



# COMMUNITY PRACTITIONERS ON ACCOUNTABILITY AND SOCIAL ACTION IN HEALTH (COPASAH) EUROPE HUB: STRATEGIC PLAN, 2022-2026

## **Our Vision**

Communities are actively engaged in promoting accountability and transforming health systems towards the realization of social justice.

## **Our Mission**

Our mission is to nurture, strengthen and promote collective knowledge, skills and capacity of community-oriented organisations and health activists in Europe who are- working in the field of accountability and social action in health, promoting active citizenship to make health systems responsive, equitable and people-centred.

## **Our Values**

COPASAH believes that in order to make our vision a reality, community monitoring for accountability in health must:

- Enable communities facing inequities to assert their rights and to participate in concrete actions to bring about changes in health services and equitable distribution of resources
- Give voice to peoples' perspectives
- Be an empowering process where actors related to the health system are encouraged to address power imbalances that affect people's health
- Be linked to an action or advocacy plan which aims to influence or change health policies and programmes.

## **Background**

COPASAH Europe is a community where practitioners who share an interest in and passion for the field of community monitoring for accountability in health interact regularly and exchange experiences and lessons; share resources, capacities and methods; produce and disseminate conceptual, methodological and practical outputs towards strengthening the field; network and build capacity among member organizations; and engage in joint advocacy.

Over the years, several practitioners from Europe have participated in COPASAH activities. While many countries in Europe may be more developed economically than those in the regions in which COPASAH has focused to date, this is not the case for all European countries. Further – and importantly for this strategic plan – even wealthier countries often include marginalized groups and communities who do not share equitably in the benefits of the country's development and health care services. The practitioners from Europe realized that COPASAH's activities were relevant and could be helpful for themselves and the communities with which they work.

COPASAH Europe was established in 2021 and represents a regional sub-network to the Global COPASAH network established in 2011. The Global COPASH network, in addition to Europe, unites practitioners from Africa, Asia and Latin America. COPASAH Europe was established by 15 organizations from Albania, Bulgaria, Hungary, North Macedonia, Romania and Serbia. (The list of organizations can be found on the following link <https://copasaheurope.org/copasah-europe-members/>). The establishment of the Hub was facilitated by Association for Emancipation, Solidarity and Equality of Women (ESE), North Macedonia. However, the Hub's work is focused on countries participating in the Hub and Europe in general. The Hub encourages diversity and inclusion of organizations, institutions and individuals working in the area of health and social accountability from around Europe.

## **Development of the Strategic Plan**

The strategic plan of the Hub covers the period of five years (2022 – 2026, not including the year of Hub establishment). The strategic plan was developed through a participatory process involving all organizations involved in the Hub establishment. Development of the strategic plan was based on inputs collected from the organizations on the following topics: issues organizations are currently working on regarding the right to health and access to health care; groups of the population organizations are working with; experience in the implementation of social accountability methodologies; organizations' experience and needs in general; advocacy capacities and needs. Based on the inputs provided by the organizations, the following conclusions were arrived at: need for further development of organizations' capacities and skills on the specific issues identified through the assessment; need for continued communication and experience sharing among organizations; and joint advocacy on national, regional and international level. (The assessment can be find on the following link: <https://drive.google.com/file/d/1zZTpoWpqbat3B1RkePoYaoH-xECuG0R/view?usp=sharing>)

Based on the guidelines derived from the assessment, the strategic plan was developed through a process that included a three-day strategic planning workshop, adaptation of the strategic plan priorities to the national contexts of the participating organizations, and individual meetings at country level.

The workshop was organized in 18 sessions. One of the sessions was devoted to presentation and discussion of the assessment report. Other sessions included those in which organizations learnt about each other, discussions on experience in other networks and coalitions, presentations and discussion from existing COPASAH Hub participants (representing Support for Advocacy and Training in Health Initiative, India; Africa Health Budget Network, Nigeria; Centro de Estudios para la Equidad y Gobernanza, Guatemala; and Centre for Health and Social Justice, India), group work followed by plenary discussion on themes to prioritize, a presentation on components of a strategic plan, and finally participatory work on each of the components. One of the sessions involved the group using the SWOT (strengths-weaknesses-opportunities-threats) approach to develop a situation analysis for each of the two selected themes and their associated goals, objectives and activities. The last sessions focused on agreeing on the way forward.

