



CEE Bulletin on Sexual and Reproductive Health and Rights

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Table of contents:

- Burning Issue
- Regional Updates
- Global Updates
- Youth
- Publications

BURNING ISSUE

Lithuanian Parliament to consider restricting access to abortion

Lithuanian Parliament will, in the coming weeks, discuss a draft law that would strongly restrict women's access to legal abortion leaving only two options for accessing the procedure: when women's life and health are in danger and in cases of rape. If adopted, this law would put Lithuania among countries with the strictest laws on abortion in Europe. The draft law had been proposed by the Electoral Action of Poles in Lithuania who Since 2005 unsuccessfully tried to submit bills to penalize abortion.

ASTRA sent letters to [Lithuanian President](#), [Prime Minister](#) and [Speaker of the Seimas](#) calling for rejection of this draft law.

Other institutions addressing this legislative debate in Lithuania include 53 Members of the Parliamentary Assembly of the Council of Europe who signed Written Declaration No. 645 on Draft law to restrict access to abortion in Lithuania ([link to the document](#)).

The pro-choice coalition [All of Us](#) of the European Parliament also addressed the Lithuanian lawmakers through a [letter](#) undersigned by over 90 MEPs expressing concern about the legislative debates in Lithuania.

REGIONAL UPDATES

“Save the Women” bill with 500 000 signatures submitted to the Polish Parliament

On October, 23 the “Save Women” Civic Committee tabled almost 500 000 signatures collected under the bill on women’s rights and conscious parenthood. The lower chamber has now three months to initiate a debate on the draft legislation. It is now the ruling party’s move to decide whether the draft will be sent to further proceeding – as promised in the election campaign, or if it will be rejected – as the practice up to now shows. The draft bill provides legal abortion financed from the state budget on demand until 12th week of pregnancy; after 12th week abortion would be performed due to a threat to woman’s health or life, in case of foetal malformation (until 24th week of pregnancy or if the foetus is unable to survive outside woman’s body without a deadline) and when pregnancy is a result of rape or incest (until 18th week of pregnancy); free and accessible contraception; emergency contraception available without medical prescription and comprehensive sexuality education in schools (read more [here](#)).

The record number of signatures – twice as many as in the last year’s campaign - was collected since August by grassroots voluntary groups, in dozens of cities, towns and villages in Poland and abroad. The action was supported by many extra-parliamentary opposition parties and numerous NGOs, including the Federation for Women and Family Planning and the Great Coalition for Equality and Choice (the list can be found [here](#)). The official threshold – 100 000 signatures – was reached within the first month, which illustrates enormous engagement of the volunteers and outstanding support among citizens.

While the Law and Justice party (PiS) likes to justify disturbing, often undemocratic, procedures with the will of the people, the planned restrictions to the anti-abortion law do not enjoy the majority support. According to the latest opinion polls, 40 percent of citizens are for the liberalization, another 40 percent are in favour of the status quo and only 11 percent would prefer stricter laws.

At the same time, anti-choice groups collect signatures under their bill “#StopAbortion” that foresees abortion ban in case of foetal malformation. The draft legislation is promoted by the bishops and Catholic churches nationwide and it supported by the most important politicians that have already declared their support, among others PM Szydło, President Duda, the leader of the ruling party Kaczyński. It is assumed that this bill came as a result of an unofficial deal between the PiS and the Episcopate (which openly favours a total ban). In less than a year the ruling party blocked the access to emergency contraception as well as restricted the IVF regulations. There is no true sexuality education. First the government will force women to give birth to incurably sick children and then it will forbid abortion in case of rape and incest. Polish women will soon end in hell – said Barbara Nowacka, representative of the “Save Women” committee.

Source: [Ratujmy Kobiety](#)

Doctors for Women help women in Poland access emergency contraception

Doctors for Women (Lekarze Kobietom) is an informal initiative that unites doctors from all across Poland who want to help women access emergency contraception.

