of young people, reveals an **increase in the difficulty of accessing a number of key SRHR services/supplies**, as depicted in the table below:

General youth population

	% increase in difficulty
Self-administered STI screening test	17
Condoms	16
Gynaecological check-ups, testing or consultation	11
Menstrual hygiene products	11
Routine check-up related to SRH	10

Youth In vulnerable situations

	% increase in difficulty
Condoms	13
Sexuality and/or relationships counselling	10
Self-administered HIV test	7
Self-administered STI screening test	7

Among the general youth population, the largest increases in problems were mentioned in relation to **supplies—namely, self-administered STI tests and condoms**. In particular, regarding contraception, **urban youth reported** access to contraception being limited due to the limited opening hours of pharmacies or health centres and the pandemic-related movement restrictions. Moreover, those asking for contraceptives reported facing judgements from pharmacists, preventing higher numbers of young people from seeking/accessing contraception.

In contrast, young people in vulnerable situations reported access to both **supplies (condoms) and counselling (sexuality and relationships)** as areas of greater difficulty. Among Roma women in particular, services related to contraception were said to have become harder to access, due to longer waiting hours in health and maternity centres, attributed partly to discrimination based on their ethnicity. This represents a clear discouragement from seeking contraception. Stakeholders involved with the Roma community perceived such issues to be of particular importance during the pandemic, based on an estimated rise in sexual activity within the community during lockdown periods.

Difficulties in accessing **supplies** appear to have been particularly problematic during the Covid-19 pandemic, discussed quite vividly during focus group discussions. Roma youth in particular report more limited accessibility to self-use tests or supplies on account of **affordability and their deteriorating economic situation**. Young people in remote areas referred to a continuing problem in this respect (pre-dating the pandemic) pertaining especially to **condoms and pregnancy tests**. Importantly, it appears that there is also a **lack of awareness** of such supplies being offered in public health facilities across the board, with the fear of being infected by Covid-19 limiting their motivation to physically search for such supplies.

With regards to the consumption of male condoms in particular, data from the Nesmark Foundation suggest that the volume provided through social marketing in Albania in 2020 decreased by 20% compared to 2019, after previously having been stable at 2018 levels.

2.5 SRH service channels assuming greater importance during the Covid-19 pandemic

In light of the challenges posed by Covid-19 restrictions, the relative importance of a number of channels has increased according to the perceptions of various youth audiences. Irrespective of whether such channels could be accessed effectively or not, it appears that the context of Covid-19 has made youth more aware of the importance and benefits of a number of channels, as revealed during qualitative discussions.

Mobile teams of doctors visiting the community were considered important not only by youth in vulnerable situations but also by the general youth population. In this sense, in the context of all Covid-19 restrictions and limitations, such a channel is considered a way to provide interested individuals with the services they need at home and without fear of breaking the law or contravening restrictions or regulations.

Online or telemedicine consultations with SRH professionals were considered very important by all youth audiences. Urban youth referred to this as an option of necessity when movement restrictions are in place. Youth in remote areas made positive references to government efforts to introduce online or telemedicine consultations. Continuing fear of Covid-19 infection even after restrictions have been lifted renders the telemedicine option an attractive second-best option. Even among Roma females, there was some mention of turning to telemedicine consultations usually focused on pregnancy-related issues. This was considered a comfortable option under Covid-19 pandemic restrictions.

Telephone hotlines or telephone communication were mentioned in particular by LGBT people and Roma youth as being interchangeable with telemedicine consultations (no distinction in their minds). Roma youth mentioned the importance of **pharmacists**, and new mothers stressed the importance of **peers for psychological support**. In relation to all the above, the participants in focus groups discussions referred to turning to a **trusted family doctor/gynaecologist** as the primary provider of SRH services.

2.6 Channel limitations: problems in accessing SRH channels due to the Covid-19 pandemic

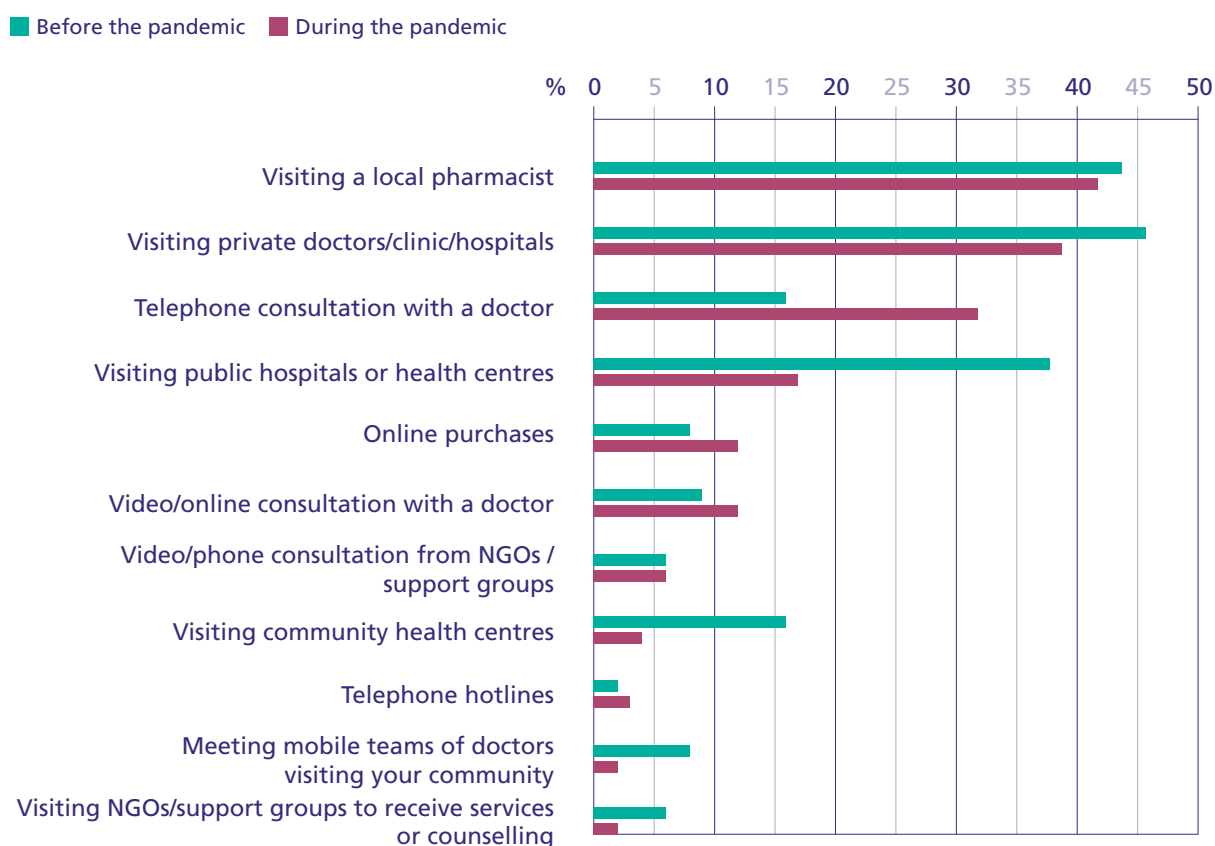
While the overall problems in accessing SRHR services/products are minimized by the variety of alternative delivery means or channels, analysis of the various channels for obtaining services/supplies reveals a significant series of pattern shifts and specific problems faced. Indeed, on a general level, statistics from ACPD clinics indicate that the total

number of services used decreased in 2020 by at least 30% from 2019 as a result of Covid-19.

2.6.1 Pattern shifts in channel use among youth

Quantitative analysis of the channels used before and after the pandemic suggests a significant **increase in the use of telephone consultations** among the general youth population, as a substitute for physical visits to public hospitals and community health centres.

Channels used for accessing SRH services BEFORE and DURING the Covid-19 pandemic - General youth population accessing any type of service (% mentioning)

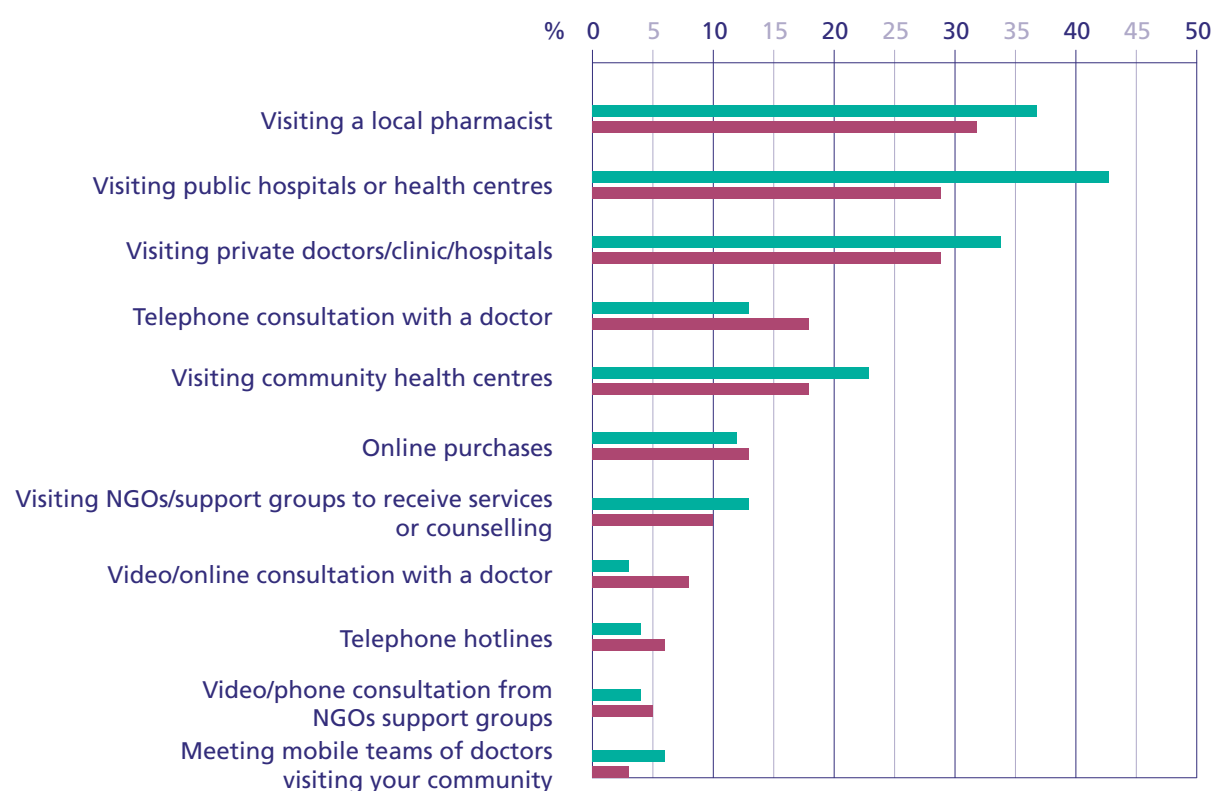


In contrast, while youth in vulnerable situations have also made greater use of telephone consultations, it is clear that their **use of all other**

channels has declined significantly during the Covid-19 pandemic.