The priority themes were identified through a staged process. First, participants were asked to come up with suggested themes. Seven possible themes were identified, namely (a) dental health care; (b) women's health; (c) access to health care; (d) community resilience; (e) corruption in the health sector; (f) sexual and reproductive health and rights; and (g) children's health care services. Discussion revealed that, through reframing, some of the themes could be combined. Further, one or two of the proposed themes were outside the scope of work of some of the participating organizations. After this discussion, a process of voting resulted in two priorities: (a) women's health (with a focus on women from marginalized communities), and (b) increased coverage of vulnerable groups by health care protection and services.

Participants saw the coalition as providing opportunities for continuous peer learning and sharing of experience both regionally and beyond; for keeping up-to-date about new developments at international level; and for strengthening their influence on national, regional and international decision-making processes.

They committed to building a coalition that prioritized the voices of local civil society organizations, that avoided hierarchy and elitism among members, in which all members participated actively, and that had transparent and inclusive decision-making processes.

The strategic plan described in this document relates to the first 18 months of COPASAH Europe's life. Planning for a longer period is not appropriate at this point. Instead, the plan envisages that approaching the end of the 18-month period that the current strategic plan covers, there will be a new strategic planning process in which the partners can – based on the experience of this initial period – plan for the following 3½ years.

## Situation analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Experience of network members</li> <li>• Human resources and skills of network members' staff</li> <li>• Community trust in the members</li> <li>• Good relationships with health institutions</li> <li>• Existing databases and other tools</li> <li>• Advocacy skills</li> <li>• Global COPASAH network</li> <li>• Past experience in implementation of social accountability and social action</li> <li>• Fieldwork with vulnerable groups</li> <li>• Initial support from donor</li> <li>• Successful models of organization of other COPASAH hubs</li> </ul>	<ul style="list-style-type: none"> <li>• Migration of members' staff</li> <li>• Lack of funding and sustainability problems of members</li> <li>• Small number of organizations</li> <li>• Concentration of members from North Macedonia</li> <li>• Weak capacities of some members to implement projects and facilitate the process</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• The EU and other donors are keen to support networks</li> <li>• COPASAH global network collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• COVID-19 pandemic.</li> <li>• Lack of calls for proposals in the area of health</li> <li>• Political context in the countries.</li> <li>• Shift in financial support for organizations due to COVID.</li> <li>• Different needs and interests of members based on national contexts</li> <li>• Passive members</li> <li>• Public health authorities' lack of interest in hearing the voices of citizens.</li> </ul>

## Theme 1: Women's health

**Goal:** Improve women's health care services through expended access to health care services, with the main emphasis on women from marginalized communities such as Roma women

**Objectives:**

Description	Country	Indicator	Target	Means of verification
<b>Increased access of women to gynecological services at the primary level</b>	<i>North Macedonia</i>	# of women visiting (government-funded) gynecological services.	- 70% of Roma women age above 12 have registered gynecologist in 2023, 75% in 2026. - 50% of Roma women above 18 have at least one visit per year to a gynecologist in 2023 and 55% in 2026. - 60% of all women age above 12 have a chosen gynecologist in 2023 and 65% in 2026.	Health service records/ reports
	<i>Serbia</i>	# of women visiting (government-funded) gynecological services.		Health service records/ reports
	<i>Bulgaria</i>	# of non-insured women accessing primary gynecological services	At least 2 examinations per year will be financed for uninsured women.  (At present 70% of non-insured women do not have any access to this type of services.)	
	<i>Albania</i>	# of women visiting (government-	75% of Roma and Egyptian unemployed girls and woman and women in other vulnerable categories such	Patient's health cards , report/