Created as a response to Ministry of Health [decision](#) to reinstate the requirement for doctor's prescription for emergency contraception the initiative aims to fill the wide gap of reproductive health needs. Emergency contraception was available over the counter for two years – since April 2015, as result of the C(2015)51 ruling from the European Commission, and upon recommendation from the European Medicines Agency (EMA).

Not only doctors are members of the Doctors for Women initiative. Other specialists, young doctors, interns and students also help with various tasks. The idea is simple. After receiving a message from a patient in need, she is asked her to visit her General Practitioner, gynecologist or, if it's a weekend or late evening, to visit the Emergency Department at local hospital. In many cases that's enough - according to Polish law, every doctor with a full work permit can issue a prescription for the emergency contraceptive pill (levonorgestrel 1,5mg or ulipristal acetate 30mg). Unfortunately, there are situations when a doctor refuses to write a prescription referring to the conscientious objection. Only in cases when such circumstances occur women are asked to contact Doctors for Women, she is then referred to one of doctors who is part of the initiative. Doctors for Women work as volunteers or charge patients symbolically "1zł" for an appointment. To make the whole process as quick and simple as possible, Doctors for Women created an online form called Emergency Visit Card that serves as medical documentation for the in person visit.

Since the launch of the initiative in September 2017 more than 1000 women were supported by Doctors for Women. At the same time more than 100 were denied a prescription by their physicians. The initiative has limited capacity and often is not able to support all women; there have also been cases of women who have reached out for help too late or when there is simply no doctors available in a particular city or region. The initiative is therefore working on its outreach to new potential members (every physician can join Doctors for Women) to be able to continue its activities.

Follow Doctors for Women on social media ([Facebook](#), [Twitter](#)) and online (Polish only): <http://lekarzekobietom.pl>

Poland against UN standards on abortion and capital punishment

The ongoing battle around fundamental reproductive rights in Poland becomes even more fierce. Government's attempts to criminalize abortions and make one of the toughest anti-abortion laws even stricter are expressed in its statement delivered to the Human Rights Committee.

Polish non-governmental organizations are deeply concerned about the official remarks to the General Comment No 36 on article 6 of the International Covenant on Civil and Political Rights concerning the right to life. The General Comments refers to various aspects related to the right to life - from abortion and euthanasia to suicide to capital punishment and genocide. It clarifies how States that have ratified the Covenant are supposed to protect this right. Only two paragraphs – out of 22 pages – pertain to abortion by imposing the duty to provide access to abortion in case of rape,

incest and fetal impairment. The document also underlines that “any legal restriction on the ability of women to seek abortion must not, inter alia, jeopardize their life or subject them to physical or mental pain or suffering which violates article 7”.

Poland’s amendments rely on the assumption that human life begins at conception so as to restrict the right to abortion and deem euthanasia illegal. Poland postulates deletion of the following three provisions:

In situations in which carrying pregnancy to term would bring women substantial pain or suffering, most notably when the pregnancy is the result of rape or incest or when the fetus suffers from fatal impairment;

applying criminal sanctions against women undergoing abortion or against physicians assisting them in doing so, when taking such measures is expected to significantly increase resort to unsafe abortions;

Abolition of death penalty is therefore legally irrevocable.

Poland’s position clearly outlines that “the only non-discriminatory exception limiting protection of human life is, according to the statement, “related NOT to a particular stage of the human life but to the imposition of the death penalty in situations emerging from a voluntarily committed, serious crime”. One of the proposed changes refers to sexuality education as follows "States Parties should have respect for the liberty of parents and, when applicable, legal guardians to ensure the religious and moral education of their children in conformity with their own convictions". All those remarks suggest that the Polish government intends to reintroduce death penalty and to restrict abortion in case of both fetal impairment and criminal act as well as to make women accountable for abortion. Many Polish NGOs and citizens are highly alerted and hope that the international bodies will block any attempts to the idea of human-rights-based covenants.

