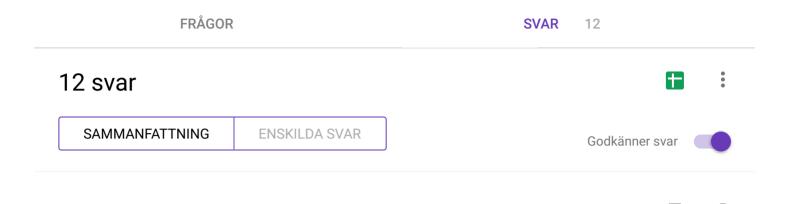


Survey regarding your organisation's work against Maternal Mortality and



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Survey regarding your organisation's work against preventable Maternal Mortality and Morbidity

The High Commissioner for Human Rights is currently collecting information from states and organisations on the topic "Preventable Maternal Mortality and Morbidity and Human Rights". Thank you for your contribution to this process. This survey has a total of 30 questions divided into five parts and takes about 15-25 minutes to be completed. Thank you again for your participation and for submitting your contribution by 30th of January at the latest.

*Obligatorisk

1. Does your organisation (directly or indirectly) reach out to the following groups in your work against preventable Maternal Mortality and Morbidity? *

	Yes	No	Don't know
Adolescents	•	\circ	\circ
Ethnic and racial minorities	•	\bigcirc	\bigcirc
Indigenous women	\bigcirc		\circ
Women with disabilities	\bigcirc		\circ
Sex workers		\bigcirc	\circ
Women living with HIV/AIDS	•	\bigcirc	\circ
Women living in underserved areas and other stigmatized and excluded populations			
Poor women		\bigcirc	\bigcirc
LGBTIQ-persons	\circ		\circ
Trafficked and sexually exploited women and girls			\bigcirc
Female prisoners	\circ		\circ
Women and girls living in conflict situations (including refugees, stateless persons, asylum seekers, undocumented migrants, displaced women or other women affected by war.)			

2. If you answer yes, please indicate how you reach them.

By increasing SRHR knowledge and awareness of mentioned groups though comprehensive SRHR education; by strengthening activism and their meaningful participation in campaigning on SRHR; by providing right based and client centered high quality and accessible SRHR services.

3. Can women and girls participate (i.e. being able to contribute and influence) in processes concerning planning, implementation and assessment of your strategies and activities against preventable Maternal Mortality and Morbidity? *

•	Yes
\bigcirc	No
	Don't know

4. If yes, how?

By strengthening of volunteers among women and girls who have a high level of motivation and are distinguished by trust and aspiration; by women and girls involvement strategy of which ensure attraction and recruitment of motivated women and girls from the most vulnerable communities; as well as to build their capacity; to increase knowledge and awareness on SRHR and to improve communication skills of targeted group. The women and girls involvement strategy will ensure their meaningful participation and involvement in the activities of association, visibility of women volunteer's movement in outreach work and information educational campaigns.

5. If not, why?

6. Can your organisation participate (i.e. being able to contribute and influence) in State-led processes concerning planning, budgeting, implementation and assessment of strategies against preventable Maternal Mortality and Morbidity? *
Yes
○ No
O Don't know
7. If yes, how?
By increasing commitment of national and local government on implementation of international amendments and implementation of SRHR programs on local level; by strengthening capacity of women's/girl's leaders as advocates for Sexual reproductive health and rights attitude
8. If not, why?