		funded) gynecological services.	as economic aid recipients, orphans, and those with disabilities	record
	<i>Montenegro</i>	/	/	/
	<i>Romania</i>	# of women visiting (government-funded) gynecological services.	45% in 2023 65% in 2026  Of women in 10 communities in 6 counties of Regional Sud Muntenia Romania	Health service records/ reports
	<i>Hungary</i>	/	/	/
<b>Increased access of women to screening programs for cervical and breast cancer</b>	<i>North Macedonia</i>	# of women from marginalized communities receiving:  (a) Pap smears (b) Breast cancer screening	50% of women, including Roma, are covered by the programs for cervical and breast cancer screening in 2023, and 70% in 2026.	Health service records/ reports
	<i>Serbia</i>	# of women from marginalized communities	75% of women all women, including Roma, are covered with the National Program for cervical and breast cancer screening in 2026.	Health service records/ reports

		receiving: (a) Pap smears (b) Breast cancer screening		
	<i>Bulgaria</i>		Breast and cervical cancer screenings to be introduced as a permanent program  (In Bulgaria, currently screening is done only for projects and programs that are sporadic, not permanently funded by the state.)	
	<i>Albania</i>	# of women from marginalized communities receiving:  a) Breast cancer screening	Roma and Egyptian women affected by breast problems like fibrocystic changes of the breast, fibro-adenoma, mastitis, fatty necrosis, calcification, nipple secretion and breast cancer are screened.	Health services record/report
	<i>Montenegro</i>	/	/	/
	<i>Romania</i>	# of women from marginalized communities receiving:  (c) Pap smears (d) Breast	1000 in 2022 (currently 25%)  35% in 2023  45 % in 2026  10 communities in 6 Counties Region Sud Muntenia Romania	Health service records/reports

		cancer screening		
	<i>Hungary</i>	/	/	/
<b>Increased access of women to prenatal health care services</b>	<i>North Macedonia</i>	# of women from marginalized communities attending at least 4 prenatal sessions # of women and Roma women with patronage nurses visits during pregnancy.	In 2023 90% of all pregnant women, including Roma, have at least 4 prenatal sessions, and 95% in 2026. In 2023 50% of pregnant women, including Roma, have at least 2 visits from patronage nurses, and 55% in 2026.	Health service records/ reports
	<i>Serbia</i>	# of women from marginalized communities attending at least 4 prenatal sessions	National program aims to cover 100% of pregnant women including Roma  The goal is for Roma women to have 5 session (visits to gynecology) and 4 ultrasounds examinations, laboratory. and other examinations if there is a need.  99% Roma give birth in hospital, to reach 100% coverage in 2026.  75% of Roma women are informed about their rights.	Health service records/ reports
	<i>Bulgaria</i>	# of non-insured women attending 4	Non-insured women to have the right to four free examinations, instead of two as it is at the moment	



		antenatal health care visits		
	<i>Albania</i>	# creating a free health package for the pregnant girls and woman for all the pregnant period	All girls and woman from vulnerable group like: Roma and Egyptian girls and woman, unemployed woman, those on economic aid, divorced woman, woman with many children, orphans, those with disability, abused woman etc... have access to a package that includes consultations, echoes, test, analysis, medications such as folic acid, vitamins and multivitamins and other necessary medications for other diagnoses during the pregnancy periods. Part of this package can also be selected foods.	# creating a free health package for the pregnant girls and woman for all the pregnant period
	<i>Montenegro</i>	/	/	/
	<i>Romania</i>	# of women from marginalized communities attending at least 4 prenatal sessions	1000 in first year 2022  65% of pregnant women have been visited by a health mediator in 2023  70% of pregnant women will be included in the national prenatal program	Health service records/ reports
	<i>Hungary</i>	/	/	/
<b>Improved access of women to contraception and family planning services</b>	<i>North Macedonia</i>	# of women from marginalized communities using modern contraceptive	The number of unplanned pregnancies among Roma women to be decreased from 14% to 9% in 2023 and 5% in 2026.  The unmet need for contraception to decrease from 33.6% of married women to 15% in 2023 and 2% in 2026.	Household surveys