To read the Polish position, visit the Office of the High Commissioner for Human Rights website [here](#).

Read the official statement by the Ministry of Foreign Affairs [here](#)

Read more [here](#)

Priests in Moldova claim that the Antidiscrimination Council attack family values and morality

The Council for the Prevention and Elimination of Discrimination and Ensuring of Equality, which is unofficially called the Antidiscrimination Council, persecutes all those who are not supportive of rights of LGBTIQ persons. The accusations were made by a group of priests. Deacon Gennady Valuta, in a [news conference](#) at IPN, said President Igor Dodon also became the target of decisions taken by the Antidiscrimination Council only because he defends the family values and morality. Recently, the members of the Council reproached the chairman for making discriminatory statements and statements that incited hatred on grounds of sexual orientation in TV programs. Thus, the chairman was obliged to present public apologies for the made statements. If he does not do it, he will be sued.

According to Gennady Valuta, the President of the Republic of Moldova is obliged to defend the

Church and the Christians, while the decision of the Antidiscrimination Council is a gesture that humiliates not the President, but rather the people who elected him and the Church. "We, for the first time have someone who speaks positively about the Church and acts in this regard. We cannot be indifferent when this representative of ours is attacked as we, the Christians, are also attacked," stated the priest. Priest Ioan Solonaru from Cimiseni village, said he is not against the people, but is against their sins. "We do not want the sin to be shown publicly. They (the homosexuals) should live as they want, in their family, but it is embarrassing when these things are promoted on the street," he stated. The priests encourage the President to initiate the abrogation of the Law on Equality of Chances or at least to exclusion of the phrase "sexual orientation" from this. Another request is to include representatives of the Church, religious denominations and traditional civil society in the composition of the Council for the Prevention and Elimination of Discrimination and Ensuring of Equality.

Source: [IPN](#)

European Parliament

Deprived of their human rights – EP backs report to tackle intolerable anti-gypsyism in Europe

The European Parliament adopted the report on protecting fundamental rights of Roma people in the EU. The report recognises anti-gypsyism as a horizontal issue, and demands a range of policies from desegregation measures in public services to monitoring of anti-discrimination programmes. The ambitious report is a firm condemnation of the current predicament of Roma people in Europe, and a call to action for the Commission and member states.

S&D Group Spokesperson for Roma issues and author of the report, Soraya Post, said: "Roma have been deprived of their human rights and discriminated against for 800 years. Anti-gypsyism is a specific a form of racism, and the results are seen at every level of European society. 80% of Roma parents live at risk of poverty, as well as their children who, in 47% of cases, do not attend early education. One third of Roma households live without running water or access to a toilet, shower or bathroom inside. This continues into adult life with 63% of young Roma not in employment, education or training in 2016, compared to the EU average of 12%. This is an intolerable reality in Europe, and more can be done to improve it.

"For the sake of building mutual trust, we demanded strongly that member states and the Commission set up Truth and Reconciliation Commissions to acknowledge the persecution, exclusion and disownment of Roma throughout the centuries. The results of this should be documented in an official white paper. As well as this, the history of Roma should become part of the curriculum in schools. We also call on member states to condemn and sanction hate speech against Roma, and the Commission to establish a working definition of anti-gypsyism for member states to apply. We also need member states to clearly guarantee that Roma people are equal before the law; we cannot tolerate this racism or the terrible inequality it causes."

Access the report [here](#).