Channels used for accessing SRH services BEFORE and DURING the Covid-19 pandemic - Youth in vulnerable situations accessing any type of SRH service (% mentioning)

■ Before the pandemic ■ During the pandemic



Source: Quantitative youth survey (2021)

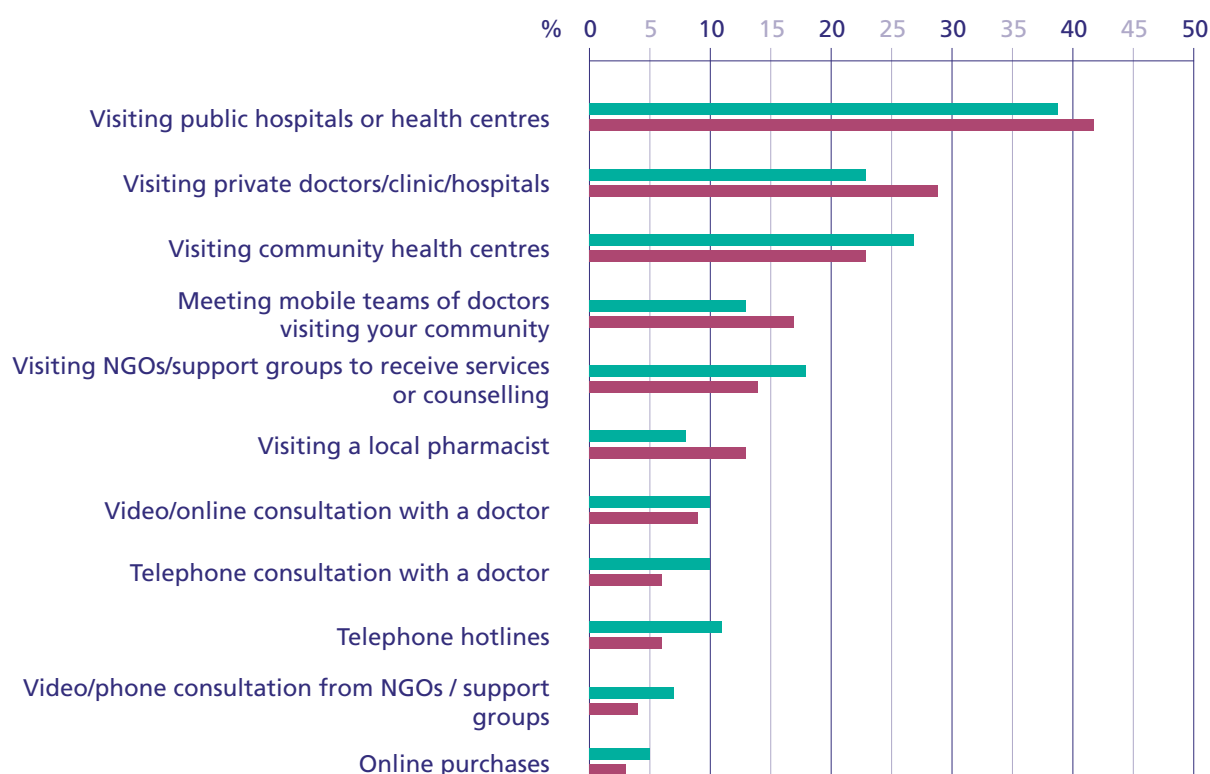
2.6.2 Difficulty and inability to access channels for SRH services during the Covid-19 pandemic

Across all youth audiences a **significant share among those seeking access to SRH services** mentioned difficulties in accessing a variety of channels, as

depicted below. Although difficulties have primarily been faced with respect to physical visits to health centres and professionals, it is clear that the desired channels of community health centres, mobile teams of doctors and NGOs have also been negatively impacted by the pandemic.

Channels that are difficult or impossible to access during the Covid-19 pandemic (% mentioning)

■ Youth in vulnerable situations ■ General youth population



Source: Quantitative youth survey (2021)

A relatively high proportion of youth in vulnerable situations seeking SRH services in particular reported specific difficulties in accessing channels altogether or having difficulties.

● A quarter (26%) of **youth in remote areas** reported having difficulty in **visiting NGOs/support groups to receive services or counselling**.

● **Among Roma youth**, difficulties were faced by:

- 68% in visiting public hospitals or health centres;
- 32% in visiting private doctors/clinic/hospitals;
- 27% in visiting community health centres;
- 27% in meeting mobile teams of doctors visiting the community
- 27% in having a video/online consultation with a doctor

○ 23% in having a telephone consultation with a doctor or through a hotline. Qualitative data indicate that it has often been difficult to reach a doctor/SRH professional on the phone, hotlines are continuously busy, and there is no direct line for quick access to support for any SRH issue.

● **Among LGBT people**, difficulties were faced by:

- 38% in visiting community health centres;
- 33% in visiting private doctors/clinic/hospitals;
- 18% in visiting NGOs/support groups to receive services or counselling.

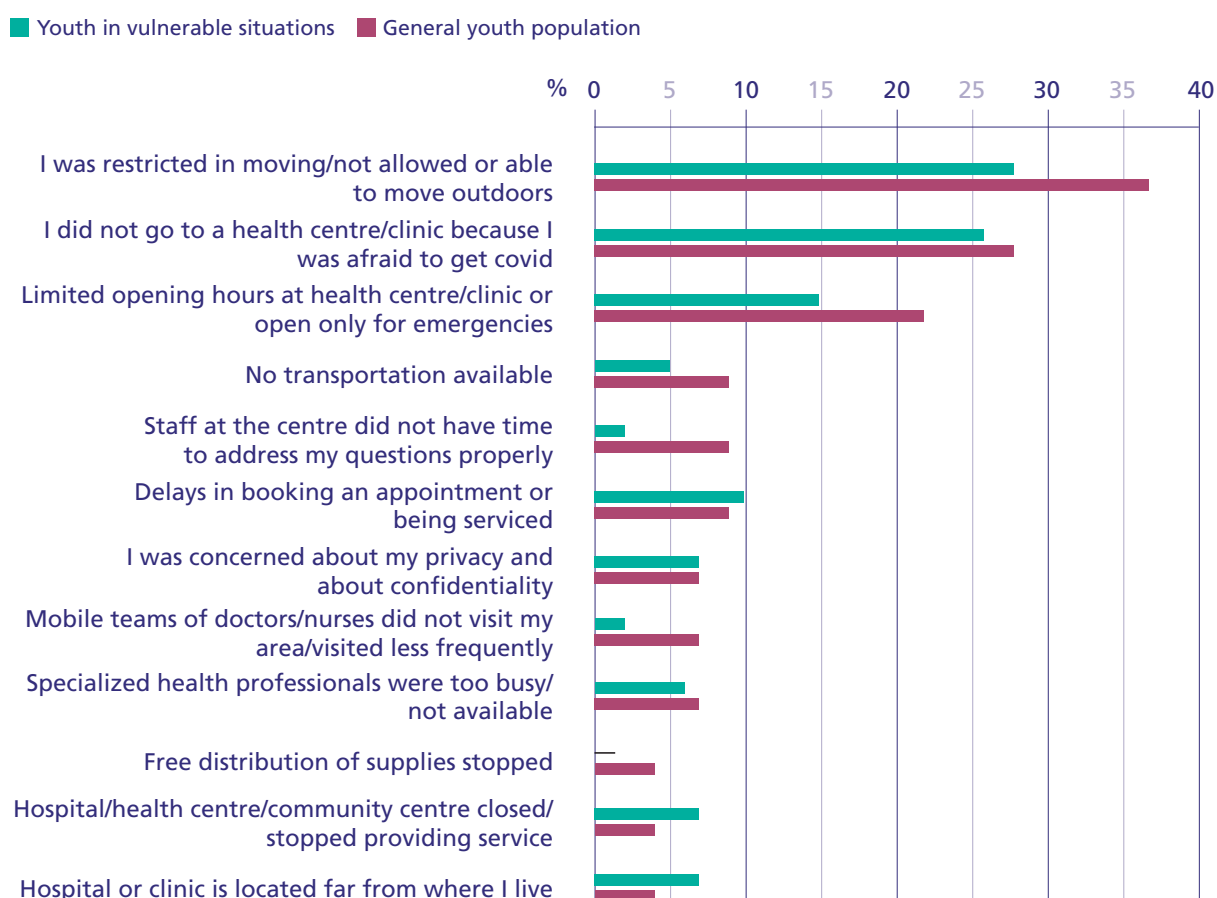
● **Among new mothers**, 42% reported difficulty in visiting public hospitals or health centres.

2.6.3 Intensification of barriers to channel use due to the Covid-19 pandemic

Notably, 43% of youth in vulnerable situations reported that **problems in accessing channels intensified** during the Covid-19 pandemic, compared

to just 30% of the general youth population. The specific barriers that intensified, as highlighted below, related primarily to physical restrictions, to an inherent fear of contracting Covid-19 and to limited opening hours of health centres.

Specific barriers that intensified during the Covid-19 pandemic (% mentioning)



Source: Quantitative youth survey (2021)

Focus group participants also emphasized their inability to either reach health centres or receive SRH services without problems. **The general youth population and LGBT people** referred to long queues due to the limited opening hours of clinics or health centres, and a narrowing range of health services offered in health facilities.

Roma young women reported facing transport difficulties in accessing distant health centres due to the lack of public transport in the context of Covid-19 measures, and also reported that they were not given priority (on account of discrimination) when reaching the facility.

New mothers without affiliation to a specific doctor referred to **routine care during pregnancy in maternity hospitals** as being inappropriate and the medical staff as being unresponsive. Long queues for an ultrasound (having to wait 3.5 hours, for example) or to obtain the fetal heart rate (having to wait at least an hour) were cited as examples. Moreover, on a qualitative level, the inability to meet mobile teams of doctors is also underpinned by a lack of awareness and perception that these consultations are not offered. Pertaining to online and telephone channels, participants indicated that their needs were not fully addressed. On many occasions the conversation in terms of conveying the issue faced and the health care staff fully understanding it left both sides frustrated. Moreover, on some occasions, the instructions/directions given by telephone were just not feasible, practical and/or affordable, thus creating even more confusion.

In addition to the above-mentioned issues, qualitative discussions revealed **significant barriers to receiving appropriate sex education online**. Although information on SRHR topics had been provided sparsely and inadequately even before the pandemic, the Covid-19 restrictions have shed greater light on the limitations. The shift to online teaching from schools has led to SRHR classes being completely avoided or neglected, with the justification that there are more important topics to be taught and other priorities. Teenagers perceive and refer to this as a further attempt by the school authorities to elegantly avoid responsibility for such topics. Given this complete absence of sex education, teenagers are faced with no way to educate themselves, and constrained by cultural barriers in discussing such topics with family or peers.

"If I would tell to my brother that I have a boyfriend, things would get very messy; my brother would go search and find that boy and his family and probably bad things would happen to those people. There is no way that I would discuss such things with my older brother!"

- Teenager

"Would I talk about sex topics with my sister? Never ever!"

- Male teenager

"There is judgement everywhere! Everybody knows what everybody else is doing! You cannot escape this reality."

- Teenager

2.7 Dimensions and nature of the negative experiences in accessing SRH services

Contrary to other countries in the region, the range of problems faced with regards to SRH services cuts across a number of dimensions, as opposed to being driven purely by affordability or accessibility issues. In this context, the following was revealed during focus group discussions.

2.7.1 Variety of dimensions in accessing and obtaining SRHR services during the Covid-19 pandemic

Speed in accessing services

Roma female respondents in particular perceived that they were waiting longer than the mainstream population to receive the same services; they were overlooked and/or not considered in the same way as other people were considered or serviced. Similarly, stakeholders involved with the Roma community in particular mentioned delays in offering particular services related to HIV testing and gynaecological check-ups in general.

New mothers described limited access to health centres or clinics primarily as an issue of waiting time rather than outright accessibility. This is highly dependent on the procedures or channels doctors use to offer services in public maternity hospitals: those women affiliated with a specific doctor are served first and quickly, whereas women showing up without making an appointment with a doctor beforehand have to wait for a relatively long time before being attended to.

"I am very upset with the very long delays in public maternity hospitals to get the desired services. You had to be affiliated with a doctor there to receive the service in a short time; otherwise, you would be the last to be served."

- New mother

An outright lack of accessibility or availability of services was primarily referred to by youth in vulnerable situations.

Youth in remote areas and Roma clearly stated that services have either not been available (a reference to mobile teams of doctors visiting their area) or difficult to reach on account of both restrictions and transport problems.

"During the pandemic, the public transport was shut down for a long period of time. I wasn't able to go to the health centre, and I couldn't go out either. It was not an urgent matter, but anyway I couldn't access the services I wished to."