		methods		
	<i>Serbia</i>	# of women from marginalized communities using modern contraceptive methods	Currently 98% of Roma women know about contraceptive methods, but 90% of married women are not using modern contraceptive methods, 28% have had one unplanned pregnancy and a further 40% have had more than one  The number of those using modern contraceptive methods to increase by 10 percent annually	Household surveys
	<i>Bulgaria</i>		The state to provide programs for provision of <b>contraception and family planning services</b>	
	<i>Albania</i>	# of uninformed or low informed about teenage pregnancy due to early marriage and family planning services	Increase the awareness and information of all the teenage girls and woman from Roma and Egyptian minorities, but also of men.	Information meeting with specialist in the field
	<i>Montenegro</i>	/	/	/
	<i>Romania</i>	# of women from marginalized	400 beneficiaries of campaign in 2022  Decreasing number of unplanned pregnancies among	Household surveys

		communities using modern contraceptive methods	Roma women from current 55% to: 40% in 2023 30% in 2026	
	<i>Hungary</i>	/	/	/
<b>Improved sexual health of women sex workers through services of HIV and other blood borne infections prevention</b>	<i>North Macedonia</i>	# of women sex workers using free gynecology services HIV and blood born infection prevention	At least 30 women sex workers using free gynecology services of HIV and blood borne infection prevention	HOPS service provision records
	<i>Serbia</i>	/	/	/
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	# of women sex workers using the services of HIV and other blood borne infections prevention  # of women sex workers received modern contraceptives	At least 50 women sex workers using the services of HIV and other blood-borne infections prevention  At least 50 women sex workers receive modern contraceptives	Juventas' service provision records

	<i>Romania</i>	/	/	/
	<i>Hungary</i>	/	/	/
<b>Improved sexual health of women who use/inject drugs through services of HIV and other blood borne infections prevention</b>	<i>North Macedonia</i>	/	At least 100 women who use/inject drugs using the services of HIV and other blood-borne infections' prevention	HOPS service provision records
	<i>Serbia</i>	/	/	/
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	# of women who use/inject drugs using the services of HIV and other blood borne infections prevention  # of women who use/inject drugs received modern contraceptives methods	At least 100 women who use/inject drugs using the services of HIV and other blood-borne infections prevention  At least 100 women who use/inject drugs receive modern contraceptives	Juventas' service provision records
	<i>Romania</i>	/	/	/
	<i>Hungary</i>	/	/	/

Improved sexual health of LBTQ women through services of HIV and other blood borne infections prevention	<i>North Macedonia</i>	/	/	/
	<i>Serbia</i>	/		/
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	# of LBTQ women using the services of HIV and other blood borne infections prevention  # of LBTQ women received modern contraceptives	At least 50 LBTQ women using the services of HIV and other blood-borne infection prevention  At least 50 LBTQ women receive modern contraceptives	Juventas' service provision records
	<i>Romania</i>	/	/	/
	<i>Hungary</i>	/	/	/
Improved sexual health of women in prison through services of HIV and other blood borne infections' prevention	<i>North Macedonia</i>	/	/	/
	<i>Serbia</i>	/	/	/
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	/	/	/

	<i>Montenegro</i>	# of women in prison using the services of HIV and other blood borne infections prevention	At least 10 <sup>1</sup> women in prison using the services of HIV and other blood-borne infections prevention	Juventas' service provision records
	<i>Romania</i>	/	/	/
	<i>Hungary</i>	/	/	/
<b>Improved access of women sex workers to testing on HIV, Hep C and Hep B</b>	<i>North Macedonia</i>	# of women sex workers tested	At least 30 women sex workers tested for HIV, HEP C and HEP B	HOPS service provision records
	<i>Serbia</i>	/	/	/
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	# of women sex workers tested	At least 30 women sex workers tested for HIV, HEP C and HEP B	Juventas' service provision records
	<i>Romania</i>	/	/	/
	<i>Hungary</i>	/	/	/

