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

Serving them through own clinical services as well as satellite camp.

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
O No
O Don't know
4. If yes, how?
Through participating strategic planning workshop, Coordination meeting, youth Forum meeting, campaign program and other awareness events on SRHR.
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?
Sharing performance about maternal health situation to state MIS, conducting research on Unsafe Abortion which is considered as national data, closely work with Directorate General of Family Planning.

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			\bigcirc
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	•		\bigcirc
Detection of domestic violence			\bigcirc
Management of prelabour rupture of membranes and preterm labour	•		\circ
Induction of labour for prolonged pregnancy	•	\circ	\circ
Prevention, management of post-partum haemorrhage	•		\circ
Caesarean sections	•		\bigcirc
Appropriate post-partum care			\bigcirc
Newborn care		\circ	\bigcirc

10. If yes, how?

BAPSA has Maternity clinics where EOC services given through Skilled Doctors.

11. If not, why?

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	\circ
Misoprostol and Mifepristone	•	\circ	\circ
Magnesium sulphate	•	\circ	\bigcirc
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.
- 1. Early marriage in Bangladesh 2. lack of knowledge about contraceptive. 3. Social norms to get pregnant earlier after marriage.

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	\circ
Harassment	\bigcirc		\circ	0	\circ
Stigma	\bigcirc	\circ	0	•	\circ
Violence	\bigcirc	•	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	\circ		\bigcirc	\bigcirc	\bigcirc
Harassment	\bigcirc		\bigcirc	\circ	\bigcirc
Stigma	\bigcirc	\bigcirc	\circ		\bigcirc
Violence	\circ	\bigcirc		\bigcirc	\bigcirc
Legal prosecution	•	\bigcirc	\bigcirc	\bigcirc	\circ

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	\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.
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
○ No
O 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
O No
O 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.

Staff training on HRBA that makes the staff to be sincere for providing the services as clients rights.

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	0	0	•	0
Official policy on combating preventable Maternal Mortality and Morbidity			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	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?	0	\circ	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?
- 1. Lack of service delivery centers near by 2. Lack of information and education 3. Lack of skilled service provider in rural areas 4. Mental setup to get birth at home. 5. Long distance for getting emergency services.

23. What are the major obstacles hindering: *

	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?					
Quality of interventions and medicines against preventable Maternal Mortality and Morbidity?				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.

organize courtyard meeting among pregnant women, Provide ANC at home through FWV's, Awareness program at community, TV Drama, publication, Media

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?

Government, INGO's, NGO's, CSO, Activists, Social workers can promote.

Preventable Maternal Mortality and Morbidity in humanitarian settings

- 26. Does your organisation work on preventing Maternal Mortality and Morbidity in humanitarian settings? *
- Yes
- No
- 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	\bigcirc	\circ
Prevention and management of STIs			\circ	\circ
Prevention and management of HIV/AIDS	\circ		0	0
Management of unintended pregnancies			0	0
Access to safe and legal abortion services	•		\circ	0
Post-abortion care		\bigcirc	\bigcirc	\bigcirc
Appropriate antenatal care		\bigcirc	\circ	\bigcirc
Detection of domestic violence	\circ		\bigcirc	\bigcirc
Management of prelabour rupture of membranes and preterm labour	•		\bigcirc	\circ
Induction of labour for prolonged pregnancy			\circ	\circ
Prevention, management of post-partum haemorrhage	•		0	\circ
Caesarean sections		\bigcirc	\bigcirc	\bigcirc
Appropriate post- partum care		\bigcirc	\bigcirc	\bigcirc
Newborn care		\bigcirc	\circ	\bigcirc
Oxytocics	•	\bigcirc	\bigcirc	\circ
Antibiotics		\bigcirc		

Misoprostol and mifepristone	O	0	\bigcirc	0
Magnesium sulphate		\bigcirc	\circ	\circ
Anti-retroviral medications and testing kits			\circ	\circ
Anti- malarial medications (if relevant)			\bigcirc	0
Contraceptive methods, including condoms, hormonal methods and intrauterine devices	•	0	0	0

28. If any of the above mentioned medicines, services etc. is not available, please share your opinion on why they are not (for example due to economic, political, legal, lack of knowledge, lack of staff or other restrictions)

29. Does your Government or organisation regularly collect data on sexual and reproductive health in humanitarian settings? *

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.

There is still no consolidated web based data system through which provide data to Government, but it is provided manually. it is the challenge.

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