Eastern Europe and Central Asia (EE/CA) Regional Caucus Report

Women Deliver, Copenhagen 2016

Introduction

Caucus Purpose

Quality education in reproductive issues has been proven to reduce poverty and increase rates of education and equality, especially for young women. In maternal health, the emphasis in the EE/CA region has traditionally been on surviving pregnancy and childbirth and exporting the Western model of highly technological care where in fact, despite the overwhelming majority of all births in the region taking place in healthcare facilities, in certain areas perinatal deaths and maternal mortality rates remain high. In other areas, data are not collected or are sporadic for the postpartum period.

This is in accordance with the Sustainable Development Goals (SDGs), mainly Poverty, Good Health, Quality Education (especially with regard to health education), Gender Equality, Infrastructure (access to maternity healthcare providers and facilities), Responsible Consumption (with regard to rapidly increasing caesarean rates).

Caucus Goals

To create dialogue among high-level stakeholders about the need to expand the definition of adequate reproductive health and safe motherhood be transformed to include thriving before and after pregnancy and childbirth, recognising that pregnancy and childbirth especially are crucial for the health of women, children, families and societies at that moment and for the future.

To bring together high and mid-level stakeholders from the EE/CA region together with grassroots activists and professionals and create a meaningful dialogue that will continue after the caucus itself.

Breakout Session Topics

1) Health education for youth
2) Increasing safety in pregnancy, childbirth and postpartum
3) Disrespect and abuse in pregnancy, childbirth and postpartum

Anticipated Outcomes

A participatory statement on the reproductive rights, especially pregnancy and childbirth related issues facing women in the EE/CA region, with input from caucus participants but also stakeholder networks throughout the region provided through a contact form. The statement of issues will be circulated again and in July 2016 a final Declaration will be released.

List of Major Caucus Outcomes

Commitments made

The caucus was a unique opportunity for high-level policymakers from global organisations to meet with grass-roots advocates to discuss the issues facing women before and during pregnancy, birth and postpartum in EE/CA. Although concrete commitments to action were not made explicitly, this new

issue was put on the table in front of policymakers who were not so aware of it. More specifically, **UN Women** has committed to looking further into the issues surrounding respect and dignity in reproductive rights care, especially during pregnancy and birth. **UNFPA** is interested in the issue and we will be continuing discussions with them. They are not active in all the countries involved, but are active in Eastern European countries not in the EU and in Central Asia. **WHO** is aware of the issues and will continue working on them with the input of more grassroots advocacy organisations.

Parliamentarians from Georgia, Tajikistan, Belgium and Tajikistan have made commitments to put the issue of maternal respect on the agenda in their countries.

Networks established/strengthened

New networks between advocates in grassroots, national organisations and international organisations (UN, UNFPA, Centre for Reproductive Rights, Alliance for Maternal Health Equality, International Planned Parenthood Federation) were for some participants strengthened while they were established for others. Advocates from the EE/CA regions themselves also formed networks for further actions and joint works.

Future joint advocacy efforts

Advocacy efforts with networked national advocacy organisations are being planned, especially with the initiative for the first European Safe Motherhood Week in September 2016, which is planned to bring together numerous NGOs from the European region to discuss issues that continue to face high- and middle-income countries with regard to access and quality of care for pregnant persons.

Compelling quotes from speakers or VIPs

We have not been dealing so much with pregnancy and childbirth but it is definitely a unique entry point for empowerment as it can leave a woman either feeling very empowered or feeling desolate and distressed.
Ingibjorg Gisladottir, UN Women, Regional Director, Europe and Central Asia

Now fortunately the global community has recently recognized that physical survival is not the only desirable outcome for pregnancy and childbirth. Informed consent, respect and privacy and bodily integrity are also very important.
Ingibjorg Gisladottir, UN Women, Regional Director, Europe and Central Asia

As an obstetrician, to go through the process of your daughter being pregnant is really an excellent lesson about the biases and problems in the place that your daughter lives in.
Gunta Lazdane, Programme Manager, Sexual and Reproductive Health, World Health Organization, Europe