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<sup>1</sup> Approximately women's prison counts a maximum of 15 women in total (including the prison sentence less than 6 month)

<b>Improved access of women who use/inject drugs to testing on HIV, Hep C and Hep B</b>	<i>North Macedonia</i>	/	At least 70 women who use/inject drugs tested for HIV, HEP C and HEP B	HOPS service provision records
	<i>Serbia</i>	/	/	/
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	# of women who use/inject drugs tested	At least 60 women who use/inject drugs tested for HIV, HEP C and HEP B	Juventas' service provision records
	<i>Romania</i>	/	/	/
	<i>Hungary</i>	/	/	/
<b>Improved access of LBTQ women to testing on HIV, Hep C and Hep B</b>	<i>North Macedonia</i>	/	/	/
	<i>Serbia</i>	/	/	/
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	# of LBTQ women tested	At least 30 LBTQ women tested for HIV, HEP C and HEP B	Juventas' service provision records
	<i>Romania</i>	/	/	/

	<i>Hungary</i>	/	/	/
<b>Improved access of women in prison to testing on HIV, Hep C and Hep B</b>	<i>North Macedonia</i>	/	/	/
	<i>Serbia</i>	/	/	/
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	# of women in prison tested	At least 10 women in prison tested for HIV, HEP C and HEP B	Juventas' service provision records
	<i>Romania</i>	/	/	/
	<i>Hungary</i>	/	/	/



## Theme 2. Access to health care with the focus on marginalized communities

**Goal:** Increase coverage of vulnerable groups by expanding health care protection and strengthening the competence of current services

### Objectives

Description	Country	Indicator	Target	Means of verification
<b>Health care providers' competences to deliver health services to vulnerable groups enhanced</b>	<i>North Macedonia</i>	# of providers attending training	300 providers attending training	Attendance registers
	<i>Serbia</i>	# of providers attending training	75 providers the National Roma council and Ministry of Health in Serbia have started training  200 to be covered in total to 2026, with focus on Roma women providers.	Attendance registers
	<i>Bulgaria</i>		Provision of training to GPs and gynecologists to provide health services to vulnerable groups	
	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	/	/	/

	<i>Romania</i>	# of providers attending training	40 providers in first year  200 in 2026	Attendance registers
	<i>Hungary</i>	/	/	/
<b>Increased budgets allocated or spent on health care services for vulnerable groups</b>	<i>North Macedonia</i>	% of health budget allocated to services for vulnerable groups  OR  % of health care beneficiaries from vulnerable groups	The Government to spend 110 million denars in order to cover 50% of women aged 24 to 60 with cervical cancer screening in 2023, and 183 million denars in 2026 in order to cover 70% of the target population.  Budget for HIV prevention programs for people who inject drugs and sex workers by 20%	Budget documents
	<i>Serbia</i>	% of health budget allocated to services for vulnerable groups  OR  % of health care beneficiaries from	Currently 30 million Euro of health budget is allocated to health care services for vulnerable groups. The target is 50 million Euro by 2026.	Budget documents

		vulnerable groups		
	<i>Bulgaria</i>		/	
	<i>Albania</i>	% of health budget for a free health package for pregnant woman from vulnerable groups during the period of pregnancy	Based on the number of pregnant woman from vulnerable groups each year	Budget documents, Ministries of Health and Social Protection,
	<i>Montenegro</i>	/	/	/
	<i>Romania</i>	% of health budget allocated to services for vulnerable groups  OR  % of health care beneficiaries from vulnerable groups	20% annual budget for 6 counties for screening national program financed by government	Budget documents
	<i>Hungary</i>	% of health budget allocated to services for vulnerable groups  OR  % of health care beneficiaries from vulnerable groups  % of public space and public services related	5%	Budget documents

