

Women's and girls' sexual and reproductive health and rights In situations of crisis

Questionnaire

Concept/definition of crisis

1. Please provide information on the legal and policy framework used by your State to manage situations of crisis and on how the concept of "crisis" has been defined or framed.

Issues in regards with reproductive health has been reflected in the Protection of Mother and Child Health 2014-2020 and Azerbaijan Youth 2017-2021 State Programs and National Reproductive Health Strategy 2018-2025. Despite the fact that the National Strategy has not been approved by the Ministry of Health the Action Plan of added to the Strategy has been approved.

Obstetric services are provided at 3 levels. At the primary level family doctor or feldsher provided care in ambulatory clinic. Second level is central district hospitals. Third level are Perinatal centers, Scientific-Research Institute of Obstetrics and Gynecology and Research Institute of Pediatrics.

Maternal mortality fell from 35.5 per 100,000 live births in 2007 to 12.2 in 2018.

Morbidity and mortality among newborns are also significantly felt down.

In order to organize the protection of sexual and reproductive health of the vulnerable population in emergencies and to ensure the accessibility of services, the introduction of Minimum Initial Service Package (MISP) for reproductive health (RS) in crisis situations has been launched in Azerbaijan. From 2016 to 2018, according to the annual action plan of the Ministry of Health, trainings on MISP were conducted for employees of the Ministry of Health, the Ministry of Internal Affairs, the Ministry of Emergency Situations (MES) with the support of UNFPA. There is an agreement between the Ministry of Health and the Ministry of Emergency Situations on joint cooperation in crisis situations, but the agreement does not include a detailed plan and cooperation mechanism.

UNFPA and a number of mainly USAID-funded international NGOs, have done some work on sexual and reproductive health and family planning in our war-torn country of nearly 1,000,000 IDPs and refugees. Family planning centers have been established in many districts, health workers have been trained, and the population's awareness and use of services in this area has increased. The National Reproductive Health Strategy for 2008-2015 was approved, a draft law on reproductive health protection and family planning was prepared and submitted to the Milli Mejlis of Azerbaijan Republic. The Law draft has been faced with strong resistance and has been revised taking in consideration rebuts and re-submitted to the Milli Mejlis. The new Reproductive Health Strategy includes provision about reproductive health support in crisis situations, but the Strategy still has not been endorsed.

2. The site of the Ministry of Emergency Situations has definition of emergency situation as "dangerous incidents or accidents which may harm environment and health and lead to the material and moral losses. Emergency incidents divided as natural and technogenic. Natural are natural events such as earthquake, torrent, flood, earth slides, volcano eruption, snowfall, tsunami, gale. Technogenic events are those which created by people. Fire, explosion, traffic accidents, chemical accidents, radioactive accidents, destroying of constructions, danger of carbon monoxide, wreck of communal utilities. Though war and armed conflicts are not listed in this definition our country is still lives in the war condition due to the neighbor country claim on Dagliq Qarabaq (Naqorno -Karabakh) and risk of the war shifting into the hot phase is very high.

3. Whenever emergency situation occurred, as a rule the President issues an order to create State Commission under the Cabinet of Ministers with high rank chairman (usually Deputy Prime Minister). So, this Commission defines priorities and role of different government bodies. MES has its Management Center for Emergency Situation prevention and management, mobilization of human and other resources. The Center also is collecting information coming from different sources, analyze it and suggesting corresponding decisions.

4. a) Information flow, related to the sexual and reproductive health from all public and partially private health facilities flock to the Electronic Information Center of the MOH. Collected information forwarded to the Public Health and Reforms Center (PHRC) to be analysed. The results of the analysis and recommendations are sent to the MOH as a Report. The electronic Register of the pregnant women has been created in the country. Evidence based clinical protocols created, trainings conducted for the health professionals, health awareness materials for the population elaborated, printed out and delivered, placed at electronic portals of MOH and PHRC, certification system for the medical doctors and mid level personnel is being created.

b) The network of the state and private health facilities is existing in the country. Doctors and mid level personnel have to participate in the training courses once in 5 years and pass exam for certification. **There is lack of the obstetric-gynecologists in some remote districts.** The Institute for doctors perfection and PHRC organize trainings with actual topics. Part of them has been arranged with the technical and financial assistance of UNFPA, UNICEF and WHO.