The prevention and elimination of disrespect pamphlet is WHO Europe's most translated document, translated by national advocacy organisations.
Gunta Lazdane, Programme Manager, Sexual and Reproductive Health, World Health Organization, Europe

Without ensuring the rights of providers, including decent safe working conditions, equal employment, remuneration/strike rights, privacy, reputation and due process and remedy, women's rights will not be

able to be upheld in maternity care. Joint advocacy focusing on both sides is necessary to address systemic abuses and hold governments to account
Tamar Dekanosidze, Lawyer, Georgian Young Lawyers' Association

Many of the rights violations are interconnected with and indivisible form other reproductive rights violations. There are three main interconnections: these rights violations result from the same shared gender stereotypes (women are irrational, emotionally volatile; protection of foetus above women's interest and needs); the use of laws to restrict/punish women's SRHR (laws banning the sale of emergency contraception, restricting abortion, preventing skilled attendants at home births) and high level of stigma (necessary health services portrayed as wrong, women ashamed to speak out).
Katrine Thomasen, Legal Adviser, Centre for Reproductive Rights, Europe

Ill treatment of a women in a most important moment of her life and in the moment of the beginning of a new life is never acceptable, never excusable and never tolerable.
Khayriniso Yusufi, MP, Vice-Speaker of the Parliament of Tajikistan

Our journey of 1000 miles has just begin. Tomorrow we will need to return to our home countries. I call on you to continue the hard work with the inspiration, dedication and energy to end human rights violations and to ensure respectful maternity care in the region and world.
Khayriniso Yusufi, MP, Vice-Speaker of the Parliament of Tajikistan

Caucus communications

In-depth interview on the caucus and problems in the EE/CA region with Danish journalist, Johanne Mygind from the Weekendavisen weekly broadsheet newspaper.

After-action plans

After a participatory process of including stakeholders (grassroots and high-level) who were at the caucus and who expressed interest before and after, we will prepare a Declaration that will be ready by the end of July 2016.

Over the next several months we plan to reach out to UN Women, whose EE/CA director was opened the Caucus, to keep the momentum and issue active, especially in collaboration with WHO regional office for Europe. We also plan to reach out to UNFPA's new regional director for EE/CA and to Neven Mimica, EU Commissioner for Development. We expect to make progress in elevating awareness of high-level stakeholders on the issue, while continuing to work with grassroots organizations to increase their capacities for addressing and advocating for the rights of women in pregnancy and childbirth.

The challenges we anticipate are those that progress will be slow, as awareness activities for problems in maternity care in settings where mortality is not a very pressing issue is something new, that few policymakers know very much about.

EASTERN EUROPE AND CENTRAL ASIA REGIONAL CAUCUS

WOMEN DELIVER CONFERENCE

Copenhagen, Denmark
Thursday, May 19, 2016
10:30 – 12:00
Bella Center Copenhagen - Room B3-2

SURVIVE, THRIVE, AND TRANSFORM PREGNANCY AND CHILDBIRTH

PATH

RODA®
roditelji u akciji

Welcome to the Eastern Europe and Central Asia Regional Caucus!

Building on successful caucuses at the 2010 and 2013 global conferences, Women Deliver and PATH are hosting eight regional caucuses at WD2016. Each caucus will bring together diverse stakeholders to discuss major priorities and strategies for strengthening political and financial commitments to girls' and women's health and wellbeing. While the regional caucuses provide an important platform for developing commitments and a shared advocacy agenda, ultimately, the caucuses are meant to catalyse continued momentum upon return home.

Roda, a Croatian NGO, is organizing the caucus thanks to a grant from PATH, bringing together stakeholders from the region to discuss the importance of quality in reproductive healthcare issues covering the spectrum of issues in women's reproductive health, especially in accessing quality, evidence-based care that upholds a woman's dignity and autonomy.

At this caucus, we are proposing that the definition of adequate reproductive health and safe motherhood be transformed to include thriving before and after pregnancy and childbirth, recognising that pregnancy and childbirth especially are crucial for the health of women, children, families and societies at that moment and for the future.