		development budget allocated to disadvantaged and/ or segregated neighborhoods		
<b>Increased coverage of marginalized children (under 18 years) with harm reduction services</b>	<i>North Macedonia</i>	# of children from vulnerable groups utilizing harm reduction services	10 %	Ministry of health and social protection reporting
	<i>Serbia</i>	# of children utilizing harm reduction services		
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	/	/	/
	<i>Romania</i>	# of children utilizing harm reduction services	100 Roma citizens from 10 communities in 6 Counties in 2022  300 in 2026	Government reporting
	<i>Hungary</i>	/	/	/
<b>Created national policy which allows children who use drugs ( age 16 ) to use harm reduction and HIV services</b>	<i>North Macedonia</i>	Changes in Law on Health protection to allow young people age 16 to have access to harm reduction and HIV	National policy is created and harm reduction and HIV services for children age 16 are developed	Government reporting

		services		
	<i>Serbia</i>	/	/	/
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	/	/	/
	<i>Romania</i>	/	/	/
	<i>Hungary</i>	/	/	/
<b>Increased knowledge and capacities of national level CSOs to identify, mobilize, strengthen and involve community members in monitoring of health services and advocate for better access to health care on local level.</b>	<i>North Macedonia</i>	# of community members reached by COPASAH members	8.570 community members reached by COPASAH members	Partners' records
	<i>Serbia</i>	# of community members reached by COPASAH members		
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	Training for building and increasing the capacity of our organization's members in the health field.	5 new members of organization	Achievements of organization
	<i>Montenegro</i>	/	/	/
	<i>Romania</i>	# of community members reached by	1200 in first year	Partners' records

		COPASAH members	6000 in 2026 in 10 communities 6 Counties in 1 Region	
	<i>Hungary</i>	# of community members reached by COPASAH members  # of community leaders/ community led local organization or informal groups reached by COPASAH members	3 community leaders and/or local organizations/ groups per year	Partners' records
<b>Improved knowledge of women sex workers on gynecological services at the primary level</b>	<i>North Macedonia</i>	# of women sex workers having accurate information on (government-funded) gynecological services.	At least 50 women sex workers receive accurate information and a referral to (government-funded) gynecological services.	HOPS service provision records
	<i>Serbia</i>	/	/	/
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	# of women sex workers having accurate information on (government-funded) gynecological services.	At least 50 women sex workers receive accurate information and a referral to (government-funded)	Juventas' service provision records

			gynecological services.	
	<i>Romania</i>	/	/	/
	<i>Hungary</i>	/	/	/
<b>Improved knowledge of women who use/inject drugs on gynecological services at the primary level</b>	<i>North Macedonia</i>	/	/	/
	<i>Serbia</i>	/	/	/
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	# of women who use/inject drugs having accurate information on (government-funded) gynecological services.	At least 100 women who use/inject drugs receive accurate information and a referral to (government-funded) gynecological services.	Juventas' service provision records
	<i>Romania</i>	/	/	/
	<i>Hungary</i>	/	/	/
<b>Improved knowledge of LBTQ women on gynecological services at the primary level</b>	<i>North Macedonia</i>	/	/	/
	<i>Serbia</i>	/	/	/
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	/	/	/

	<i>Montenegro</i>	# of LBTQ women having accurate information on (government-funded) gynecological services.	At least 50 LBTQ women received accurate information and a referral to (government-funded) gynecological services.	Juventas' service provision records/reports of other organizations dealing with health of LBTQ women
	<i>Romania</i>	/	/	/
	<i>Hungary</i>	/	/	/
<b>Improved knowledge of women in prison on gynecological services at the primary level</b>	<i>North Macedonia</i>	/	/	/
	<i>Serbia</i>	/	/	/
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	# of women in prison having accurate information on (government-funded) gynecological services.	At least 10 women in prison receive accurate information and a referral to (government-funded) gynecological services.	/
	<i>Romania</i>	/	/	/
	<i>Hungary</i>	/	/	/
<b>Improved knowledge of women sex workers on screening programs for</b>	<i>North Macedonia</i>	# of women sex workers receiving accurate information on:	At least 50 women sex workers receive accurate information and a referral to	HOPS service provision records