- Roma female

LGBT people referred to:

- Their inability to access any type of psychological support (specifically during the Covid-19 pandemic);

"I asked for psychological support in a public health facility, but it was denied to me."

- LGBT person

- Their lack of knowledge or ability to seek and obtain specific services/tests such as hormonal imbalance tests (pre-dating the pandemic but carrying higher emotional significance to them during the pandemic); and

"I wonder if in Albania it is possible to do a hormonal imbalance test. I say this for people like myself: I do not confirm a gender, but I feel trans (I am a trans woman but I don't necessary identify myself as a woman). I wanted to know if such a test is available, where it is available safely, what the cost is etc."

- LGBT person

- An inability to receive antiretroviral therapy, methadone or testing for HIV or other STIs (syphilis) on account of the Institute of Public Health being overwhelmed with Covid-19 testing and the stopping of these services.

Youth in remote areas referred to channel accessibility issues relating specifically to pharmacists and the provision of condoms or contraceptive pills. Given their need to travel away from their community to visit pharmacists who do not know them personally (and hence to avoid privacy issues), travel restrictions have presented a major challenge for them in this respect.

The lower quality of services obtained was highlighted as problematic in a number of situations and by multiple youth audiences:

Among all youth interviewed during the quantitative youth survey who were able to compare the quality of services before and after the onset of the pandemic, family planning counselling, routine check-ups related to SRH and gynaecological check-ups/consultations were identified as three key areas where a deterioration in the quality of services received was noticed.

Evaluation of quality of services during the Covid-19 pandemic compared to before (% mentioning)

	Worse	Better	The same	Cannot say
Family planning counselling	27	13	53	7
Routine check-up related to SRH	23	20	51	6
Gynaecological check-ups, testing or consultation	27	17	46	10

Roma females referred to negative experiences with regards to receiving sub-optimal care related to the health of the newborn baby, perceived as a further manifestation of discrimination on account of their ethnicity. Nevertheless, it is noted that the expectations of Roma females are generally lower (as expressed during focus group discussions) without questioning the overall quality of services, which is presumed to be low a priori, for their community.

"I was able to get the service I needed, but I felt that nothing has changed: we [the Roma community] are considered second-class citizens, and there is no respect for us."

- Roma female

The general youth population reported a collective lower quality of all services they managed to access, perceiving them as being offered at the most basic level. Nevertheless, this was expressed as being a continuation of pre-existing problems, rather than arising due to the Covid-19 pandemic.

Among youth in remote areas, the issue of quality of services is interlinked with the need to contact

the family doctor for SRHR issues. Although young people in rural areas also reported that it is extremely important for them to have a family doctor they can trust, the overriding perception is that GPs/health centre doctors are simply not skilled enough to deal with these issues.

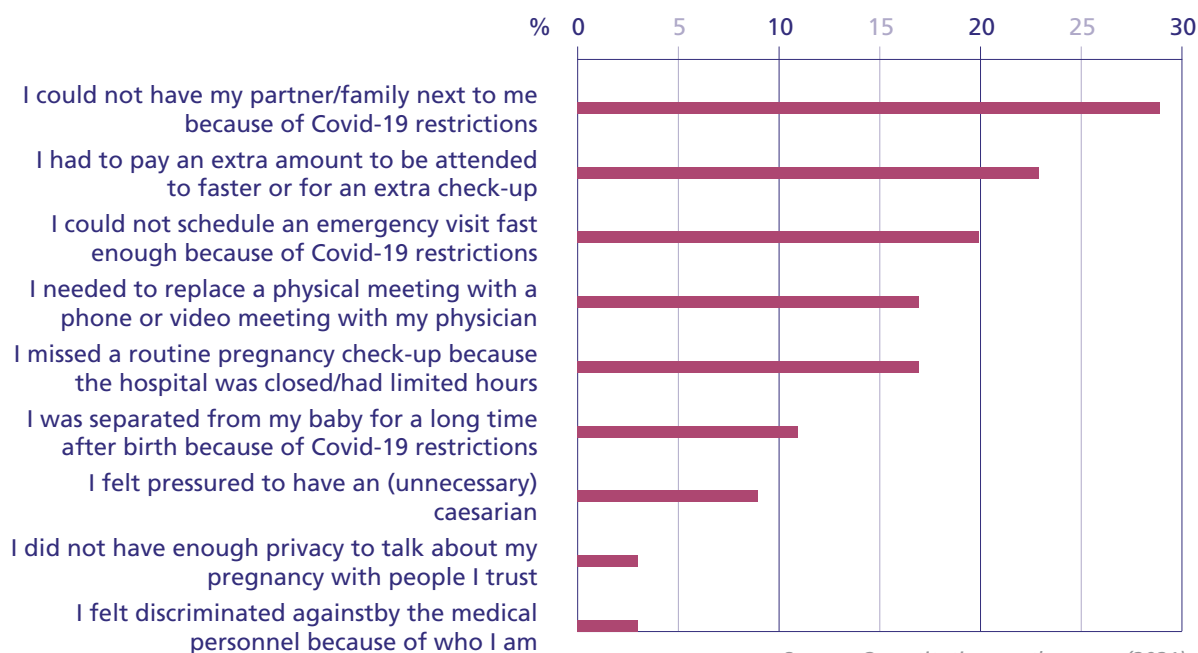
"The quality and reliability of services has been problematic. I personally do not believe that family doctors have the necessary skills to offer SRHR services."

- Young person in a remote area

Moreover, many youth in remote areas mistrust the quality of contraceptives offered in the public sector, reflecting an overall mistrust of the health system. Once more, while this was a pre-existing issue, it appears that its significance has been brought to greater light during the pandemic.

New mothers did not express any particular dissatisfaction with regards to a lower quality of services. The inability to have their partner with them due to Covid-19 restrictions was the only significant negative qualitative aspect they experienced during the pandemic.

Negative experiences of new mothers during the Covid-19 pandemic (% mentioning)



Source: Quantitative youth survey (2021)

Affordability issues were often referred to in qualitative discussions, suggesting that those in greater or more immediate need of SRH services and supplies experienced negative impacts during the pandemic.

The general youth population referred to higher costs of **self-administered tests and supplies**. **Online consultations** (requiring internet access) were associated with considerable affordability concerns, especially for the poorer urban youth and those living in remote rural areas. Roma youth expressed a significant deterioration in their financial situation and claimed that they have been less able to afford the cost of **safe abortion, transport costs for attending a health clinic and the cost of self-administered tests or supplies**.

LGBT people also appear to have been hit hard financially by Covid-19, further accentuating their pre-existing problems in affording supplies and tests, relating both to supplies bought at pharmacies and to specific tests that they have to carry out privately because the public facilities do not offer them. The implication is that as many SRHR services as possible need to be offered publicly as a way to attract LGBT members to use them.

"Have we gone nuts to spend 200 Albanian Leke for a condom?!!"

- LGBT person

Resources shifting away from SRHR services

All youth audiences clearly stated that the range of issues and problems faced are linked to a shifting of both attention and resources exclusively towards directly managing the Covid-19 pandemic. Indeed, this relates not only to the ability to access services but to the focus of attention when finally reaching a health facility.

"I tried to solve my problem through the telephone with my family doctor; it was not easy to get in touch with her, and I felt that she was expecting me to ask her about Covid-19 issues and not about SRHR issues!"

- Young Roma female

In its most extreme form, the shift in resources is well exemplified by the transformation of the Department of Infectious Diseases into a Covid-19 hospital, leading to a complete inability to access services in person at the outpatient clinic.

2.7.2 Lack of awareness and knowledge of issues underpinning access to SRH services

The ability of youth audiences to access SRH services during Covid-19 was undermined by considerable shortfalls in their awareness and knowledge.

Youth in remote areas and Roma youth lack awareness of how counselling on romantic relationships can be relevant to them or indeed that such services can be sought outside the medical community. The implication is that clear efforts are needed to inform such groups about the availability of such SRHR services and the benefits of using them.

"I never thought that one needs counselling on romantic relationships; these are natural things, and people learn them through experience. I don't see the value of this!"

- Young Roma female

Teenagers clearly expressed that the various channels of obtaining SRHR information are largely 'new information' to them.

Some **new mothers** were unaware of:

- The possibility that mobile teams of doctors and nurses could potentially address pregnancy issues or that nurses could visit homes to remind them about adherence to the immunization schedule for the baby;
- Any SRH services offered by local community, youth or distribution centres, assuming that answers to their problems could only be sought at the traditional health care facilities; and
- Health centres having a dedicated section for maternal and newborn care, as a source of primary contact.

LGBT teenagers expressed a lack of knowledge about the choices and steps they can take within the legal framework, implying a need to update the regulations/legislation to address such issues.

"LGBT have to have a custodian for several services if they are under 18 years of age; but what if my family does not support my choice, my being? I should wait until I'm 18? I would like to do the hormonal therapy, but I have heard that the later you start the therapy the less effective it is or the more difficult is that your metabolism will respond to it. I don't want to destroy my health."

- LGBT person

2.7.3 Significance of the problems faced in light of official statistics

The multifaceted issues highlighted above are of particular significance in light of formal data sourced from public government statistics relating to various SRH topics, as follows.

- Among women aged 20–24 years, the abortion rate increased by 44% from 2019 to 2020.
- From 2019 to 2020 the incidence of syphilis doubled among the younger population (<25 years old).
- The number of consultations and the number of contraceptive users in the public sector has decreased. In addition, couple year protection (CYP) measured by the LMIS programme showed a steady decline of 14% from 2019 to 2020. Family planning service providers have reported that the main problems encountered were a lack of demand from clients for contraception (95%) and client access to health centres (65%).

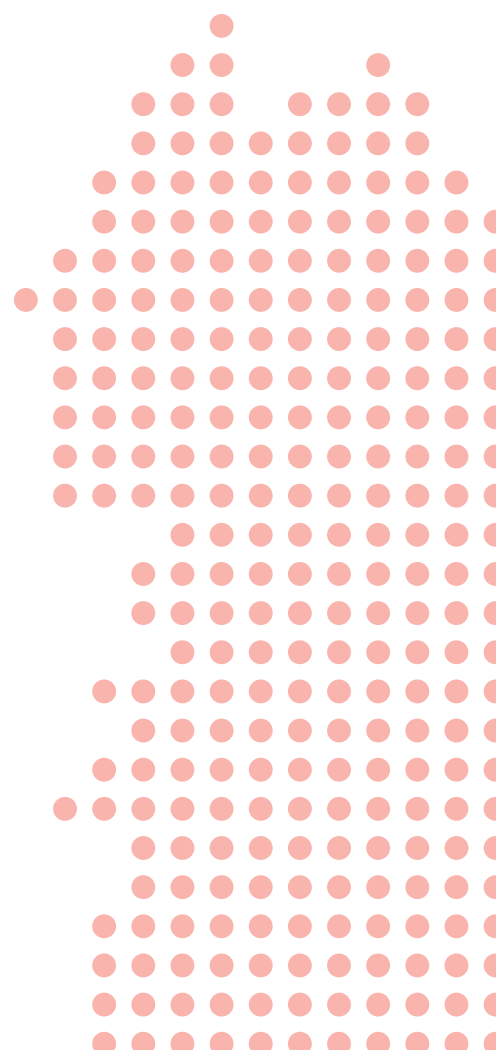
2.7.4 Problems relating to maternal and newborn care

Despite high overall satisfaction expressed by new mothers, it is noted that public spending on maternal and child health remains disproportionately low, with neonatal mortality (4 deaths per 1,000 live births), under-5 mortality (9 deaths per 1,000 live births) and infant mortality rates (10 deaths per 1,000 live births) remaining high in 2020 (source: Ministry of Health national statistics), suggesting that there are hidden problems relating to this area.