About Roda

RODA's mission is to change society into a society that acts responsibly towards children, parents, future parents and families – especially mothers - through information, education, active lobbying and inclusion in the processes of change, as well as encouraging parents and other societal groups to question the status quo and be part of change.

RODA's vision is a society that actively works to fulfil the needs of and protect the availability of the rights of children, parents, future parents and families as a whole, including the right to ever person having an individual informed choice.

RODA has become an important stakeholder in the Republic of Croatia in the areas of rights to adequate maternal leave compensation and right to maternal leave, medically assisted conception, pregnancy and improving birthing conditions, breastfeeding promotion, education and counselling, education and support for parents and future parents and child traffic safety. We are a central place for pregnant women, new mothers and parents can get information about the areas we are active in as well as a forum for experiences, suggestions and complaints.

Our children are our future, but their well-being is not something that we can leave to the future.

AGENDA

"Survive, Thrive, and Transform Pregnancy and Childbirth"

Date: **Thursday, May 19, 2016**
Time: **10:30 am**
Location: **Bella Center, Copenhagen, Denmark**
Organizer: **RODA – Parents in Action, Croatia**

Introduction: Daniela Drandic, Head of Reproductive Rights Division, RODA- Parents in Action, Croatia

VIP Message: Ingibjorg Gisladottir, UN Women, Regional Director, Europe and Central Asia

Setting the Stage:

Moderator: Elena Ateva, Maternal and Newborn Health Advocacy and Policy Advisor, White Ribbon Alliance

1. Zuzana Kriskova, Activist, Women's Circles, Slovakia – **The situation of women's rights in childbirth, major challenges that women encounter and how advocacy can help overcome them**
2. Gunta Lazdane, Programme Manager, Sexual and Reproductive Health, World Health Organization, Europe – **Evidence-based care to achieve high-quality, respectful maternity care**
3. Tamar Dekanosidze, Lawyer, Georgian Young Lawyers' Association – **The importance of understanding patients' and providers' rights and responsibilities to ensure high quality respectful maternity care**
4. Irene Donadio, Manager of Public Affairs at IPPF EN – **Current challenges on maternal health and sexual and reproductive health and rights in Central Asia and innovative approaches in Kirghizstan and Tajikistan**
5. Katrine Thomasen, Legal Adviser, Center for Reproductive Rights, Europe – **Situating the issue of women's rights in childbirth within the broader spectrum of reproductive rights issues – with a focus on women's decision making and gender stereotypes**

Transition: Khayriniso Yusufi, MP, Vice-Speaker of the Parliament of Tajikistan

Break-out sessions:

1. **Health education for youth** – Moderator: Marinella Marejcic, Croatia, Women Deliver Young Leader
2. **Increasing safety in pregnancy, childbirth and postpartum** – Moderators: Yoanna Stancheva, Bulgaria, Zebra Midwives, and Nicholas Rubashkin, USA, Human Rights in Childbirth
3. **Disrespect and abuse in pregnancy, childbirth and postpartum** – Moderator: Iveta Jancigova, Slovakia, Women Deliver Over 30 Scholarship Recipient

Conclusion and Next Steps (5 min)
Expected outcome document: Consensus Statement

BIOGRAPHIES

Speakers

Ingibjorg Solrun Gisladottir was appointed as UN Women Regional Director for Europe and Central Asia, and Representative to Turkey in January 2014.

Born in 1954 in Iceland, prior to her appointment as the Regional Director, Ingibjorg worked as UN Women Country Director in Afghanistan (2011-2014), was the Minister for Foreign Affairs of Iceland (2007 – 2009) and a Member of Parliament where she served for two separate terms between 1991 – 1994 and 2005-2009. She was one of the founding members of the Women's Alliance in Iceland in 1982, a successful and historical political movement that promoted the cause of women and changed their status radically. She was also the editor of VERA, a feminist magazine, published by the Women's Alliance between dates 1988-1990. She was first elected to the Parliament in 1991 – 1994 from the Women's Alliance and again in 2005 – 2009 representing the Social Democratic Alliance. She was elected as Chairperson and Leader of the Social Democratic Alliance, the second largest political party in Iceland, in a party-wide vote in 2005 and re-elected in 2007. She was a member of the City Council of Reykjavik for 18 years (1982-1988 and 1994-2003), including Mayor for 9 years.