cervical and breast cancer		Pap smears Breast cancer screening	screening programs for cervical and breast cancer.	
	<i>Serbia</i>	/	/	/
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	# of women sex workers receiving accurate information on:  Pap smears Breast cancer screening	At least 50 women sex workers receive accurate information and a referral to screening programs for cervical and breast cancer.	Juventas' service provision records
	<i>Romania</i>	/	/	/
	<i>Hungary</i>	/	/	/
Improved knowledge of women who use/inject drugs on screening programs for cervical and breast cancer	<i>North Macedonia</i>	/	/	/
	<i>Serbia</i>	/	/	/
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	# of women who use/inject drugs receiving accurate	At least 100 women who use/inject drugs receive accurate information and a	Juventas' service provision records

		information on:  Pap smears Breast cancer screening	referral to screening programs for cervical and breast cancer.	
	<i>Romania</i>	/	/	/
	<i>Hungary</i>	/	/	/
<b>Improved knowledge of LBTQ women on screening programs for cervical and breast cancer</b>	<i>North Macedonia</i>	/	/	/
	<i>Serbia</i>	/	/	/
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	# of LBTQ women receiving accurate information on:  Pap smears Breast cancer screening	At least 50 LBTQ women receive accurate information and a referral to screening programs for cervical and breast cancer.	Juventas' service provision records
	<i>Romania</i>	/	/	/
	<i>Hungary</i>	/	/	/
<b>Improved knowledge of women in prison on screening programs for cervical and breast cancer</b>	<i>North Macedonia</i>	/	/	/
	<i>Serbia</i>	/	/	/
	<i>Bulgaria</i>	/	/	/

	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	# of women in prison receiving accurate information on:  Pap smears Breast cancer screening	At least 10 women in prison receive accurate information and a referral to screening programs for cervical and breast cancer.	/
	<i>Romania</i>	/	/	/
	<i>Hungary</i>	/	/	/
<b>Improved knowledge of women who use/inject drugs, women sex workers, LBTQ women and women in prison on services to prenatal health care services</b>	<i>North Macedonia</i>	# of women who use/inject drugs, women sex workers, LBTQ women and women in prison receive accurate information on prenatal sessions/consultations	At least 150 women who use/inject drugs, women sex workers, LBTQ women receive accurate information and/or a referral to on prenatal sessions/consultations	HOPS service provision records
	<i>Serbia</i>	/	/	/
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	# of women who use/inject drugs, women sex workers, LBTQ women and women in prison received accurate	At least 210 women who use/inject drugs, women sex workers, LBTQ women receive accurate information	Juventas' service provision records

		information on prenatal sessions/consultations	and/or a referral to on prenatal sessions/consultations	
	<i>Romania</i>	/	/	/
	<i>Hungary</i>	/	/	/
<b>Increased coverage of women with harm reduction services</b>	<i>North Macedonia</i>	# of women using harm reduction services	At least 100 women using harm reduction services.	Government reporting and HOPS service provision records
	<i>Serbia</i>	/	/	/
	<i>Bulgaria</i>	/	/	/
	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	# of women using harm reduction services	At least 100 women using harm reduction services.	Government reporting and Juventas' service provision records
	<i>Romania</i>	/	/	/
	<i>Hungary</i>	/	/	/
<b>Increased knowledge and capacities of national level CSOs to identify, mobilize, strengthen and involve community members in</b>	<i>North Macedonia</i>	/	/	/
	<i>Serbia</i>	/	/	/
	<i>Bulgaria</i>	/	/	/

monitoring of health services and advocate for better access to health care on a local level.	<i>Albania</i>	/	/	/
	<i>Montenegro</i>	# of projects that relate to identifying, mobilizing, strengthening and involving community members in monitoring of health services and advocating for better access to health care on a local level  #of community members reached by Juventas	At least 3 projects that relate to identifying, mobilizing, strengthening and involving community members in monitoring of health services and advocating for better access to health care on a local level.  At least 40 community members reached by Juventas	Juventas' records
	<i>Romania</i>	/	/	/
	<i>Hungary</i>	/	/	/