Issues in the area of maternal and newborn care also appear to be structural in nature: as evidenced by the ACPD study in the context of the 'Making it happen: training health care providers for maternal and newborn care' project, the lack of specialized staff has been mentioned by nearly 60% of relevant service providers as a barrier that affects the quality of care, while 15% of neonatologist providers felt that their knowledge is sometimes inadequate.

2.7.5 Problems relating to Comprehensive Sexuality Education

Priority in delivering online school programmes since March 2020 has been given wholly to mandatory subjects. In particular, as referenced by the World Vision Study in Albania, 1 in 10 children cannot access education activities online, suggesting that a substantial proportion of children are being placed in a disadvantageous position for all education (including any education on SRH topics).



2.8 Potential of technology and online channels for delivering SRH information and services

As previously highlighted, the wide variety of youth audiences are generally open to using online sources of general information on SRHR issues, despite evidence of confusion relating to online messaging and information.

Moreover, none of the youth audiences are in any way rejecting in principle the use of online and telephone consultations to obtain SRH services. Indeed, these options are accepted as a necessity during the pandemic, and in many cases provide the psychological comfort required in the climate of fear of contracting the virus.

Based on the current manner in which telemedicine or phone consultations are offered (and constrained by the lack of focus on SRH issues by physicians themselves), it is clear that such means are currently

considered second-best options that can only partly deliver on young people's requirements.

"The internet did not help me, and I took care myself of my mother infected with Covid. I was forced to be a doctor and a psychologist myself."

- Young person in Tirana

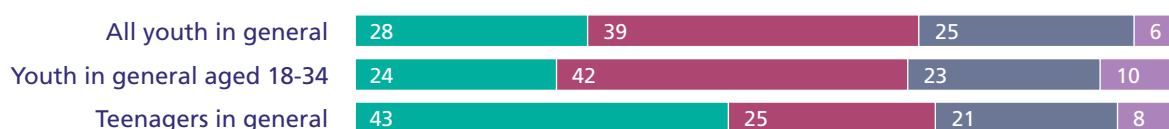
"The face-to-face encounter with the gynaecologist is essential for getting answers to your questions. I tried to consult the internet, but I got more confused than before."

- New mother

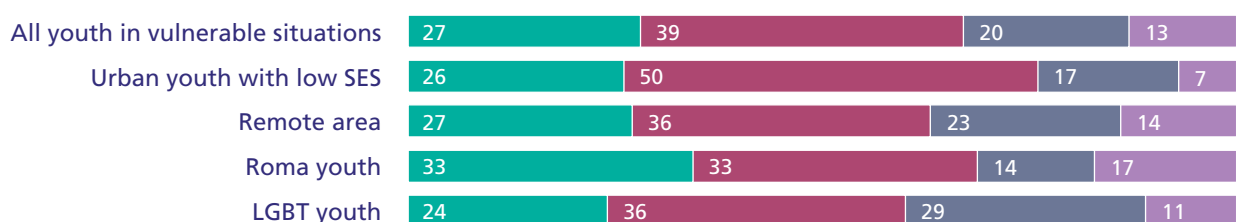
Indeed, as indicated by quantitative analysis, fewer than 1 in 10 young people currently believe that online or telephone conversations can be equally effective as traditional face-to-face visits. This suggests that substantial structural and technical improvements would be required in the future to embed such technological options as reliable long-term channels.

Effectiveness of video or phone conversation with physician/counsellor

- General youth population (% mentioning)



- Youth in vulnerable situations (% mentioning)



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

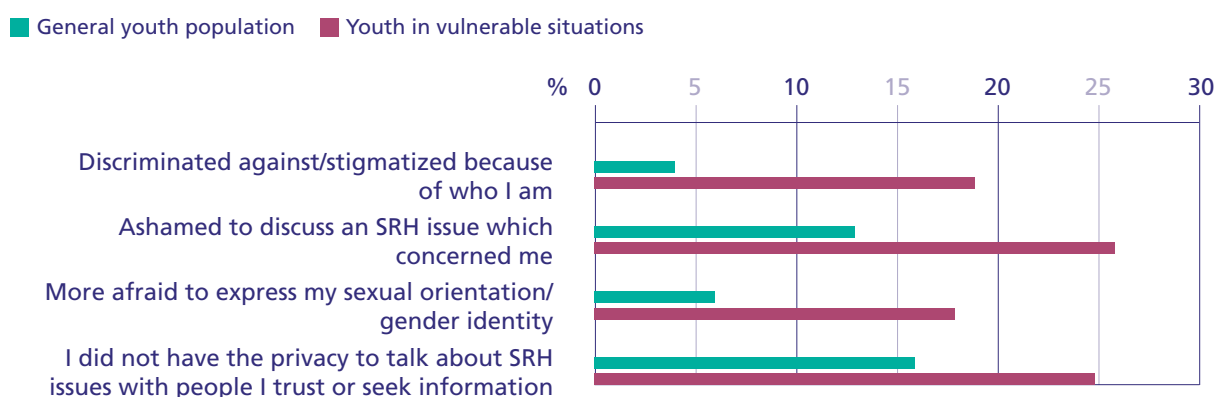
Source: Quantitative youth survey (2021)

III. Negative personal impacts and discrimination during the Covid-19 pandemic

The Covid-19 pandemic has clearly led to widespread feelings of discrimination experienced by young people in vulnerable situations at significantly higher levels than those in the general population, with respect to **feelings of shame, fear of expressing sexual orientation, and privacy**. While

such feelings of discrimination have often pre-dated the pandemic, the intensity of emotion expressed in focus group discussions indicates that vulnerable groups have become more aware of discriminatory practices as a result of the pandemic.

Feelings of discrimination experienced by young people (% mentioning)



Source: Quantitative youth survey (2021)

3.1 General youth population

Members of the general youth population have been overwhelmed by feelings of fear, uncertainty and hopelessness. In this context, there has been little room to think about SRHR services. Coupled with discrimination against girls being judged by physicians (purely on account of their young age)—pre-dating the pandemic—this has minimized their willingness to seek SRH-related support in general. Such patterns of discrimination appear to have been accentuated during the Covid-19 pandemic.

“When I went to get contraceptives at the mother and child health centre, there was a girl about 15 years old. Not only the people there but even the nurse looked at her as if she was doing something wrong [by coming to the clinic].”

“My relative had a vaginal infection and did not feel well and safe in the hospital premises. The staff there made her feel bad.”

- Young females, Tirana

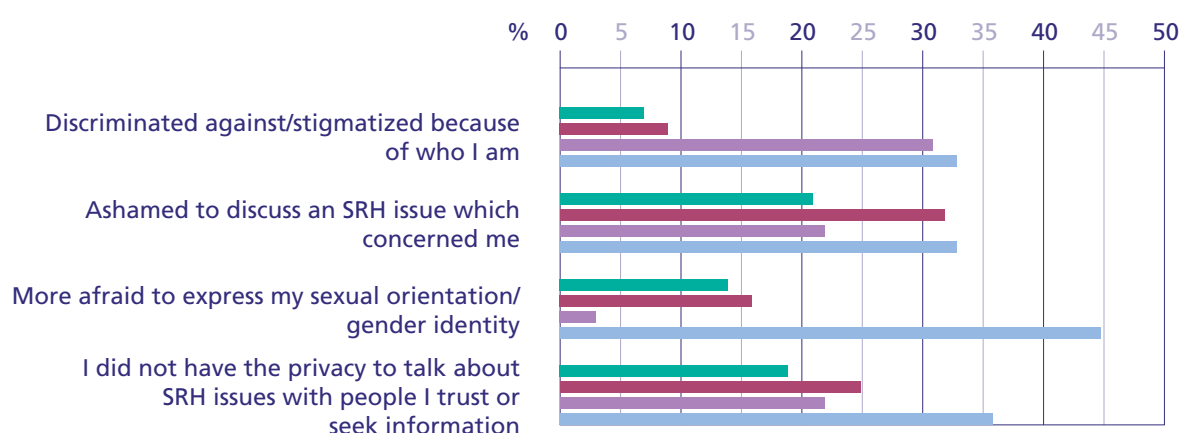
3.2 Youth in vulnerable situations

Among youth in vulnerable situations, **Roma youth and LGBT people** in particular reported having been discriminated against or emotionally constrained

during the Covid-19 pandemic. However, it is clear that young people in remote areas and those of lower socio-economic status have also been experiencing feelings of shame and restricted privacy.

Feelings of discrimination experienced by young people (% mentioning)

■ Urban youth with low SES ■ Youth in remote areas
■ Roma youth ■ LGBT youth



Source: Quantitative youth survey (2021)

A significantly high proportion of LGBT community members mentioned having experienced fear of expressing their sexual orientation during the pandemic and also qualitatively reported widespread discrimination, though this is not attributed to the pandemic as such. Discrimination was mentioned with regard to all settings, every time and constantly: at school, in the health system and even during encounters with psychologists. Moreover, in this context, the privacy of LGBT members is constantly being violated in term of educators and professionals disclosing private information about them or asking intrusive questions, though once more this pattern is said to have existed long before the pandemic.

"When you try to talk about the LGBT community during school hours, you will always be bullied; while I was talking I could feel the extreme bullying; one boy asked me directly and rudely: 'So, you really are gay?'"

"I was talking with the school psychologist, and at a moment she asked me: 'Are you sure you are gay? You don't look and don't act like one!'"

- LGBT young people

Young people in remote areas reported a strengthened belief that the public health system could not offer them the services they needed, leading to an increased perceived value of the private sector. Similar to urban youth, there is also a feeling of being discriminated against, particularly in terms of waiting time to be seen by doctors, purely on account of their young age.

"When I needed to receive a health service I had to wait too long because the doctor in charge would let in other people even though I arrived at the health centre before them. I think that the reason for that was [discrimination due to] my young age."

- Young person in a remote area

Roma persons in particular display a strong intensity of feeling regarding discriminatory behaviours and practices against them. While these have long pre-dated the pandemic, the crisis has fueled their feeling of injustice at various levels:

- Increased stress, given travel restrictions when accessing their trusted doctor or pharmacist;
- Much longer waiting times for Roma people than members of other communities to obtain the services they need;

"I went with my daughter to the hospital, and my daughter was crying, and we waited for a very long time to get the service. Meanwhile many white patients went through and received the service; the doctor offered the service when he thought it was more suitable for him, and this happened just because we were black and other patients were white. The health care staff offers more service to the whites than to us for the same problems."

- Young Roma female

- The need to pay (and often their inability to do so) to be attended to promptly; and

"We have to pay to get the service we need. If you don't pay, you will not get treated properly, and they will just leave you there."

- Young Roma female

- Clear violations of privacy and their right to self-determination, touching on their rights to make their own decisions;

"I was pregnant and had a haemorrhage. I rushed to the hospital, and the doctor gave me abortion pills instead of just treating my haemorrhage. He did not tell me if I wanted to abort and if the haemorrhage

could be treated without risking my baby. He just decided for me, without me being aware of it, and this is how I lost my baby! I think that the doctor did this because I am Roma."

- Young Roma female

The above patterns relating to the Roma community are strongly reflected through the feedback of stakeholder experts, with significant references to employment and income losses having reversed 20 years of empowerment work among the community. In this context, mobile teams of doctors are particularly referred to as a way to alleviate the negative impact on the community, though this has yet to be used effectively.

"The quantity and quality of information provided was not good, and Roma young people were not targeted; maybe mainstream youth, but this target group was kind of left out."

- Expert on the Roma community

In contrast to other groups, **new mothers** appear to have mitigated emotional impacts by relying largely on their trusted gynaecologist or family doctor monitoring their pregnancy.

"I was very reluctant to get the Covid-19 vaccine because I have read all kinds of things and conspiracy theories about the impact of vaccination on decreasing human fertility. But then I consulted my gynaecologist and was not afraid any more. I also think that such information on the internet should be blocked because it only causes confusion among people."