Ingibjorg holds a degree in history and literature from the University of Iceland (1979) and had post-graduate studies and research in history at the University of Copenhagen (1979-1981). She is married to Hjörleifur Sveinbjörnsson, a university lecturer in Chinese and Chinese literature and translator of literature into Icelandic. They have two sons; born in 1983 and 1985.

Zuzana Krišková is a cofounder and currently serves as chairwoman of the Slovak NGO Ženské kruhy (Women's Circles). She studied financial management and has PhD in accounting. After her first pregnancy and childbirth she became passionate about natural childbirth and later about human rights in childbirth which lead her to make a significant career change. In her work for Ženské kruhy she focuses on disrespect and abuse in childbirth. She believes that every doctor, midwife and nurse is capable of provide respectful maternity care. In her future work she wants to address the "victim blaming" phenomenon between maternity healthcare providers, doulas and activists.

Gunta Lazadne, PhD is an obstetrician and gynaecologist who has worked as a professor, and Head of the University Department in Riga Stradins University, Latvia. Since 2003 she has been working at the WHO Regional Office for Europe as the Programme Manager, Sexual and Reproductive Health in the Division of Non-Communicable Diseases and Promoting Health Through the Life-course. She is assisting the 53 WHO Member States in the European Region to improve sexual, reproductive, maternal and newborn health through promoting good health at key stages of life, taking into account the need to address social determinants of health and gender, equity and human rights.

Gunta has participated in many European and global conferences and congresses including International Conference on Population and Development in Cairo in 1994. She is the Editor-in-Chief of the European Magazine for Sexual and Reproductive Health Entre Nous.

Tamar Dekanosidze works as a lawyer at the Georgian Young Lawyers' Association, a human rights NGO in Georgia. Her focus is human rights in health care, women's rights and strategic litigation at the European Court of Human Rights. Tamar holds a law degree from Tbilisi State University (Georgia). She studied at Utica College (Utica, NY, USA) for an academic year as an UGRAD scholar. Tamar obtained a LLM in International Human Rights Law at the University of Essex (Colchester, UK) as an OSF scholar. Tamar has experience working for various human rights organizations in Georgia, Kosovo, the UK and the US.

Khayriniso Yusufi is Vice-Speaker of the Lower House of the Parliament in Tajikistan and has been an MP since 2010, as a member of the People's Democracy Party. She has university degrees in several areas such as veterinary medicine, law, philology and management. In 2004, after serving several years on various managerial positions, Khayriniso became Vice-Prime Minister of the Republic of Tajikistan. Upon leaving this position, she became Chair of the National Committee on Women and Family Affairs. One of her major accomplishments as a legislator was the adoption of the Law on Domestic Violence, the first of its kind in Tajikistan. The Law was adopted in 2013 after 10 years of advocacy work she spearheaded. She has also initiated the Law on protection of the Rights of the Child, adopted in 2015. In 2014, the National Committee on Population and Development was established and Khayriniso was chosen to lead it. In November 2015, the Inter-Parliamentary Assembly of the CIS awarded Khayriniso for her contribution to development of inter-country relationships.

Irene Donadio joined the International Planned Parenthood Federation European Network's Brussels office in 2005. She is the Manager of Public Affairs, overseeing advocacy in Europe, communication and fundraising. Irene has been working on European affairs and has worked on a wide range of issues from consumer and health issues to asylum, migration, conflict prevention and SRHR. She has been a passionate activist for sexual and reproductive rights in the European Parliament, the European Commission, the Council of Europe, WHO and other UN agencies for over a decade. Irene holds a degree in political science from the University of Florence (Italy) and a postgraduate degree in social enterprise management.