Survey regarding your organisation's work against preventable Maternal Mortality and Morbidity, part 2

9. Does your organisation provide/advocate for the following interventions for combating preventable Maternal Mortality and Morbidity: *

	Yes	No	Don't know
Family Planning Services	•	\circ	\circ
Prevention and management of STIs	•	\circ	\circ
Prevention and management of HIV/AIDS	0	•	\circ
Management of unintended pregnancies	•	\circ	\circ
Access to safe and legal abortion services		\circ	\circ
Post-abortion care		0	\circ
Appropriate antenatal care		\circ	\circ
Detection of domestic violence	0	•	\circ
Management of prelabour rupture of membranes and preterm labour		0	\circ
Induction of labour for prolonged pregnancy	\circ	•	\circ
Prevention, management of post- partum haemorrhage	0		\circ
Caesarean sections		\circ	\bigcirc
Appropriate post-partum care	\circ	•	0
Newborn care	\bigcirc	•	\circ

10. If yes, how?

Strengthen strategic alliances and partnerships for SRHR advocacy within and beyond the SRHR community; Develop and strengthen cooperation with influential youth and women's groups; Joint advocacy with and/or support the advocacy of women's and youth groups on SRHR, gender and/or sustainable development (through public statements, positioning, campaigns and public actions); Build MA capacity on media & communications; Use the media to promote health, choice and rights to individuals

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12. Does your organisation provide/advocate for the following medicines in your work towards combating preventable Maternal Mortality and Morbidity? *

	Yes	No	Don't know
Oxytocics	\circ		\bigcirc
Antibiotics	\circ		\bigcirc
Misoprostol and Mifepristone	•	\circ	\circ
Magnesium sulphate	\circ	•	\bigcirc
Anti-retroviral medications and testing kits	\bigcirc		\circ
Anti-malarial medications (if relevant)	\circ		\bigcirc
Contraceptive methods, including condoms, hormonal methods and intrauterine devices	•		\circ

13. Identify the three most important reasons behind adolescent pregnancy in your context. Does your organisation have some strategy for addressing those reasons? Please share your experiences.

Implement a peer to peer CSE programme; Provide CSE in school or out of school to young people; Develop and implement innovative approaches for delivering nonformal CSE; Improve access for underserved groups; Improve access for young people; Increase demand for existing MA services; Maintain and improve the quality of care in MA services (e.g. including capacity building value clarification and attitudinal transformation of SPs)

14. Please complete the following sentences: When fighting preventable Maternal Mortality and Morbidity, to what extent is your organisation/staff affected by... *

	1 (totally free from)	2	3	4	5 (severly affected by)
Intimidation		\bigcirc	\bigcirc		\bigcirc
Harassment		\bigcirc	\bigcirc	\bigcirc	\bigcirc
Stigma		\bigcirc	\bigcirc	\bigcirc	\bigcirc
Violence	•	0	0	\bigcirc	0
Legal prosecution		\bigcirc	\circ	\bigcirc	

15. Please complete the following sentences: When fighting preventable Maternal Mortality and Morbidity, to what extent are your patients/target groups affected by... *

	1 (totally free from)	2	3	4	5 (severly affected by)
Intimidation			\bigcirc	\bigcirc	\bigcirc
Harassment		\bigcirc	\bigcirc	\bigcirc	\bigcirc
Stigma		\circ	\bigcirc	\bigcirc	\bigcirc
Violence	•	\circ	0	\bigcirc	0
Legal prosecution	•	\bigcirc	\bigcirc	\bigcirc	\bigcirc

16. Complete the following sentence: My organisation is able to guarantee full confidentiality to all patients/visitors *

	1	2	3	4	5	
Fully agree						Fully disagree

17. Has your organisation been affected by restrictive funding policies having a negative impact on preventing Maternal Mortality and Morbidity? Explain how and your strategies on this issue.

NO

Technical guidance on reducing preventable Maternal Morbidity and **Mortality**

18. Are you familiar with the "Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable Maternal Morbidity and Mortality" (A/HRC/21/22)? A link to the document can be found here:

http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22_ en.pdf *

•	Yes
\bigcirc	No
\bigcirc	Don't know

19. If yes, has the technical guidance assisted your organisation in building enhanced understanding of the requirements of a human rights-based approach on this regard?

•	Yes
\bigcirc	No
\bigcirc	Don't know

20. If yes, please indicate the impact that such enhanced understanding has had for the design and implementation of your policies and programmes in this area.