- New mother

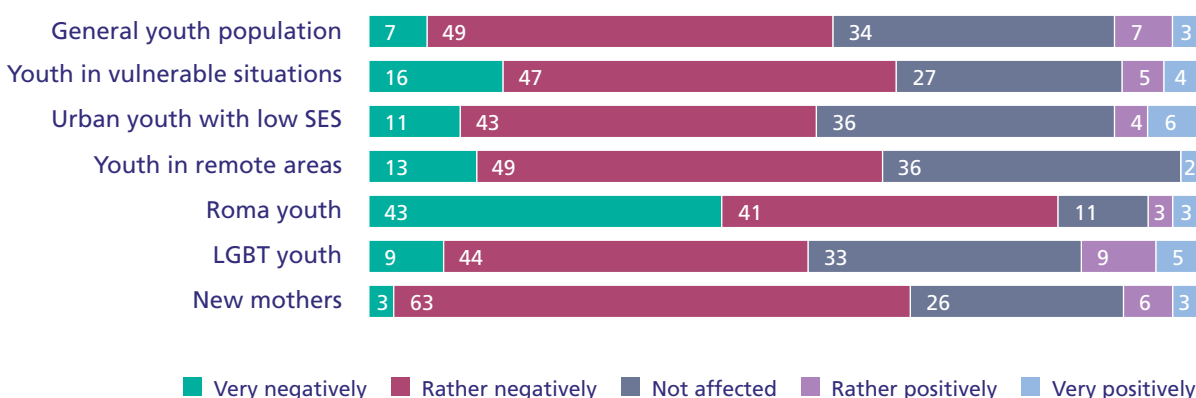
IV. Mental health

4.1 Effect of Covid-19 on psychological and mental health

Significantly high shares of both the general youth population and those in vulnerable situations reported being affected either very or rather negatively in terms of their psychological and

mental health due to Covid-19 (54% and 63%, respectively). Roma youth are the group which appears to have been affected particularly badly (84% very or rather negatively). This evidence is highly correlated with the level of intensity of seeking information related to psychological support previously outlined.

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



Source: Quantitative youth survey (2021)

Feedback from stakeholder experts in the area of mental health further suggests a strong gender and privacy dimension impacting on psychology, intensified during Covid-19 and related to:

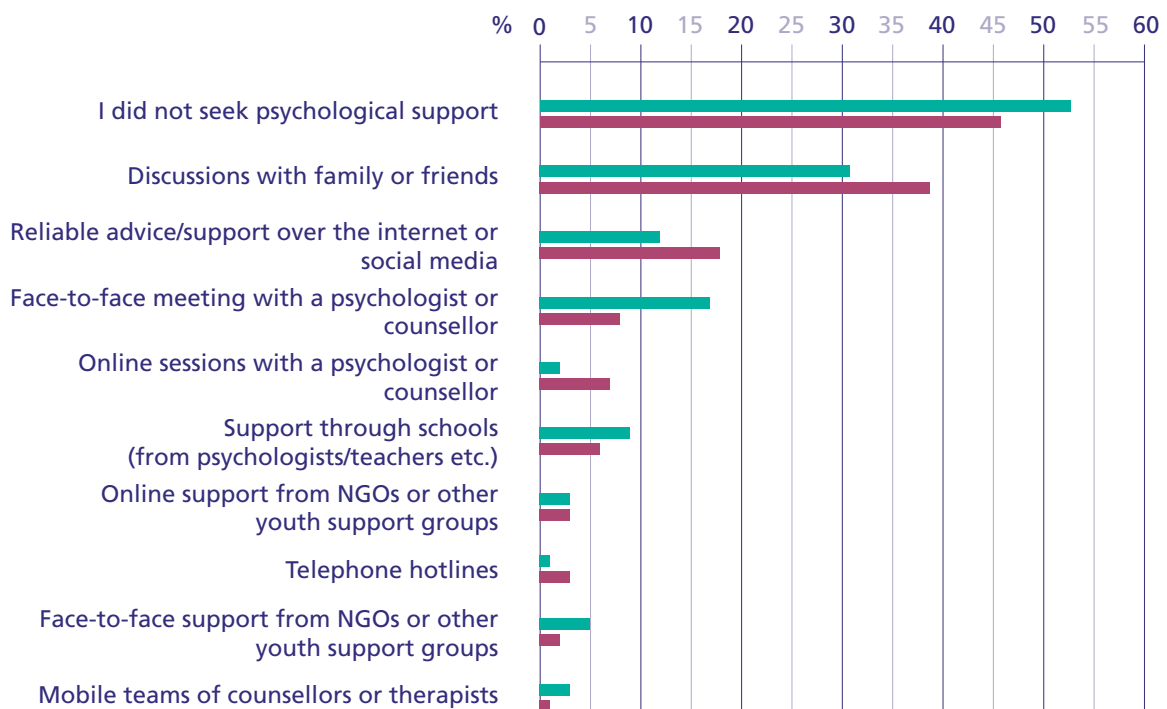
- An increase in the number of incidents of gender-based violence;
- Free expression of gender identity and/or sexual orientation being further confined in lockdowns, especially among LGBT people who experienced physical separation from their partners; and
- Reduced privacy and independence of young people

4.2 Seeking psychological and mental health support during the Covid-19 pandemic: the general youth population

The proportion of the general youth population who claimed to have sought psychological support during Covid-19 (but not before) increased by 7 percentage points (from 47% to 54%), with a tendency to rely more on discussions with family/friends and the internet in particular.

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

■ Before the pandemic ■ During the pandemic



Source: Quantitative youth survey (2021)

Indeed, qualitative feedback obtained from focus group discussions indicates that family support has been essential to overcome the unknowns associated with Covid-19, and in many cases represented the only reliable source of comfort and support in a situation where people felt left alone, without support from state institutions.

Consulting the internet for answers has also been essential to overcome stress and was described as being convenient to avoid discrimination and stigma related to seeking psychological support and ensure confidentiality. Moreover, the general youth population appear to consider online consultations as having significant potential to continue to be used even after the pandemic has settled down.

"Online psychological support is better than meeting face to face with the psychologist because this way you avoid discrimination and prejudice from the society. Albania is such a small country, and you can come across an acquaintance when going to the psychologists. Online consultations offer peace of mind with regard to privacy."

"I wish that online consultations could continue even after the Covid-19 pandemic has been dominated because of the comfort it might offer to users."

- Young people, Tirana

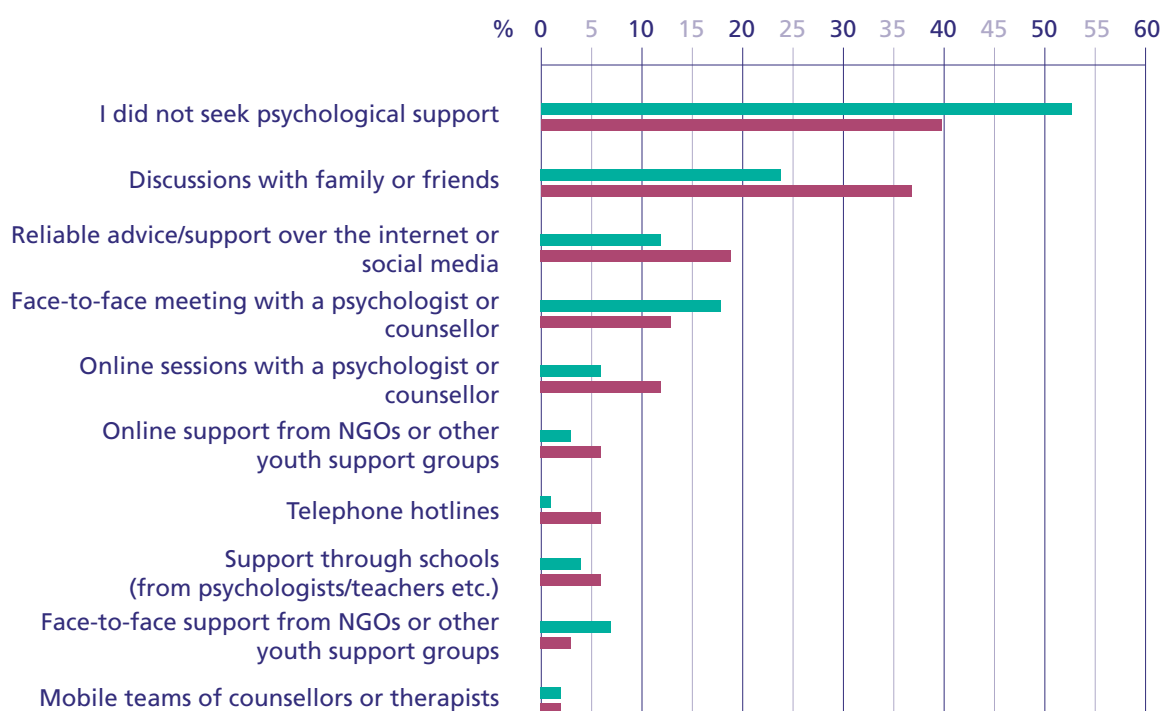
4.3 Seeking psychological and mental health support during the Covid-19 pandemic: youth in vulnerable situations

There has been an even greater increase (of 13 percentage points—from 47% to 60%) in the proportion of youth in vulnerable situations seeking

psychological support services compared to before the Covid-19 pandemic. The proportion engaging in discussions with family and friends increased particularly in this respect. Importantly, vulnerable audiences have also used online resources, suggesting that they may have long-term potential across the board in terms of addressing mental health issues.

Channels used for psychological support/services BEFORE and DURING the Covid-19 pandemic - Youth in vulnerable situations (% mentioning)

■ Before the pandemic ■ During the pandemic



Source: Quantitative youth survey (2021)

Qualitative focus group discussions have revealed further important dimensions across the various youth in vulnerable conditions.

Young people in remote areas reported an additional need for psychological support. However, cultural barriers lead to reluctance to seek professional support. In this context it is preferred that 'the news' (i.e. a psychological problem with the potential to be stigmatized) remains **within the close family** instead of risking it becoming public:

"We have sought psychological support and found it in our social network, staying together during the pandemic and sharing experiences."

"Two of my relatives took anti-depressants after surviving Covid-19, by advice of a psychiatrist. If they hadn't gone through Covid-19, they would never want to see a psychiatrist."

- Young people in remote areas

LGBT people stated that mental health is just as important as the other SRHR services, driven by the discrimination they experience every day. Moreover, they clearly admitted that due to Covid-19 insecurities, they personally and their wider community were in greater need of psychological support. This has been further accentuated by the discomfort of being forced to stay at home with other family members unwilling to openly listen to their issues.

In contrast to other vulnerable groups, LGBT people are highly apprehensive and fearful about seeking support among family members. Instead, there is clear preference for **(i) professional psychologists; (ii) their partner; and (iii) NGOs providing support as important resources addressing their psychological needs.**

Importantly, LGBT people also consider **online tools** of greater importance to overcome the dual barriers of quarantine requirements and confidentiality issues.

"I talk to my partner or to other LGBT friends when I need psychological support; these are the best sources for us."

"My family doesn't agree at all with my status; imagine what support I can expect from them about my issues and problems!"

- LGBT people

As previously highlighted, **Roma community members** have been particularly impacted on a psychological level. Despite their frustrations, qualitative evidence indicates strong reluctance to seek or accept any type of professional support, believing that they can manage the situation without resorting to the 'shameful' step of seeking professional support, and in this context no differential impact on their ability to access such services was referred to.

The single resource referred to outside the close family circle appears to have been secretive searches for support through online tools as a means of preserving privacy and confidentiality in an environment where psychologic problems are considered a mark of 'insanity'.

"It is not that we go to the psychologist often; I personally never met one because I think that I don't need it. If other came to know this, they will call you crazy."