Katrine Thomasen joined the Centre for Reproductive Rights in 2013 and has been working on litigation to promote respect for reproductive rights in Europe. Prior to joining the Centre, Katrine worked with the Open Society Justice Initiative advocating with various UN human rights bodies in Geneva; she also worked with Human Rights Watch as an advocate at the UN. Katrine has worked at the International Service for Human Rights, an international human rights organization that provides training and strategic advice to human rights defenders on the UN human rights system, engaging in

advocacy to strengthen this system and respect for the rights of human rights defenders. Katrine holds bachelor and master degrees in law from the University of Copenhagen, Denmark. She speaks Danish, English and French.

Facilitators

Marinella Matejcic is a feminist activist from Croatia. She works as a project coordinator for the PaRiter Association and as a freelance journalist/writer. Marinella currently serves as a FRIDA advisor and is engaged with Women Deliver Young Leaders Program. Since sexual, reproductive and health rights are in the scope of her interests, she collaborates with Centre for Education, Counselling and Research (CESI) from Zagreb in various advocacy opportunities. You can reach out and chat with Marinella on Twitter, where you can find her under her handle @mmatejci.

Nicholas Rubashkin, MD, MA, is a PhD student in the department of Global Health Sciences at the University of California San Francisco (UCSF) and is a member of the clinical faculty at the department of Obstetrics and Gynaecology also at UCSF. Prior to his PhD training he completed a survey of women's birth experiences in Hungary under a Fulbright Research award. His forthcoming publications explore the relationship among models of care, intervention rates, patient experience, and informal cash payments. He has previously worked as an attending physician at a San Francisco community hospital known for collaborative OB/midwifery (CNM) care, where he also chaired the quality of care committee. He is a board member of the NGO Human Rights in Childbirth and a delegate to the Home Birth Consensus summit. He holds a master's degree in cultural/social anthropology from Stanford University, where he also obtained his medical degree. His PhD research will concern quantitative methods to predict obstetrician behaviour, ethics and obstetricians, and mixed methods approaches to disrespect and abuse of women in childbirth.

Iveta Jancigova is a feminist, teacher and mathematician who holds a PhD in applied computer science. When she can, she works for the NGO Women's Circles, a group working to improve maternity care in Slovakia. As part of her work for Women's Circles Iveta participates in both domestic and international efforts and advocates on behalf of the mothers and their children. Her goal is for all care mothers and babies receive to be evidence based, with the rights of mother and child being upheld. She is a birth refugee, having travelled to another country to give birth to her two children and hopes that one day, the type of care she had to travel to receive during her pregnancies and births will be a standard option for all Slovakian women.

Yoana Stancheva is a midwife in the making. She is mother to three young boys and works at the only autonomous midwifery practice in Sofia, Bulgaria. Before she became a parent or knew anything about midwifery, she wanted to travel and affect change through film and cultural events. As Bulgaria is a rough terrain for anyone working with cultural projects, she quickly saw that making change is not as powerful as actual bodies enacting change. For this reason she wanted her

life to have a direct impact on the wellbeing of women and the celebration of their bodies, which she does through her midwifery work. Yoana uses midwifery as a tool for envisioning social change and exploring the parameters of freedom. For her, midwifery is an experiment in applied feminism and caring for women's bodies – a revolutionary practice with a daily significance.

Organisers

Daniela Drandić has been head of the Reproductive Rights Program at RODA – Parents in Action, the largest parents' advocacy group in Croatia and the region since 2012. Several years ago while pregnant she was forcibly hospitalized against her will and given a caesarean section she did not need or want. Afterwards, she decided to dedicate herself to improving the maternity care system in Croatia. Today, she helps to lead Roda as it provides evidence-based maternity care resources and advocates for women to speak up for their own rights in maternity care. She co-organizes an annual conference held in Zagreb that aims to educate healthcare providers in Croatia and the region on evidence-based maternity care and on human rights during pregnancy and childbirth. The reBIRTH Conference is currently in its fourth year. She is a member of UNICEF Croatia's Working Group on the Mother-Friendly Hospital Initiative. Her next goal is to begin advocating for midwifery-led units in Croatian maternity hospitals. Daniela holds a degree from the University of Toronto (Canada) is mother to three children, the youngest of whom she birthed with the assistance of foreign midwives who attended her in a country where autonomous midwives are unheard of. She can be reached on Twitter @CroatiaBirthActivist.