Source: [Socialists and Democrats](#)

From ASTRA Members

Improving Access to Medical Abortion in Armenia

Women's Rights Center NGO (WRC) organized a dissemination meeting devoted to the results and of two research studies implemented in Armenia with the support of Gynuity Health Project (GHP). The aim of the studies was to improve access to medical abortion for women. The invited participants of the meetings were obstetrician-gynecologists from different medical institutions of Yerevan, Head of Maternity and Reproductive Health Protection Division of RA Ministry of Health, WRC members and Senior Associate of GHP. One of the studies „A randomized controlled trial to compare sublingual and buccal misoprostol regimens after mifepristone for termination of pregnancy 13-21 weeks LMP” was conducted at the Republican Institute of Reproductive Health, Perinatology, Obstetrics and Gynecology (RIRHPOG) with participation of 160 women, the other one «Simplifying first trimester medical abortion follow up» was conducted at two research sites: RIRHPOG and Gyumri Maternity Hospital with participation of 43 and 46 women respectively, all cases of both studies were completed successfully. The results and experience of both studies were disseminated among health providers and also Guidelines on Clinical Standard on Organization and Delivery of Medical Aid in Medical Abortion were distributed to all participants.

Medical abortion is widely spread in Armenia. In clinical studies conducted in Armenia, 95% of women reported being “satisfied” or “very satisfied” with their medical abortion and 93% would prefer this method if they needed another abortion in the future. (Louie K.S, Chong E, Tsereteli T, et al. The introduction of first trimester medical abortion in Armenia. Reproductive Health Matters 2015; Supplement(44): 56-66).

Source: [Women's Rights Center, Armenia](#)

Abortion in rural areas of Armenia – research by Women's Resource Center

The Women's Resource Center carried out research in September and October to examine whether women in rural communities can access their right to legal and safe abortions and whether they face any obstacles in reaching those services. Representatives of the organisation visited five rural communities and interviewed 50 rural women using focus groups and carried out 5 in-depth interviews.

Though Armenian legislation gives women the right to abortion in the first 12 weeks of pregnancy, many women in Armenia, especially those already marginalized, face obstacles to accessing safe abortion facilities. The amendment to the Law on Human Reproductive Health and Reproductive Rights introduced in August 2016, prohibits sex-selective abortions, introduces counselling, as well as a three day period of reflection before the final decision is made on the request for a termination, and defines procedures for medical staff acting against this legislation. Under the guise of “protection of girls from sex selective abortion”, state policy is in reality trying to address the increase in overall number of abortions in Armenia. This pro-natality policy is also reflected in the State strategy on reproductive health, which highlights the danger of abortion to demographic growth. The issue of sex-selective abortion is used as an excuse for more general restrictions on abortion.

Women in rural areas cannot exercise their legal rights in the area of reproductive health. These women have to travel a long distance to be able to access facilities where they can obtain a termination of their pregnancy. The biggest challenge is money: many women's monthly salary (appr. \$100) does not allow them to afford abortion in the hospitals, leading them to attempt it in the home, using pills as a method and without proper consultation with a specialist. There have been cases when women had health issues as a result of using those pills without correct medical advice. In some villages there is a grandmother figure, a former nurse, who carries out abortions. There is regulation by the Ministry of Health prohibiting the sale of the required medicine without prescription, but many rural pharmacies still sell it. The price is less than \$1. Financially, it is easier for many rural women to access unregulated and potentially unsafe abortions in their home village, instead of travelling to clinics with trained medical staff.

Another issue is when women visit the doctor to request an abortion, some doctors try to convince women not to go through with the procedure. In medical institutions, there are many posters dedicated to sex-selective abortion which influence women who are seeking an abortion but not because of the sex of the child. Again we are seeing the issue of sex-selective abortion being used to dissuade women from abortion for any reason.

In addition to the above obstacles to access to safe abortion, we were told of other factors which impact on whether a woman has an abortion. In many cases, women told us that the final decision on whether they have an abortion is not made by a woman themselves, but usually by their spouse and mother-in-law. There is also a lack of awareness about contraceptive methods, which leads many women to use abortion as a way to deal with unwanted pregnancies following not using contraception earlier.

