# 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.

# 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   | •          | $\bigcirc$ | $\bigcirc$ |
| Ethnic and racial minorities  |            |            | $\circ$    |
| Indigenous women  | $\bigcirc$ |            | $\bigcirc$ |
| Women with disabilities   | $\bigcirc$ |            | $\circ$    |
| Sex workers   | $\circ$    |            | $\circ$    |
| Women living with HIV/AIDS  | $\circ$    |            | $\circ$    |
| Women living in underserved areas and other stigmatized and excluded populations  |            |            |            |
| Poor women  | •          |            | $\circ$    |
| LGBTIQ-persons  | $\bigcirc$ |            | $\bigcirc$ |
| Trafficked and sexually exploited women and girls   | $\bigcirc$ |            | $\circ$    |
| 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.) |            | 0          |            |

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

We have Young People Program and thus directly work with adolescents and youth. Subsequently Youth Forum developed by themselves with our support. We are also working at hard to reach areas like Hill tracts. Thus addressing ethnic groups as well. "Rohinga Issue" is a serious problem now a days and our organization provided huge support regarding health issues. Through Ipas Bangladesh RHSTEP contributed a lot in capacity development of service providers who are working there.

| infl<br>ass | Can women and girls participate (i.e. being able to contribute and uence) in processes concerning planning, implementation and sessment of your strategies and activities against preventable ternal Mortality and Morbidity? * |
|-------------|---|
| •           | Yes   |
| $\bigcirc$  | No  |
| 0           | Don't know  |

#### 4. If yes, how?

RHSTEP involve women and girls at every stage of project cycle including other stake holders. Particularly before starting a project usually we conduct series of stakeholder meetings followed by sensitizing meetings keeping in mind building the community ownership.

# 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? * |
|-------------------------------------|
| O Yes                               |
| ○ No                                |
| Don't know                          |
| 7. If yes, how?                     |
| 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  | •          |            | $\bigcirc$ |
| Prevention and management of STIs                               | •          |            | $\circ$    |
| Prevention and management of HIV/AIDS                           | •          |            | $\bigcirc$ |
| Management of unintended pregnancies                            | •          |            | $\bigcirc$ |
| Access to safe and legal abortion services                      |            |            | $\bigcirc$ |
| Post-abortion care  |            |            | $\bigcirc$ |
| Appropriate antenatal care                                      |            |            |            |
| Detection of domestic violence                                  | $\bigcirc$ |            | $\bigcirc$ |
| Management of prelabour rupture of membranes and preterm labour |            |            | $\circ$    |
| Induction of labour for prolonged pregnancy                     |            |            | $\bigcirc$ |
| Prevention, management of post-partum haemorrhage               |            |            | 0          |
| Caesarean sections  |            | $\bigcirc$ | $\bigcirc$ |
| Appropriate post-partum care                                    |            |            |            |
| Newborn care  |            | $\circ$    |            |

# 10. If yes, how?

All the above services addressed by 24 centers all over the country and one maternity center in Dhaka.

#### 11. If not, why?

RHSTEP provides only symptomatic treatment to the victims of domestic violence.

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   |         | $\bigcirc$ | $\circ$    |
| Antibiotics   |         |            | $\circ$    |
| Misoprostol and<br>Mifepristone   |         |            | $\circ$    |
| Magnesium sulphate  |         |            | $\circ$    |
| Anti-retroviral medications and testing kits  | $\circ$ |            | $\circ$    |
| Anti-malarial medications (if relevant)   | $\circ$ |            | $\circ$    |
| 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.

Early marriage, lack of awareness about the consequences of early pregnancies, Taboos, myths and misconceptions about sexual and reproductive health and rights.

| 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<br>from) | 2          | 3       | 4          | 5 (severly affected by) |
|-------------------|--------------------------|------------|---------|------------|-------------------------|
| Intimidation      |                          | $\bigcirc$ | 0       | $\circ$    |                         |
| Harassment        |                          | $\bigcirc$ | $\circ$ | $\circ$    | $\bigcirc$              |
| Stigma            |                          | $\bigcirc$ | 0       | $\bigcirc$ | $\circ$                 |
| Violence          |                          | $\circ$    | 0       | $\bigcirc$ | $\circ$                 |
| Legal prosecution |                          |            |         |            |                         |

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      |                       | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$              |
| Harassment        |                       | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$              |
| Stigma            | $\bigcirc$            | $\bigcirc$ |            | $\bigcirc$ | $\circ$                 |
| Violence          |                       | $\bigcirc$ | $\circ$    | $\bigcirc$ | $\circ$                 |
| Legal prosecution |                       | $\bigcirc$ | $\bigcirc$ |            |                         |

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

|             | 1 | 2          | 3 | 4          | 5 |                |
|-------------|---|------------|---|------------|---|----------------|
| Fully agree |   | $\bigcirc$ |   | $\bigcirc$ |   | 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.

RHSTEP has been working with positive impact on preventing maternal mortality and morbidity. There is abortion law in Bangladesh where abortion is illegal. But RHSTEP has been providing MR (Menstruation Regulation) services with the aim to reduce unsafe abortion. Thus RHSTEP has been contributing a lot in reduction of national maternal mortality and morbidity rate.