- Young Roma Female

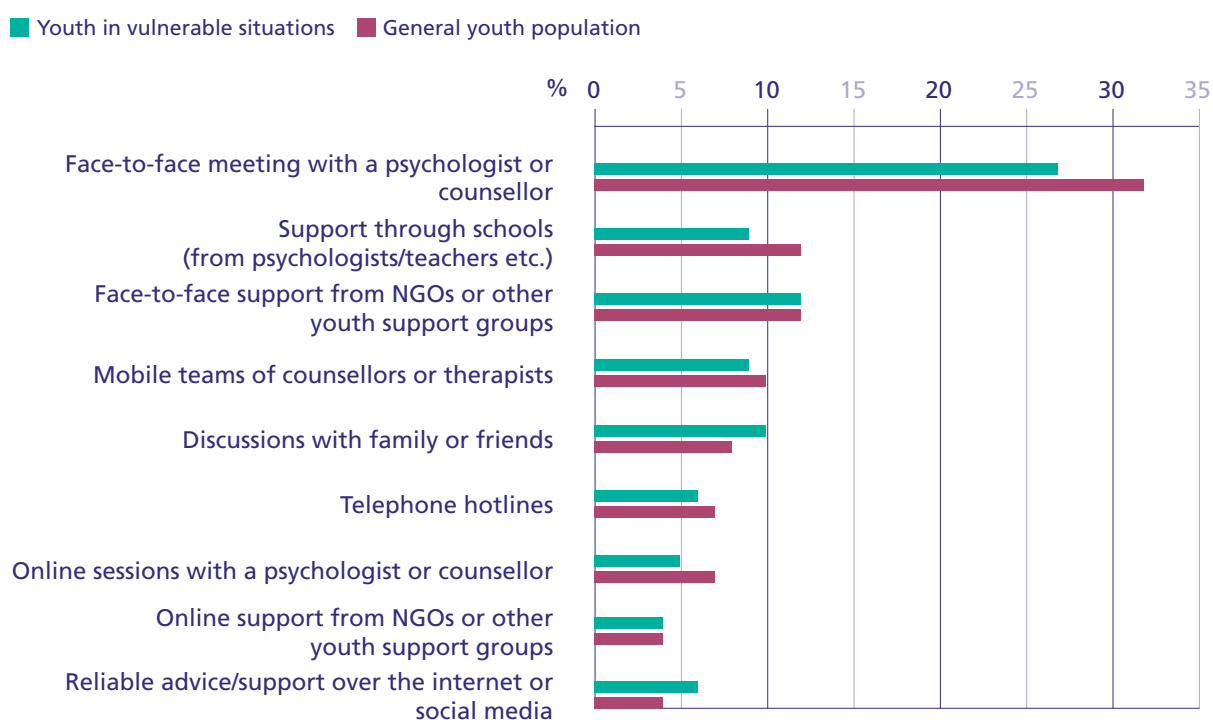
"Online support could be a better way to get rid of the mentality of the people and ensure your privacy."

- Young Roma Female

4.4 Channel barriers to accessing psychological and mental health support

In the above-mentioned context, and given the alternative support means available to the various youth audiences, overall difficulties in accessing mental health support are largely limited and relate to respondents' inability to have face-to-face meetings with counsellors.

Channels that are difficult or impossible to access during the Covid-19 pandemic (% mentioning)



Source: Quantitative youth survey (2021)

However, within specific groups, a notably higher incidence of problems faced was mentioned in terms of using various channels:

- 16% of youth in remote areas mentioned difficulties in having discussions with family or friends, and 16% report obstacles in accessing face-to-face support from NGOs or other youth support groups; and

- 16% of Roma youth expressed a difficulty or inability to pursue online sessions with a psychologist or counsellor.

4.5 Positive reactions relating to mental health support

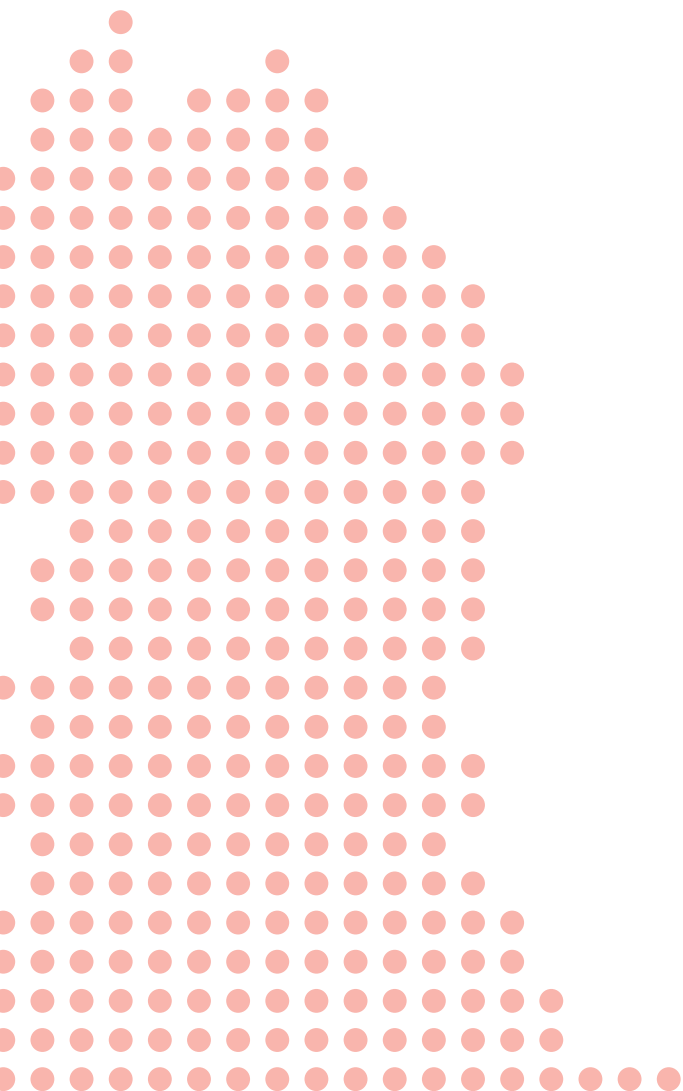
Experts in the field of mental health indicated during in-depth interviews a series of positive actions taken during the Covid-19 pandemic. It would be particularly beneficial to promote such activities to reach the target audiences:

- Support programmes in cooperation with partners (such as NGOs), with a focus on key populations and marginalized young people who need mental health support;
- Online mental health consultations (in conjunction with provision of antiretroviral therapy and condoms at home) for people with high HIV risk under the national HIV/AIDS programme;
- Hotline number (08004040) for the entire population used for both Covid-19 and mental health problems, communicated widely through mass TV media; and

- Mental health support activities offered by the NGO **Save the Children**.

Moreover, mental health experts also made some suggestions for the future:

- Inclusion of emergency mobile app alerts as a very good practice which should be integrated in Albania, particularly as a means to signal, track and help cases of potential suicide;
- Mobile teams of doctors to provide services to alleviate people's emotional burden; and
- Legislative changes regarding mental health, for it to be considered an essential problem.



V. Sexual and gender-based violence during the Covid-19 pandemic

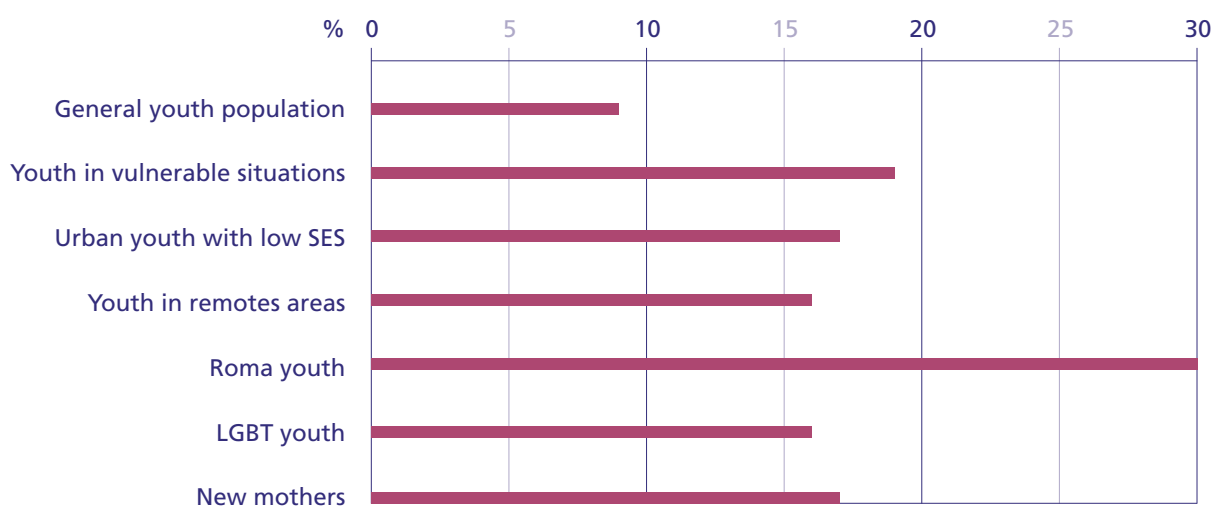
5.1 Incidence of gender-based violence during the Covid-19 pandemic

There was a high level of agreement among young people and relevant experts in the field alike that the Covid-19 situation has led to an increase in sexual and gender-based violence. Indeed, there is a strong belief that the phenomenon is much more widespread than reported. At the same time, some respondents expressed the opposite view: that quarantine measures led to improved couple relationships and decreased sexual and gender-based violence.

Over and above the physical isolation leading to increased incidents, LGBT people claimed that such incidents are more frequent among their community on account of their sexual orientation, while Roma community members referred to increased incidents of rape, particularly among people aged 15–20 years who have recently married.

Quantitative measurement indicates a substantial proportion of young people in vulnerable situations (19%) stating that they have either personally experienced or witnessed an incident of sexual and gender-based violence during the Covid-19 pandemic. The proportion of Roma youth is even higher (30%).

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



Source: Quantitative youth survey (2021)

Moreover, research demonstrates that 32.7% of children in Albania have experienced at least one case of physical and emotional violence during the COVID-19 pandemic (World Vision study 2020).

Data published by the Albanian Women’s Empowerment Network (AWEN) further show that about 2,000 telephone calls were received by the national hotline for women and girls aged 16–17 years during the quarantine period between 10 March and 18 May 2020 (three times higher than in the previous year).

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

All youth audiences expressed a clear perception that the State has failed to adequately tackle sexual and gender-based violence during the Covid-19 pandemic.

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



Source: Quantitative youth survey (2021)

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

Notably, 36% of young people encountering an incident of sexual and gender-based violence during the Covid-19 pandemic either did not seek any specific source of support or did not know what to do or where to look for support.

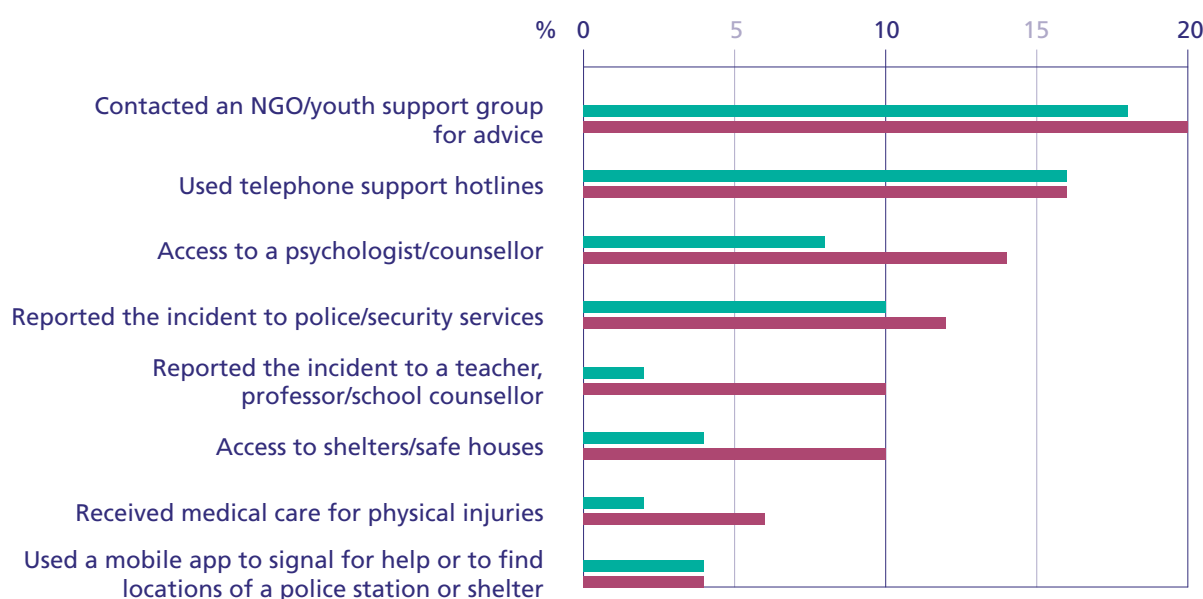
To the degree that support has been sought, the main channel pursued has been that of an NGO

or youth support group for advice and the use of telephone support lines, which are largely acknowledged to have delivered on their needs.