Elena Ateva is a human rights attorney and activist involved in the movement for women's rights in childbirth. She started her work in Bulgaria where, together with a team of 30 women, she co-founded Rodilnitza, a non-profit organization that advocates for women in pregnancy and childbirth. Elena was the Eastern Europe Legal Advocacy Coordinator for Human Rights in Childbirth and together with Roda in Croatia organized the first conference on women's rights in childbirth in Eastern Europe in 2015. Elena recently joined the White Ribbon Alliance as a Maternal and Newborn Health Policy and Advocacy Advisor where she coordinates the work of the Respectful Maternity Care Global Council and supports the work of national alliances in Africa, Asia and Europe. Elena is collaborating with Roda to coordinate the Eastern Europe and Central Asia caucus at the Women Deliver Conference, as this is a critical period for the region.

Eastern Europe and Central Asia Caucus

Reproductive Health Issues that Impact Women during Pregnancy, Childbirth and Postpartum

In preparation for the caucus we consulted individuals and organizations from the region to identify the most pressing reproductive rights concerns in their countries. We compiled the following list, which is non-exclusive, but is an attempt to highlight the priorities for the region in terms of reproductive health issues which impact women especially in pregnancy, childbirth and postpartum. We hope that with your help during the caucus we can propose a strategy to address these issues on a regional level.

1) Gender Stereotyping – Women Perceived as not Competent to Make Decisions about Their Bodies and Their Babies

- Lack of respect for reproductive health choices throughout a woman´s lifecycle that negatively impacts her right to decide freely and responsibly on the number and spacing of her children. Includes: lack of respect for the right to access abortion and contraception[1]; forced abortions due to fetus defects or preterm birth.[2]
- Lack of respect for the right to informed decision-making: including the lack of understanding by health professionals of the basic principle that decisions connected to reproductive healthcare (and to all other healthcare) are ultimately taken by the clients and beneficiaries of the care and not by health personnel.[3]
- Disrespect, abuse and other violations of rights in reproductive healthcare settings, be it psychological, verbal or physical (including shaming and social stigma regarding "bad" choices)
- Harmful stereotypes about women, including the stereotype of a woman as a mother and as an incompetent decision-maker that contribute to violations of sexual and reproductive rights of women and girls, including in childbirth; social security systems and employment and social policies that perpetuate the roles of women as mothers and hinder women from a balanced exercise of their parental responsibilities and paid work
- Lack of assisted reproductive care. Includes: insurance companies' limitations on how many couples per year can have treatment or how many cycles a couple (or woman) can go through; limitations to extent of coverage of treatment.

1 (due to various barriers, e. g. lack of subsidisation from the public health insurance, exercise of conscience-based refusals on the side of health professionals, religious and social pressures)

2 (preterm birth abortions: pregnancy was wanted, birth started early, forced - non-consented abortion/birth. Non-existing palliative care in hospices;)

3 (also, lack of legal provisions enabling supported but autonomous decision-making by persons with disabilities)

2) Access to Information and Education

- Lack of awareness and access to information about reproductive health: including lack of formal or informal information dissemination about reproductive health, contraception, abortion, pregnancy, birth and postpartum, especially among youth; religious influence on the content of sexuality education classes; lack of open discussions of menstruation; lack of education of health professionals and policy makers on reproductive health.

3) Discrimination/Inequality

- Inequality in access to reproductive health services, including maternity care, for minority, disadvantaged and marginalized groups (including: rural, poor, ethnic minorities (including Roma), migrant women or transgender women.).
- Substandard quality of reproductive care provided to minority, disadvantaged and marginalized groups[4] as compared to majoritarian population.
- Restrictions on access to assisted reproduction for disadvantaged groups: same-sex couples; women living without a male partner; minority women and women with disabilities.
- Lack of knowledge and understanding and/or discrimination or coercion by health care providers against minority, disadvantaged or marginalized groups seeking sexual and reproductive services including lesbians, people with disabilities, transgender people, ethnic and religious minorities.
- Lack of holistic care that meets the needs of people with disabilities, or sicknesses requiring specific approaches to sexual and reproductive healthcare.
- Forced sterilizations and/or forced contraception, particularly of ethnic or religious minorities, disadvantaged and marginalized populations (e.g. Roma women, women with disabilities, transgender people)

