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

IPPF/WHR works with a network of 45 partner organizations in 41 countries in the America and the Caribbean. Our Member organizations are locally owned and closed to their communities were informational and educational services as well as clinical services are provided. Services to women are provided through static clinic, schools, community based distribution programs and mobile health units.

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
\bigcirc	Don't know

4. If yes, how?

IPPF is among the first organizations to guarantee adolescents and youth participation at all the levels of the organizations including project design and participation a the decision body. According to IPPF bylaws 20% of youth are part of IPPF Board of Directors. IPPF encourage adolescents girls participation at regional events including the UN.

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
O No
O Don't know
7. If yes, how?
IPPF/WHR seats at GTR (Regional Technical Group for Maternal Mortality Reduction) in Latin America and the Caribbean facilitated by UNFPA. Several MA are also involved in national process against Maternal Mortality and Morbidity
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	•		\circ
Management of prelabour rupture of membranes and preterm labour	0		
Induction of labour for prolonged pregnancy	\bigcirc		
Prevention, management of post-partum haemorrhage	•	0	\circ
Caesarean sections	•		\circ
Appropriate post-partum care			\circ
Newborn care	•		\circ

10. If yes, how?

IPPF/WHR works with service provider organizations

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	\circ	•
Antibiotics	•	\bigcirc	\circ
Misoprostol and Mifepristone	•	\bigcirc	\circ
Magnesium sulphate	\circ	\bigcirc	•
Anti-retroviral medications and testing kits		\bigcirc	\bigcirc
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.

Despite high averages of access to modern contraception in Latin America and the Caribbean, teen pregnancy remains very common. In fact, in the region, overall fertility rates have decreased in recent years while fertility rates among adolescents have remained stagnant. At IPPF/WHR, we talk about 'sexual and reproductive health' because we understand that meeting the unmet needs and fulfilling the rights of the communities in which we work includes, but is not limited to, sexuality as related to reproduction. We know the importance of preventing and addressing coercion and violence, and recognize the diversity of sexual orientations and gender identities of the clients served by our Member Associations.

Our theory of change is that empowering young people with skills, information, and the ability to demand fulfillment of their rights-including the right to have sex and even have a child as adolescents if they so desire—will result in better life and better health outcomes. We also provide comprehensive sexuality education that promotes rights and empowerment and questions harmful gender norms, to result in fewer adolescent pregnancies and sexually transmitted infections. Though there are still unanswered questions, we can say that when empowered to make decisions, young people are more likely to make ones that favor their health and well-being.

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

IPPF has been affected by the GGR and have lost funding for abortion, HIV and SRH services in the LAC region

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
*
O Yes
○ No
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?
O Yes
○ No
On'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.
IPPF has been promoting and advocating for a right based approach to service provision since a long time ago.
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					
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	\circ		•
Inclusion of maternal health strategy in national plans on public health?	0	0	\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?

Legal and police restriction ie. Abortion related services are very restricted in the Latin America and Caribbean context; in some countries such as Honduras EC is still not available. Economical issues: Access to SRH issues are very challenging still for rural and disadvantage communities. Stigma is a problems for abortion services and adolescent seeking friendly 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.

IPPF/WHR has been promoting the harm reduction model against unsafe abortion in countries with restricted legal access to abortion. The strategy includes training providers but also advocating for a clinical guidelines to be used at the public sector. Promotion and access to PAC in IPPF clinics is another effective intervention. Lastly we are suing the legal exceptions, health and life to promote abortion access when abortion is restricted.

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?

Ministry of Health **Parliamentarians** civil society organizations Media including social media Professional associations

Preventable Maternal Mortality and Morbidity in humanitarian settings

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

	Yes
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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			\circ	\circ
Prevention and management of STIs			\circ	\circ
Prevention and management of HIV/AIDS	\circ		\circ	0
Management of unintended pregnancies	0		\circ	•
Access to safe and legal abortion services	\circ		\circ	•
Post-abortion care	\bigcirc		\bigcirc	
Appropriate antenatal care	0		\circ	•
Detection of domestic violence			\bigcirc	\bigcirc
Management of prelabour rupture of membranes and preterm labour	0		\circ	
Induction of labour for prolonged pregnancy	\circ		\bigcirc	•
Prevention, management of post-partum haemorrhage	\circ		\circ	
Caesarean sections	\bigcirc		\bigcirc	
Appropriate post- partum care	\bigcirc		\bigcirc	•
Newborn care	\bigcirc		\bigcirc	
Oxytocics	\bigcirc		\circ	•
Antibiotics		\bigcirc	\bigcirc	

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