Source: [Women's Resource Center](#)

H.E.R.A. celebrates September 28 in Macedonia

This year, the Global Day for Safe and Legal Abortion, was also marked in the Republic of Macedonia. Having resisting and persisting ever since 2013 when the restricting Law on Termination of Pregnancy was adopted, the Gender Equality Platform and HERA – Health Education and Research Education, joined once again the 28 September Global Campaign. An Experts' debate and consultation for the changes in the abortion law "[Abortion is not safe as long as it is an obstacle race](#)" was organized with the presence of 25 key stakeholders. The deputy minister of Health and Government Health advisor were also present at the meeting. During the experts meeting the key findings and recommendations from the recent research "Documenting the human rights impact of retrogressive legislative and policy barriers on women's access to abortion in Macedonia", that was conducted by HERA and the Center for Reproductive Rights, were also presented to verify the legislation restrictions for the Macedonian women in obtaining abortion on request. The Gender Equality Platform addressed five requests to the new Government of the Republic of Macedonia and the Ministry of Health, whose representatives not only acknowledged the urgent necessity to change the regressive Law and improve women's RH care but also politically commit they would open the process for law amendments very soon and in transparent and participative manner with both civil society and medical experts. The first step would be to establish national working group that will

start working on the changes in the abortion legislation or even enacting new legislation that fully protect women's rights and their reproductive choices.

Source: [H.E.R.A.](#)

GLOBAL UPDATES

Report of the Special Rapporteur on fundamentalism and extremism and the cultural rights of women presented at the 72nd session of the General Assembly

The UN Secretary-General transmitted to the United Nations General Assembly the report prepared by the Special Rapporteur in the field of cultural rights, Karima Bennouna that had been submitted in accordance with Human Rights Council resolution 28/9.

The report holds numerous examples and references to on sexual and reproductive rights, sexual orientation and bodily autonomy. Threats to civil society organizations and women human rights defenders are also discussed among other issues. The report also describes the dangerous links between conservative and religious groups and stresses that "fundamentalist and conservative civil society groups have often allied with fundamentalist churches to oppose sexual and reproductive rights, including by spreading false information concerning scientific knowledge in the field of reproductive health."

Watch the remarks of Ms. Karima Bennouna at the 30th meeting of the Third Committee during the General Assembly [here](#).

Access the report [here](#).

YOUTH

11th World Congress on Adolescent Health held in New Delhi, India

On October 27-29 in New Delhi, India, the 11th World Congress on Adolescent Health took place. It was organized by the International Association for Adolescent Health, together with MAMTA Health Institute for Mother and Child, and the Indian Ministry of Health and Family Welfare. This event was held under the theme "Investing in Adolescent Health – The Future is Now!" The International Scientific Committee consisted of over two dozen academics from countries such as the United States, China, Saudi Arabia, Nigeria, Switzerland, Australia, Uruguay. The Eastern Europe and Central Asia region was represented by Sergey Sargsyan of Arabkir Joint Medical Center and Institute of Child and Adolescent Health in Yerevan, Armenia. The plenary symposia of the congress tackled the issue of adolescent health in the following topics: challenges of the global adolescent health, mental health and adolescents, early adolescent health and development in low and middle income countries, early adolescence in the life course, and adolescent health in the digital age (social media, sexting, addiction). The remaining symposia and presentations focused on subjects such as child marriages, infectious and non-infectious diseases, school health promotion, youth engagement in

health policy and practice, socially shaped behaviors, nutrition, safety and violence, and equity and positive youth development. Discussions on sexual and reproductive health included panels on adolescents living with HIV in various African countries, SRH services for adolescent girls and young women in South Africa, peer communication on sex and sexual health among youths, adolescent motherhood in Bangladesh, safe-sex practices among adolescent girls, abortion stigma in relation to young people in South Asia and West Africa, girls' menstrual health in Uganda and India, contraceptive needs of first-time parents, adolescent SRH in Myanmar, and capacity building as a tool to ensure good quality CSE.