The proportion of respondents seeking support from the police or trying to contact shelters has been significantly lower. Moreover, the degree to which needs have been met when contacting psychologists, educators and even safe houses has been inadequate.

Support sought and received in cases of sexual and gender-based violence during the Covid-19 pandemic (% mentioning)

- Support received after witnessing or experiencing incident
- Action taken after witnessing or experiencing incident



Source: Quantitative youth survey (2021)

5.4 Barriers to seeking support in cases of sexual and gender-based violence during the Covid-19 pandemic

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

On a general level, support services do not appear to form part of the way in which young people are raised. Hence, while young people are aware of the existence of centres/shelters for survivors of sexual and gender-based violence, these are not frequented or used much. **As such, it would be particularly useful if teenagers especially could report such incidents to educators.**

LGBT people in particular expressed reluctance to go to the police regarding any issue of discrimination or sexual and gender-based violence, believing that rather than resolving their issue they will make them feel more judged and stigmatized. **As such, LGBT people mentioned that they would rely more on the associations offering help and support to LGBT individuals, such as the Alliance.**

"We turn only to the associations working with LGBT individuals for our problems; we have tried the state institutions, but they have always been unresponsive."

- LGBT person

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

"If a young girl is a victim of sexual violence she wouldn't go to the state police or any other institution because she would feel ashamed and because of the threats she would receive from the aggressor. If the majority of cases would denounce episodes of sexual and gender-based violence, then it would be easier to turn to state institutions for protection, but the prevailing mentality does not allow this yet."

- Young Roma female

The above barriers to seeking support were strongly echoed by professionals in the field of sexual and gender-based violence.

The increased level of violence has not been accompanied by an increase in the number of reports to the police: official data reported by the Albanian State Police show that in the first six months of 2020 there were 2,053 reported cases of domestic violence, compared to 2,237 cases in the same period in 2019. In contrast, the number of phone calls made to NGOs or human rights organizations asking for support and counselling increased threefold.

As reported by an expert at the Center for Legal Civic Initiatives and found by a study by the Albanian Women's Empowerment Network (AWEN), domestic violence remains hidden: women report mainly having heard the neighbours shouting or fighting, rather than personally experiencing domestic violence. This contradicts the large number of individuals who confirmed having experienced psychological/emotional problems.

A variety of local studies conducted by different NGOs indicate that young people in rural or remote areas are more inclined to intervene themselves when witnessing cases of sexual and gender-based violence, whereas those from urban communities are more inclined to notify the police.

5.5. Assessment of authorities' response to reported cases of sexual and gender-based violence

Young people collectively agreed that protective services, especially those offered by the police, are neither timely nor sufficient, leading to reluctance to turn to them in case of incidents of sexual and gender-based violence. The implication is that the police and other **protective/support institutions need to be more flexible and willing to intervene early to really prevent abuse at early stages** before escalation and the victim has been harmed.

"I'll mention here the example of a young girl who was being sexually abused by her father. She told the state police authorities about the abuse three times, but no solution was offered to her. The abuse continued, until finally the police turned up at her home and found the abused girl; only at this point was the case filed for a real solution."

- Young person, Tirana

Moreover, **protective and support institutions are perceived as being fragmented**, thus not helping survivors of sexual and gender-based violence effectively:

"I am aware that it is not only the state police; there are other institutions offering services and support. The problem is that they are not really tuned in or in synch with each other; they are loosely and defectively collaborating with each other in a context when collaboration and continuity is the answer! The state police cannot do it alone; services have to be linked to fulfil their mission."

- Young person, Tirana

Once more, young people strongly perceive the above limitations in the context of the prevailing mentality, tradition and culture: in a patriarchal society that disregards women and favours men and gender-based violence, Covid-19 is mentioned as having made the situation worse.

"In a case of family violence, the wife goes to the police, but they said to her: 'Go back home because your husband will be OK once he wakes up.' ...The bride is considered a 'slave' in the husband's house, and she is obliged to do everything the husband wants; otherwise, violence."

- Young person in a remote area

5.6. Positive responses to sexual and gender-based violence

Despite the profound inherent problems relating to the lack of reporting of cases of sexual and gender-based violence, focus group discussions—and stakeholders' feedback in particular—indicated that some mediating measures or actions have been taken, which would be well worth considering promoting further in general and especially during periods of crisis:

- Young people in remote areas referred to NGOs and shelters for survivors, although no specific names were mentioned.

- LGBT people also mentioned a preference for reliance on NGO organizations.

- Development of an app by the Ministry of Health for people seeking support in cases of sexual and gender-based violence.

More importantly, looking into the future, experts on sexual and gender-based violence strongly called for institutional improvements:

- An urgent need to strengthen the Coordinated Mechanisms of Referral of Cases of Domestic Violence, to make them functional in all municipalities and improve institutional coordination to provide protection and support services to survivors of violence, including minimum health and social services, especially at the local level; and

- Continuous on-the-job training for members of the Coordinated Mechanisms for Referral in relation to the treatment of cases of sexual violence, in particular against women and girls.

VI. Assessment of the institutional response to Covid-19

6.1 Overall assessment of the State’s response to Covid-19 in relation to SRHR issues

All youth audiences expressed the opinion that the Covid-19 pandemic has clearly demonstrated how little attention is paid to SRHR issues and services by the authorities.

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



Source: Quantitative youth survey (2021)

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

“In their official statements, there was not even an instance when institutions addressed SRHR issues during Covid-19! I am confident in this because I have carefully followed the TV programmes, media and social networks.”
- Young person, Tirana

“Nothing has been done by the government.”
- Young person in a remote area

“Are you kidding me? The government has done nothing for the LGBT community, and surely it did nothing with regard to SRHR services for us.”
- LGBT person

Particular negative references were made by teenagers regarding sex education, with unanimous agreement that the issue was not even on the most distant point of the government’s radar. Their disappointment is largely linked to cases of sexual and gender-based violence, with examples cited of teachers trying to dissuade witnesses or survivors from reporting incidents, to avoid harming the school’s reputation.

6.2 Acknowledgement of positive responses by the authorities

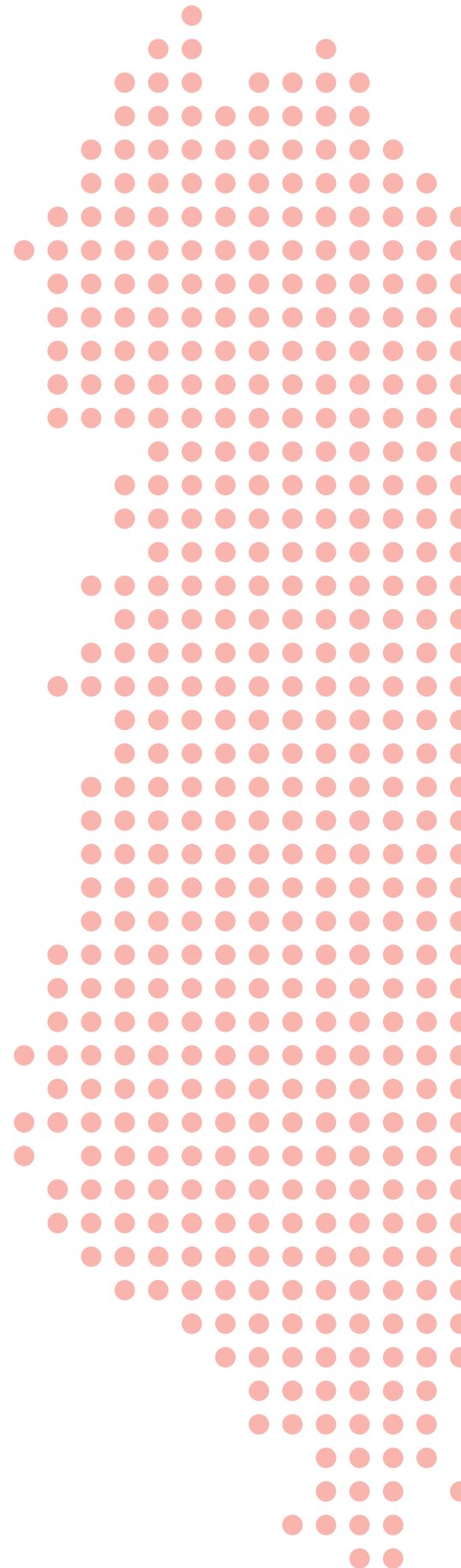
Despite the general disappointment with the response of state authorities, there are some clear areas where the response has been positively received.

New mothers considered that SRHR services related to pregnancy, birth and post-natal care were the only areas prioritized by the government during the pandemic, because at least they continued to be offered on the same grounds as beforehand. This suggests that if the government at least retains a similar level of services, youth audiences would be open to appreciating it.

"I think that we were lucky that we were able to access all services we needed in relation to our pregnancy during Covid-19. We all witnessed the difficulties people in general have gone through to get a specific health service during this time."

- New mother

There was also anecdotal mention of leaflets on SRHR matters being distributed. Further, the Ministry of Health launched an application to help survivors and witnesses report violence and to support survivors of domestic, sexual and gender-based violence.



VII. Positive practices

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

While many of these practices may not have had a strong impact in terms of achieving their goals, their

further implementation or expansion could yield promising results. Moreover, they also include a series of more general responses that may have the potential to be transferred into the realm of SRHR information dissemination and service provision.

The main practices and their implications suggested in terms of further actions/goals to be pursued are highlighted below.