c) MOH use to approve essential drugs list on the annual basis and public health facilities are provided with drugs according to that list. **Contraceptives have not been included to that list.** Health care services are based on the approved by the MOH evidence based clinical protocols. **So, the state doesn't procure contraceptives, but they are available in the private drug stores.**

d). There is network of HIV/AIDS centers in the country to combat with HIV/AIDS. Treatment of AIDS patients is financed by the government. Diagnostic and treatment of other STIs have being provided in the dermato-venerology health facilities. Some of the STIs (like trichomoniasis, herpes) are treated in gynecological wards. PHRC provides health awareness events such as lectures and discussions on different reproductive health topics, including HIV/AIDS and STI prevention for the different public groups, including second school and college students.

e) State health facilities provide maternal services at three levels:

1st level – village territorial hospitals and obstetrics clinic of central district hospitals. In this health facilities women with uncomplicated anamnesis and current pregnancy who are practically health can deliver at 38-42 weeks.

2nd level- districts and cities delivery hospitals and obstetric wards of multi-profile hospitals. In this health facilities assistance provided to the women with physiological pregnancy but who belongs to the certain risk groups and assistance of their delivery at 34 and more weeks gestation.

3rd level- Republic and regional perinatal centers, Scientific-Research Institute of Obstetrics and Gynecology (SRIOG) and Research Institute of Pediatrics. (RIP). Highly specialized assistance has been provided for pregnant, postpartum women and newborns in those institutions, which also have coordinational and methodic-organizational function. Regional perinatal centers provide assistance in delivery to the pregnant women with 28 and more weeks of gestation, SRIOG and RIP provide services to the pregnant women with 22 and more weeks of gestation. In case of pregnancy being physiological women may chose institution by her own preference.

f) Gynecologists and midwives as well as family doctors have attended training course on Family Planning (FP). Evidence based Clinical protocol on FP has been approved by

the MOH. On other hand, contraceptives have not been procured and FP services have not been monitored. Researches reveal that many gynecologist are not motivated to provide FP services. Currently health insurance doesn't cover FP services. As a result the number of abortions in the country is growing.

g) Women may go for abortion by their own wish without any restriction up to the 12 weeks of gestation. According to the clinical protocol doctor should provide FP consultation of patient and make her aware of contraceptive options before abortion.

h) Delivery related complications such as fistula and prolapse of uterus are treated in gynecology departments

i) Screening of reproductive organs cancer is not provided in the country. Treatment of such cancers provided in specialized institutions. The number of training on screening have been arranged for the local specialists with support of UNFPA CO. Two gynecologists have been certified in France as a master-trainer.

j) Hygienic items for women and pain relief drugs are widely available in the market and drug stores.

k) several shelters for women- victims of violence have been opened and medical services there are available.

l) early marriages problem existing and certain measures in this regard are provided, including awareness raising of population

m) **there is no legislation and policy existing in this regard**

n) healthcare services are free of charge officially in the government health facilities

o) the fact that Reproductive Health and Family Planning Law has not been adopted and National Reproductive Health Strategy has not been endorsed, the process of shifting to the Health Insurance is not accomplished, cooperation, responsibilities defining of the different stakeholders in health are not finally defined and existing of COVID-19 pandemic are affecting reproductive health services.

5. Armed conflicts with Armenia in 2016 and 2020, drought in 2020.

6. a) N/A b) N/A c) N/A d) Mother and child health is priority and there is State Program on Protection of Mother and child health is implementing e) MISP program is introduced in the country, **but specific policies, protocols have not being elaborated** f) no information in this regard g) representatives from Ministry of Internal Affairs (MIA) and Ministry of Emergency Situations (MES) have been drawn to the MISP trainings, **but systematic collaboration between stakeholders has not been elaborated.** h) there no funds specifically for this purpose. At the country level only state programs have separate budget lines. i) no information in this regard

7. N/A

8. Such a program is not existing. Given that majority of health facilities have been shifted to the TABIB (Health facilities administration under the Insurance Company) currently further continuation of the introduction of MISP is under the question.

9. Patriarchal thoughts in society are common and women feel to be not encouraged to seek for assistance out of their family circle, especially in remote villages. The State Committee for Family, Women and Children Affairs along with Heydar Aliyev Fund and other NGOs closely works with these issues.

10. Such a preparedness Program does not exist

11. The reason is not clear

12. Provide opportunity to learn experience of other countries on that issue