Programs in the framework of which were: Using international human rights instrument/human rights treaty bodies (CEDAW, ICCPR, UPR): the collaboration with main key players at different level, submission of shadow reports and follow up activities. As a result, new Maternal & New born Health Strategy 2017-2030 was worked out in country and approved in 2017 year in which two fields are also included: Family Planning and of Sexual and Reproductive Health of young people; Ratification Istanbul Convention in 2017; positive tendency of decreasing maternal mortality (still higher rate in Europe); Strong Liabilities and pilot program on CSE in Georgia and Positive Changes in civil code regarding marriages before 18 years(2016).

Laws and policies on preventable Maternal Mortality and Morbidity.

21. What is your opinion about the current legislative, policy and regulatory measures addressing preventable Maternal Mortality and Morbidity in your context? *

	Not existing	Insufficent	Sufficient	Satisfactory	Don't know
Official policy on Sexual and Reproductive Health		0	\circ		\circ
Official policy on combating preventable Maternal Mortality and Morbidity		0	0		0
Official policy on Comprehensive Sexuality Education, specially for women and adolescent girls		0			
Official accountability mechanisms against preventable Maternal Mortality and Morbidity?		0			
Inclusion of sexual and reproductive health strategy in national plans on public health?		•	0		0
Inclusion of maternal health strategy in national plans on public health?		•	\circ		\circ

22. What are some of the major obstacles hindering women and girls to seek help, information and services for preventing Maternal Mortality and Morbidity in your context?

Low awareness; Lack of Comprehensive Information and Knowledge; STIGMA

23.	What	are	the	major	obstac	les	hind	lering:	*

	Economical issues	Lack of information	Legal and/or political restrictions	Stigma	Don't know
Availability of interventions and medicines against preventable Maternal Mortality and Morbidity?					
Accessibility of interventions and medicines against preventable Maternal Mortality and Morbidity?					
Acceptability of interventions and medicines against preventable Maternal Mortality and Morbidity?			0	0	
Quality of interventions and medicines against preventable Maternal Mortality and Morbidity?				0	0

24. Please share good practices and strategies for increasing knowledge on effective interventions against preventable Maternal Mortality and Morbidity among most vulnerable groups, public servants and other stakeholders.

Evidence Based Practice Strategy - the Research "Accessibility of Safe Abortion and Family Planning services in Georgia" was conducted by HERA-XXI.

The mentioned document was used by decision makers in the process of developing new MNH strategy for 2017-2030

25. In your opinion, which state and non-state actors can promote or hinder the policies and activities addressing preventable Maternal Mortality and Morbidity in your context? Why?

Anti Choice state and non-state Opposition

Preventable Maternal Mortality and Morbidity in humanitarian settings

26. Does your organisation work on preventing Maternal Mortality and Morbidity in humanitarian settings? *





Don't know

27. If you answered yes to the previous question, please indicate whether the following medicines, services and information are available in humanitarian settings you work in?

	Yes/fully	Sometimes/insufficiently	No/never	Don't know
Family Planning Services	•	\bigcirc	\circ	\bigcirc
Prevention and management of STIs			\circ	\bigcirc
Prevention and management of HIV/AIDS			\circ	\circ
Management of unintended pregnancies			\circ	\circ
Access to safe and legal abortion services	•		\circ	\circ
Post-abortion care		\bigcirc	\bigcirc	\bigcirc
Appropriate antenatal care		\bigcirc	\bigcirc	\bigcirc
Detection of domestic violence	\circ	\bigcirc		\bigcirc
Management of prelabour rupture of membranes and preterm labour	0		•	\bigcirc
Induction of labour for prolonged pregnancy	0		•	\bigcirc
Prevention, management of post-partum haemorrhage	\circ		•	
Caesarean sections	\circ	\bigcirc		\bigcirc
Appropriate post- partum care	\bigcirc	\bigcirc		\circ
Newborn care	\bigcirc	\bigcirc		
Oxytocics	\circ	\bigcirc	\circ	\circ
Antibiotics	\bigcirc	\bigcirc		

collecting data on sexual and reproductive health in humanitarian settings.

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