7.1 Sex education, information and training

Practice	Further actions/goals
<p>Online non-formal education platforms used by ACPD to conduct meetings, round tables, awareness-raising campaigns, policy dialogue workshops within the community of health care and education, and with local and high-level decision makers</p> <p>Reported by ACPD</p>	<p>Maintain and enhance such activities.</p>
<p>Sexual Education as Life Skills cross-curriculum training implemented in 2020/2021, including:</p> <ul style="list-style-type: none"> •700 teachers and 72 leaders trained to deliver Comprehensive Sexuality Education (CSE); •300 teachers and 360 non-teaching staff trained to deal with sexual abuse; and •Expansion of the programme in 51 local education offices of pre-university education. <p>Reported by the Ministry of Education; impact on teenagers is yet to be observed</p>	<p>Activities were largely focused on the educators themselves.</p> <p>Establish an online platform for the provision of CSE for young people, including those from vulnerable groups, to enable access in times of crisis and post-crisis. Platforms should allow access to information on available SRH services and service providers.</p>
<p>Training for young people on using technology (e.g. on video conferencing platforms) adopted by faculties of social sciences at universities.</p> <p>Reported by education experts</p>	<p>Extend general training to the use of platforms focusing on SRHR issues.</p>

Practice

Further actions/goals

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

7.2 Maintaining a credible information flow and awareness of SRH issues

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

Practice

Further actions/goals

<p>Social network posts by trusted physicians</p> <p>Mentioned by youth audiences</p>	<p>Consolidate posts from trusted well-known physicians into a single social media platform for this purpose.</p>
<p>The Ministry of Health and Social Protection was using its website and Facebook page to inform the entire population and young people about Covid-19 implications and vaccinations, and its impact on SRH, such as the provision of emergency services only</p> <p>Reported by the Ministry of Health, but restricted in terms of perceived usefulness by youth audiences or indeed in terms of any meaningful reference to SRH services</p>	<p>Incorporate SRH issues in communications from the Ministry of Health through all its channels.</p>
<p>Albanian Community Assist (ACA)'s health mediators have been delivering information via leaflets in three areas of Tirana (Selite, Shkoze and Allias)</p> <p>Reported by stakeholders</p>	<p>Carry out similar activities elsewhere.</p>
<p>Information targeting the Roma community by NGOs offering valuable and useful information about women's health, personal hygiene, sexual health etc., with in-person sessions after the lifting of restrictions, to make up for the deficiencies created by restrictions</p> <p>Well received and appreciated by Roma community members</p>	<p>Explore ways to ensure a rapid response and constant contact with the Roma community depending on the geographic area and the access of sub-communities to technology.</p>
<p>Specific promotional activities interlinking the pandemic and SRHR issues:</p> <ul style="list-style-type: none"> • Awareness-raising campaigns on the 16 Days of Activism relating to violence against women and girls • Human rights street art festival • Discussion on abortion as a free choice for women in Albania • Brisilda Taco Roma activist — 'Women, Pandemic and Social Justice' — organized by a team that brings together independent activists and civil society representatives who work on issues of inequality against women • Alliance of Women MPs, in the framework of the breast cancer awareness campaign, together with male MPs, offered solidarity and support in the Albanian Parliament by buying YWCA masks and bags to contribute to supporting women with breast cancer <p>Identified through desk research</p>	<p>Very successful and intelligent way to ensure that SRH issues remain at the forefront of public debate during the crisis</p> <p>Such on-the-ground activities can be further extended into more remote geographic regions</p>

7.3 Availability of supplies

Practice

Further actions/goals

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

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

Expand the programme and raise awareness about it.

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

Reported by ACPD

Expand the programme and raise awareness about it.

7.4 Mental health

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

7.5 Sexual and gender-based violence

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

Practice

Further actions/goals

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

Reported by ACPD

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

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

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

Identified through desk research

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

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

7.6 Services and medicines

Practice

Further actions/goals

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

VIII. Practices recommended for the future

As highlighted in Section 7 of this document, although a wide range of measures have been taken by NGOs and some government departments, they have generally not reached the intended youth audiences. In this context, and considering their own experiences, youth audiences have identified a series of practices as being particularly potentially beneficial to them in conditions of crisis and restrictions such as during the Covid-19 pandemic.

8.1 Practices recommended by youth

As indicated in the table below, both the general youth population and those in vulnerable situations prioritize the following resources:

- GP/family doctor/physician providing consultations or prescriptions online;
- Sex education classes in school;
- An online platform providing sex education, including useful videos;
- Regular delivery of **free** condoms, tests, menstrual hygiene products etc. to their area; and
- Dedicated hotlines on specific aspects of SRH and mobile apps/tools with maps and information.

Youth in vulnerable situations consider the possibility of a community centre in their area of particular importance.

Most preferred practices for the future

General youth population

	%
My GP/family doctor/physician provides consultations or prescriptions online	51
Sex education classes in school	41
An online platform providing sex education, including useful videos	35
Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	34
Self-screening tests for HIV or STIs	29
24/7 hotlines dedicated to specific aspects of SRH	28
A mobile app/website with maps and opening times of the nearest hospitals or NGO support centres	28
A community centre in the area where I live	27

Youth in vulnerable situations

	%
My GP/family doctor/physician provides consultations or prescriptions online	54
A community centre in the area where I live	29
Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	29
Sex education classes in school	27
24/7 hotlines dedicated to specific aspects of SRH	24
An online platform providing sex education, including useful videos	23
A mobile app/website with maps and opening times of the nearest hospitals or NGO support centres	23
An online pharmacy to order supplies, tests and medicines without prescriptions	20

8.2 Practices recommended by specific vulnerable groups

Despite the similarities in the services recommended by youth from various audiences, qualitative and quantitative directional analysis further indicates strong preferences among specific groups in vulnerable situations as follows:

- Dedicated contact points at my school/university (mentioned by youth in remote areas);

- Mobile teams of doctors, nurses or therapists visiting my area (youth in remote areas, Roma);
- Affordable devices such as smartphones, tablets or laptops (Roma); and
- Supplies of self-administered screening tests for HIV and STIs (LGBT people).

G.KEY CONSIDERATIONS

Based on the findings of the study among young people in Albania outlined in this report, a number of aspects need to be considered in devising and implementing policies and programmes that will address the needs of young people in relation to SRHR, in general and in times of crisis such as the Covid-19 pandemic.

Specifically, the following should be considered and addressed.

Seeking and accessing information on SRHR issues

During times of crisis such as the Covid-19 pandemic, it is necessary to continue raising awareness and undertaking interventions for the dissemination of information to maintain young people's access to essential SRHR information. Specifically, the following should be taken into account:

- A mix of campaigning and experiential or localized events for awareness-raising purposes is required. The latter would also contribute to ensuring that information reaches those young people in greater need.
- In information dissemination activities it is important to consider specific issues such as fertility, pregnancy, mental health, sexual and intimate relationships and STIs. These are topics on which young people had the greatest information needs during the Covid-19 pandemic.
- The widespread misinformation needs to be countered by guiding young people towards trustworthy sources (such as websites) and informing them about fake information on social media in particular. The identification and use of trusted sources over and above the World Health Organization and United Nations agencies is likely to be beneficial in this respect.
- The concerns of young people in vulnerable situations related to community traditions, culture and feelings of shame pre-dating the pandemic,

as well as the climate of fear and privacy that has arisen or intensified during the Covid-19 pandemic, need to be considered in each step of improving the dissemination and quality of information. In this context, information could be delivered in a manner that is scientific rather than personal in tone, and through subtle below-the-line activities—for example, through NGOs.

- Technological and internet means should be used to maintain young people's access to information, irrespective of whether this information is provided by health professionals, health centres, sex educators, local community centres or other organizations.

- The reach which NGOs and health mediators have offers an opportunity to disseminate information on SRHR issues.

Sexuality education

Sexuality education needs to be updated and adapted based on a changing context and reality when needed, to make it more comprehensive and relevant to the needs of young people. This is necessary to prepare a new youth generation that will be better informed and equipped to pursue their SRHR-related needs. As a result, young people would be more empowered and knowledgeable to respond in crisis situations in the future. In this respect, the following are worth considering:

- Out-of-school sexuality education should form part of this effort and be supported in all possible ways.
- NGOs and youth clubs can form a bridge between formal CSE education in schools and sexuality education outside the school environment.
- Training sex educators should also be a core component in designing plans and programmes for sexuality education in the future.

- Online platforms can offer powerful tools in the overall effort and would be particularly relevant for the general youth population and those young people in vulnerable situations who have access to the internet.

Access to SRH supplies

In times of crisis—and in particular the Covid-19 pandemic, when travel restrictions were in place—access to SRH-related supplies is particularly important for young people, since it constitutes a tangible and immediate need. During the pandemic, limitations were evident in terms of supplies not being offered to young people on time and at the time of need. Consequently, the following issues need to be taken into consideration:

- The need to ensure a consistent distribution of supplies, especially to more remote communities;
- The need to inform people of where and how they can access supplies. Online means may be a useful tool in this respect;
- The role and capacities of local community centres, pharmacies, NGOs and mobile teams of doctors in delivering supplies to young people in vulnerable situations;
- Specific attention should be paid to the ability of young people in vulnerable situations to access condoms, self-administered STI screening tests, menstrual hygiene products and self-administered HIV tests (LGBT people); and
- The affordability of supplies for all segments of the youth population is a prerequisite and should be maintained through appropriate actions by authorities. During the Covid-19 pandemic, and likely also in future crisis situations, an initial spike in the prices of supplies was observed.

Access to SRH services

Moreover, there is a clear need to make SRH services more accessible to young people. A framework for this should be defined within the primary health care context. In this effort:

- Services must continue to be offered at least at the levels pre-dating the crisis, and the situation created by the Covid-19 pandemic should be used as an opportunity to remove pre-existing barriers to accessing services. To do this, services should be organized in a way that ensures easy accessibility to high-quality services that are affordable for all segments of the youth population. Any reallocation

of health resources during times of crisis should not undermine this goal.

- A special effort should be made to avoid closures of community health centres, deal with transportation problems, improve the quality of services in relation to family planning counselling, and avoid cancellations of routine check-ups and gynaecological check-ups/consultations. These were identified as key problems during the Covid-19 pandemic.

- The identification and classification of key areas of SRH services as 'essential' in law and policy can help ensure that SRH services are maintained at satisfactory levels during times of crisis. These areas should be carefully selected after further deliberation by all relevant stakeholders.

- Clear communication on the 'interim' procedures and details of how to access SRH services during times of restriction is necessary. This can be facilitated through online means and via family doctors.

- Family doctors or GPs should assume a central role. It is clear that the Covid-19 pandemic has shown how important it is to have a family doctor whom young people can trust and rely on.

- Online means to facilitate access to services and for consultations can provide a short-term solution to immediate problems faced by young people, although they are second-best to traditional face-to-face contact in the long term.

Considerations for young pregnant women and new mothers

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

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

Despite these high levels of satisfaction, a series of considerations for further improvement of services for pregnant women should be taken into account, namely:

- To improve access to public hospitals or health centres in general; 42% of new mothers reported difficulties in this respect;
- To reduce the waiting times and long queues at public hospitals for routine checks such as ultrasound or to obtain the fetal heart rate for those pregnant women who are not affiliated with a specific doctor;
- To raise awareness of the available option that mobile teams of doctors and nurses could potentially address pregnancy issues or that nurses could visit women's homes to remind them about adherence to the baby's immunization schedule; and
- To raise awareness of the option of using dedicated sections for maternal and newborn care in health centres as the channel for primary contact.

Mental health and psychological support

Mental health has clearly been the most important aspect of SRH for young people during the Covid-19 pandemic, resulting in both increased information-seeking on this topic and a larger proportion of young people—especially those in vulnerable situations—seeking psychological support. In times of crisis, all available means should be considered in relation to mental health support, including *inter alia*:

- Offering free counselling;
- Promoting existing hotlines, apps or online platforms related to the topic;
- Introducing support programmes with a focus on youth in vulnerable situations, in cooperation with partner actors (such as NGOs);
- Using hotlines and mobile apps as effective tools for providing psychological support; and
- Changing legislation to classify mental health support as an essential service.

Sexual and gender-based violence

In light of the increased incidence of sexual and gender-based violence during the Covid-19 pandemic, especially as reported by young people in vulnerable situations, there is a clear need to address long-term structural problems in relation to the ability of victims and survivors of this violence to seek and obtain efficient and timely support. In this respect, it is important to:

- Ensure that operational mechanisms are in place and available also during times of crisis. This includes the mechanisms for reporting incidents of sexual and gender-based violence, being physically protected or sheltered, and having access to legal support and to psychological support services. These mechanisms should be structured and supported in such a way as to ensure their long-term viability beyond the Covid-19 pandemic;
- Improve coordination among all relevant actors in offering support to victims and survivors of sexual and gender-based violence, including the authorities, the police, NGOs and shelters. Moreover, all relevant actors should be properly trained, supported and equipped for their role;
- Use online platforms especially for reporting incidents of sexual and gender-based violence; and
- Carry out creative awareness-raising activities through social media and on-the-ground activities regarding all dimensions related to sexual and gender-based violence.

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

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