Source: [IAAH 2017 Congress](#)

HERA XXI from Georgia joined the International Day of the Girl Child campaign

The main priority of the campaign was to support the accessibility of education for every girl. On 11 October youth representatives from the Georgian Association HERA XXI conducted a quiz with the message "SRHR education helps to empower young women and girls" and the winners of handed out giftst to the winners of the game. The young members of HERA XXI held a meeting for 45 young girls, where they provided them with information about youth-friendly services and volunteering opportunities within the organization.

In addition, the youth representatives of HERA XXI conducted informative and educational sessions for students in cooperation with the self-government of Tbilisi State University. The sessions included the following topics: human reproductive system and puberty, sex, gender and reproductive health, early marriage and healthy lifestyle.

Source: [HERA XXI](#)

Launch of the Freedom of Choice Abortion Advocacy Training Manual

The Youth Coalition for Sexual and Reproductive Rights launched its Training Manual: Freedom of Choice: A Youth Activist's Guide to Safe Abortion Advocacy, which provides tools for hosting training workshops to develop and enhance activists' capacity to advocate for safe abortion based on the information provided in the Freedom of Choice: A Youth Activist's Guide to Safe Abortion Advocacy. This training manual is designed for young trainers who are experienced abortion advocates and have some workshop facilitation experience. The targeted participants are experienced young activists interested in expanding their work on abortion. The Training Manual is available both in English and Spanish on YCSRR [website](#).

Source: [Youth Coalition for Sexual and Reproductive Rights](#)

PUBLICATIONS

Hungary - an illiberal state in the heart of Europe

Between 2010 and 2014, an 'illiberal state' was being built in Hungary. In line with prime minister's announcement on the subject, from 2014 we have been offered a perspective on how an actual, consolidated illiberal democracy operates.

Hungary remains part of the European Union (EU), but its actions contradict the fundamental principles of the EU. Elections, although held at regular intervals, are not free and fair. Even though constitutional institutions do exist, they do not operate in a manner befitting such institutions; that is, they do not act as checks and balances on governmental power but instead facilitate its operation. Read the full [publication](#) about the topic, which has been prepared by five Hungarian NGO's (Eötvös Károly Policy Institute, Hungarian Helsinki Committee, the Hungarian Civil Liberties Union, K-Monitor, Mérték Media Monitor).

Source: [TASZ](#)

"Worlds Apart": UNFPA's State of the World Population Report 2017 stresses Reproductive health inequalities in Eastern Europe and Central Asia

Unchecked inequality, failure to protect the rights of poorest women could threaten unrest, undermine peace and world's development goals, new UNFPA report warns.

- Only about half of the world's women hold paid jobs
- Globally, women earn 77% of what men get
- Three in five women worldwide lack maternity leave, many pay "motherhood penalty"

Unless inequality is urgently tackled and the the poorest women empowered to make their own decisions about their lives, countries could face unrest and threats to peace and to their development goals, according the [The State of World Population 2017](#), published by the United Nations Population Fund. The costs of inequalities, including in sexual and reproductive health and rights, could extend to the entire global community's goals, adds the new UNFPA report, entitled, "Worlds Apart: Reproductive Health and Rights in an Age of Inequality."

Failure to provide reproductive health services, including family planning, to the poorest women can weaken economies and sabotage progress towards the number one sustainable development goal, to eliminate poverty. Economic inequality reinforces and is reinforced by other inequalities, including those in women's health, where only a privileged few are able to control their fertility, and, as a result, can develop skills, enter the paid labour force and gain economic power.

In most developing countries, the poorest women have the fewest options for family planning, the least access to antenatal care and are most likely to give birth without the assistance of a doctor or midwife. Limited access to family planning translates into 89 million unintended pregnancies and 48 million abortions in developing countries annually. This does not only harm women's health, but also

restricts their ability to join or stay in the paid labour force and move towards financial independence, the report argues.