4) Lack of Accountability

- Lack of accountability for healthcare providers and decision makers; lack of mechanisms and procedures providing adequate remedies and systemic improvements to the functioning of health care facilities, practitioners and systems.
- Lack of channels and procedures for gaining meaningful feedback from mothers/families to providers in person or in writing (particularly focusing on general treatment and respect)
- Fees for service in the field of childbirth: including, out-of-pocket or informal payments that have to be made to doctors, midwives or health care facilities; fees for a companion at birth; fees for epidurals.
- Lack of good-quality data collection systems: including for information on mortality, caesarean, episiotomy, all labour and delivery practices including interventions[5], abortion rates, unmet need for

4 See issue 11.

5 (e.g. pushing and laboring position, Kristeller, what is done exactly to babies etc.)

contraception etc.; also lack of gender, ethnicity, disability, sex orientation and age aggregated data on SRHR indicators

- Poor political support for reproductive health including pregnancy, childbirth and postpartum care and lack of financing. Lack of gender sensitive approaches to public budgeting.
- Guidelines/standards of care are not developed jointly with all stakeholders, including the potential beneficiaries of care and their advocates or representatives.

5) Lack of evidence based care

- Lack of evidence-based protocols for handling pregnancy, birth and postpartum (e.g. no continuity of care during pregnancy; lack of homebirth protocols); and lack of awareness, on the side of healthcare providers of internationally accepted standards of care in the field of childbirth, reliance on outdated and harmful practices that negatively affect women and newborns
- Lack of parenting support and access to the newborn after birth. Includes: Lack of continuous contact with the newborn after birth[6]; lack of access to a sick newborn; and lack of support and empowerment focused on the exercise of confident parenting (e. g. lack of support in breastfeeding).
- Lack of choice of provider (midwife or doctor) and/or place for birth (birth center, hospital or home birth)
- Lack of awareness of psychological impacts of childbirth, including of birth trauma and ways to address it

6) Provider Barriers

- Frustrating working environments for providers of care, lack of respect for and fulfillment of their personal and professional needs and rights connected to exercising an occupation
- Gender imbalances among health professionals providing care in childbirth and designing systems of care in childbirth

7) Violence against Women

- Violence against women, including sexual violence and intimate partner violence and its interconnections with and impacts on the sexual and reproductive rights of women, including in connection with pregnancy, birth and postpartum (lack of awareness, lack of data, lack of appropriate systems of interventions) .

6 (e.g. separation of the child from the mother, after vaginal birth for few hours, after C-section also for few days)

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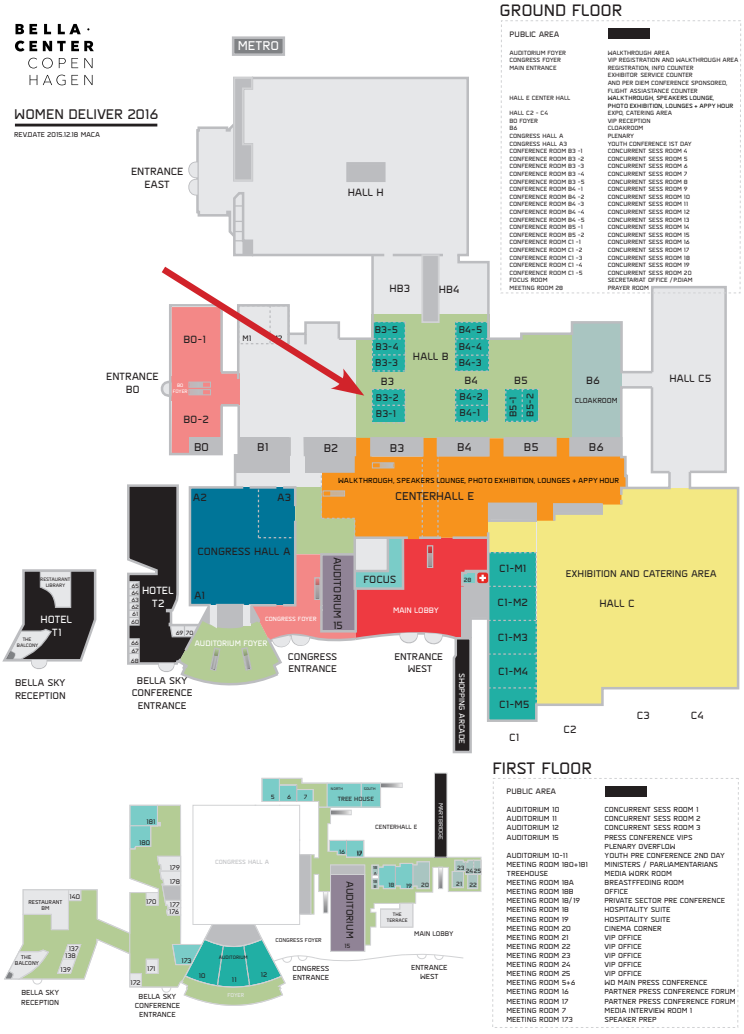