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: <a href="http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22\_en.pdf">http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22\_en.pdf</a>

| •          | 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         |
|            | 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.

All the projects follow the right based approach. In our country voice of the poor and vulnerable remains unheard at local level. We care about the voiceless people and support them to raise their voice. Simultaneously RHSTEP does advocacy work at local level work with the government to respect and fulfill people's right.

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<br>Sexual and<br>Reproductive<br>Health   | 0            | •           | 0          | $\circ$      | 0          |
| Official policy on<br>combating<br>preventable<br>Maternal Mortality<br>and Morbidity                            |              |             |            | 0            | 0          |
| Official policy on<br>Comprehensive<br>Sexuality<br>Education,<br>specially for<br>women and<br>adolescent girls |              |             |            |              | 0          |
| Official accountability mechanisms against preventable Maternal Mortality and Morbidity?                         |              |             |            | 0            | 0          |
| Inclusion of sexual<br>and reproductive<br>health strategy in<br>national plans on<br>public health?             | $\circ$      | •           | 0          | 0            | 0          |
| Inclusion of<br>maternal health<br>strategy in<br>national plans on<br>public health?                            |              |             |            | 0            | 0          |

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?

Lack of education, lack of awareness, taboos, myths, misconceptions, superstitions and social stigma.

#### 23. What are the major obstacles hindering: \*

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

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.

Coordination between government and non government organization is very important. When activities done in a coordinated way that becomes more fruitful.

# 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?

State has a great role in promoting the policies and activities addressing preventable maternal mortality and morbidity. Religious leaders often hinder activities related to SRHR. Bangladesh government is very much supportive with advancing the agenda of SRHR including prevention of maternal mortality and morbidity. But still we have to go miles to address SRHR comprehensively.

Preventable Maternal Mortality and Morbidity in humanitarian settings

- 26. Does your organisation work on preventing Maternal Mortality and Morbidity in humanitarian settings? \*
- Yes
- 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<br>Services                                     | •          |                          | $\circ$    | $\bigcirc$ |
| Prevention and<br>management of<br>STIs                         |            |                          | $\circ$    | $\circ$    |
| Prevention and<br>management of<br>HIV/AIDS                     | $\circ$    |                          | $\circ$    | $\circ$    |
| Management of unintended pregnancies                            |            |                          | $\circ$    | $\bigcirc$ |
| Access to safe and legal abortion services                      |            |                          | $\circ$    | $\circ$    |
| Post-abortion care  |            |                          | $\bigcirc$ | $\bigcirc$ |
| Appropriate antenatal care                                      |            |                          | $\circ$    | $\circ$    |
| Detection of domestic violence                                  | $\bigcirc$ |                          | $\bigcirc$ | $\bigcirc$ |
| Management of prelabour rupture of membranes and preterm labour | •          |                          | $\bigcirc$ | $\bigcirc$ |
| Induction of labour<br>for prolonged<br>pregnancy               |            |                          | $\bigcirc$ | $\bigcirc$ |
| Prevention,<br>management of<br>post-partum<br>haemorrhage      | •          |                          | $\circ$    | $\bigcirc$ |
| Caesarean sections  |            |                          | $\bigcirc$ | $\bigcirc$ |
| Appropriate post-<br>partum care                                |            |                          | $\circ$    | $\bigcirc$ |
| Newborn care  |            |                          | $\circ$    | $\bigcirc$ |
| Oxytocics   |            |                          | $\bigcirc$ |            |
| Antibiotics   |            | $\bigcirc$               |            |            |

| -13   | Survey regarding your organisation's work against preventable Maternal Mortality and Morbidity |  |                  |             |  |
|---|--|--|------------------|-------------|--|
| Misoprostol and mifepristone  | •  | $\bigcirc$   | $\circ$          | $\bigcirc$  |  |
| Magnesium<br>sulphate   | •  | $\bigcirc$   | $\circ$          | $\bigcirc$  |  |
| Anti-retroviral<br>medications and<br>testing kits  | 0  | $\bigcirc$   | $\circ$          | •           |  |
| Anti- malarial<br>medications (if<br>relevant)  | 0  |  | $\circ$          | •           |  |
| Contraceptive<br>methods, including<br>condoms, hormonal<br>methods and<br>intrauterine devices |  |  |                  | 0           |  |
| available, pleas  | e share your o<br>olitical, legal, la  | oned medicines,<br>pinion on why th<br>ack of knowledg | ney are not (for | example due |  |
| Due to economic a   | ilu lack of Staff.   |  |                  |             |  |
| •   |  | organisation req<br>h in humanitaria                   | -                | data on     |  |
| Yes   |  |  |                  |             |  |
| O No  |  |  |                  |             |  |
| O Don't know  |  |  |                  |             |  |
|   |  |  |                  |             |  |

# 30. Please elaborate on good practices and challenges regarding collecting data on sexual and reproductive health in humanitarian settings.

In Bangladesh SRHR is an issue of silence. There are lot of social stigma, taboo, myths and misconceptions regarding SRHR. Parents, teachers and gatekeepers do not feel comfort to talk on this issue. But gradually with huge effort of the NGOs the scenario is getting change. In our project area, at the very inception we faced lot of objections. But over the period of time we overcome all the challenges with creating community support group and subsequently community ownership. We have lot of success stories/case studies which prove it's advancement.

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