Lack of access to related services, such as affordable child care, also stops women from seeking jobs outside the home. For women who are in the labour force, the absence of paid maternity leave and employers' discrimination against those who become pregnant amount to a motherhood penalty, forcing many women to choose between a career and parenthood.

The UNFPA report recommends focusing on the furthest behind first, in line with the United Nations blueprint for achieving sustainable development and inclusive societies by 2030. The 2030 Agenda for Sustainable Development has "envisaged a better future, one where we collectively tear down the barriers and correct disparities," the report states. "Reducing all inequalities needs to be the aim. Some of the most powerful contributions can come from realizing women's reproductive rights."

Reproductive health inequalities in Eastern Europe and Central Asia

Although inequalities are generally less pronounced in Eastern Europe and Central Asia compared to other world regions, there are [huge differences](#) both between countries and between various population groups within countries. While some countries in the region have national maternal mortality, ante-natal care or modern contraceptive usage rates similar to those in Western Europe, others still trail far behind. And in virtually all countries, the most vulnerable – the poor, young people, rural populations, minorities – are at higher risk of being left behind.

Global report: [The State of World Population 2017: Worlds Apart: Reproductive health and rights in an age of inequality](#)

Regional infographic: [Reproductive Health Inequalities in Eastern Europe and Central Asia](#)

Source: [UNFPA EECA](#)

Monitoring human rights in contraceptive services and programmes

This tool for Monitoring human rights in contraceptive services and programmes contributes to the World Health Organization's (WHO's) ongoing work on rights-based contraceptive programmes. This work builds directly on WHO's 2014 Ensuring human rights within contraceptive programmes: a human rights analysis of existing quantitative indicators (1) and the 2015 publication Ensuring human rights within contraceptive service delivery implementation guide by the United Nations Population Fund (UNFPA) and WHO (2).

This tool is intended for use by countries to assist them in strengthening their human rights efforts in contraceptive programming. The tool uses existing commonly-used indicators to highlight areas where human rights have been promoted, neglected or violated in contraceptive programming; gaps in programming and in data collection; and opportunities for action within the health sector and beyond, including opportunities for partnership initiatives.

[Access the publication here](#)

Source: [WHO](#)

ASTRA Network Members: Albania - Albanian Family Planning Association; Armenia - Society Without Violence; Armenia - Women's Resource Center; Armenia - Women's Rights Center; Azerbaijan - Center "Women and Modern World"; Belarus - Women's Independent Democratic Movement of Belarus; Bulgaria - Bulgarian Family Planning and Sexual Health Association; Bulgaria - Bulgarian Gender Research Foundation; Bulgaria - Gender Education, Research and Technologies; Bulgaria - Demetra Association; Bulgaria - Gender Alternatives Foundation; Bosnia and Herzegovina – Sarajevo Open Center; Croatia - B.a.b.e.; Croatia – CESI; Croatia - Women's Room; Georgia – HERA XXI; Georgia – Real People, Real Vision; Georgia - Women's Center; Hungary – PATENT; Kazakhstan - The Legal Center for Women's Initiatives "Sana Sezim"; Lithuania - Family Planning and Sexual Health Association; Latvia - Latvia's Association for Family Planning And Sexual Health; Macedonia - Association for emancipation, solidarity and equality of women; Macedonia – H.E.R.A.; Macedonia – Shelter Center; Moldova – Family Planning Association; Moldova - Reproductive Health Training Center; Poland - Federation for Women and Family Planning; Romania - A.L.E.G.; Romania - AnA: Society for Feminist Analysis; Romania - Euroregional Center for Public Initiatives; Romania - The East European Institute of Reproductive Health; Russia - Novogorod Gender Center; Russia – Russian Association for Population and Development; Slovakia – Pro Choice; Tajikistan – Gender and Development; Ukraine - Women Health and Family Planning; Ukraine - Charitable SALUS Foundation; Uzbekistan - Future Generation

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