## Action plan

Activity	Resources	Period
Exchange of experience with other coalition members who work in the area of women's health and health of vulnerable groups	<ul style="list-style-type: none"> <li>• Member organizations staff</li> <li>• Identification of the needs for skills and knowledge and capacities for delivering/sharing experience among organizations</li> <li>• Meetings among identified organizations (materials, venues, travel and food)</li> </ul>	2022-2026
Advocacy for financial sustainability of public policies and services for women's health and vulnerable groups health	<ul style="list-style-type: none"> <li>• Member organizations</li> <li>• Venue</li> <li>• Travel</li> <li>• Food</li> </ul>	2022-2026
Training and/or workshop for joint advocacy on national, regional and international level	<ul style="list-style-type: none"> <li>• Speakers</li> <li>• Free platform for organization of the training</li> <li>• Materials</li> </ul>	2022-2026
At least two meetings per year to identify the urgent needs in the area of women's health and vulnerable groups health and plan actions.	<ul style="list-style-type: none"> <li>• Free platform for organization of the meeting</li> <li>• If the meeting is in-person, we have venues and food/refreshments</li> </ul>	2022-2026
Training and/or consultations regarding appropriate approaches for women's and vulnerable groups involvement in monitoring, assessment and advocacy for	<ul style="list-style-type: none"> <li>• Free platform for organization of the training</li> <li>• If the training is in-person, we have venues and food/refreshments</li> </ul>	2022-2026

improvement on the urgent health issues		
Creation of joint advocacy plan with communication strategy.	<ul style="list-style-type: none"> <li>• Free platform for organization of the meeting</li> <li>• Expert</li> </ul>	2022-2026
Identifying and recruiting new coalition members – Inviting them on the first events of COPASAH – webinars, etc.	<ul style="list-style-type: none"> <li>• Mapping potential members</li> <li>• Contacts with practitioners on national level first, then broadening the scope to regional and European level.</li> </ul>	2022-2026
One training on access to health	<ul style="list-style-type: none"> <li>• Expert</li> <li>• Free platform for organization of the training</li> <li>• If the training is in-person, we have travel, accommodation, venues and food/refreshments</li> </ul>	2022-2026
One webinar per year on possible approaches to access to health	<ul style="list-style-type: none"> <li>• Experts</li> <li>• Free platform for organization of the webinar</li> </ul>	2022-2026
Organizing one regional event per year to exert pressure	<ul style="list-style-type: none"> <li>• Travel, accommodation, venue and food/refreshments</li> <li>• Decision makers</li> <li>• Other supporters</li> <li>• Media</li> </ul>	2022-2026
Plan and implement fundraising activities	<ul style="list-style-type: none"> <li>• Experts</li> <li>• Free platform for organization of the meeting</li> </ul>	2022-2026
Webinar on Social accountability and sharing experience for community	<ul style="list-style-type: none"> <li>• Free platform for organization of the webinar</li> </ul>	2022-2026

level work by different organizations: how they work in the communities, collecting data from the communities, demanding accountability by communities, advocacy with community involvement.		
Exchange of experience about Health mediators.	<ul style="list-style-type: none"> <li>• Free platform for organization of the meeting</li> </ul>	2022-2026
Creation of package for antenatal health care services or women's health care services: How to advocate. Webinar on the situation in our countries, and what we have done as organizations	<ul style="list-style-type: none"> <li>• Free platform for organization of the webinar</li> </ul>	2022-2026
Bulletin – Presentation of the work of each organization.	<ul style="list-style-type: none"> <li>• Design of the bulletin</li> <li>• Social media and other channels to promote the bulletin.</li> </ul>	2022-2026
Strategic litigation in the work of the organizations. Training. Cases in European Court of Human Rights.	<ul style="list-style-type: none"> <li>• Free platform for organization of the training</li> <li>• Experts</li> </ul>	2022-2026