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Udruga Roda – Roditelji u akciji (Parents in Action)
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Eastern Europe and Central Asia Caucus

Reproductive Health Issues that Impact Women during Pregnancy, Childbirth and Postpartum

In preparation for the caucus we consulted individuals and organizations from the region to identify the most pressing reproductive rights concerns in their countries. We compiled the following list, which is non-exclusive, but is an attempt to highlight the priorities for the region in terms of reproductive health issues which impact women especially in pregnancy, childbirth and postpartum. We hope that with your help during the caucus we can propose a strategy to address these issues on a regional level.

1) **Gender Stereotyping – Women Perceived as not Competent to Make Decisions about Their Bodies and Their Babies**

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- Harmful stereotypes about women, including the stereotype of a woman as a mother and as an incompetent decision-maker that contribute to violations of sexual and reproductive rights of women and girls, including in childbirth; social security systems and employment and social policies that perpetuate the roles of women as mothers and hinder women from a balanced exercise of their parental responsibilities and paid work
- Lack of assisted reproductive care. Includes: insurance companies' limitations on how many couples per year can have treatment or how many cycles a couple (or woman) can go through; limitations to extent of coverage of treatment, lack of availability to sperm donations.

2) **Access to Information and Education**

- Lack of awareness and access to information about reproductive health: including lack of formal or informal information dissemination about reproductive health, contraception, abortion, pregnancy, birth and postpartum, especially among youth; religious influence on the content of sexuality education classes; lack of open discussions of menstruation; lack of education of health professionals and policy makers on reproductive health. Comprehensive sexual education is presented as taboo or propaganda, and needs to be presented as a life-skills tool.

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[1] (due to various barriers, e. g. lack of subsidisation from the public health insurance, exercise of conscience-based refusals on the side of health professionals, religious and social pressures)

[2] (preterm birth abortions: pregnancy was wanted, birth started early, forced - non-consented abortion/birth. Non-existing palliative care in hospices;)

[3] (also, lack of legal provisions enabling supported but atonomous decision-making by persons with disabilities)

- The obligation to provide adequate information in understandable form to patients is often neglected by providers, compromising users' active participation in care planning. Informed consent is often obtained by providing only partial information; there is no chance to pose questions or ask for alternative methods from health care professionals.
- Documentation of interventions and/or events occurring during the care process is often deficient. This encumbers the review of the care process (e.g. during supervision or in court proceedings) later on.

3) **Discrimination/Inequality**

- Inequality in access to reproductive health services, including maternity care, for minority, disadvantaged and marginalized groups (including: rural, poor, ethnic minorities (including Roma), migrant women or transgender women.).
- Substandard quality of reproductive care provided to minority, disadvantaged and marginalized groups[4] as compared to majoritarian population, as well as segregation in maternity wards.
- Restrictions on access to assisted reproduction for disadvantaged groups: same-sex couples; women living without a male partner; minority women and women with disabilities.
- Lack of knowledge and understanding and/or discrimination or coercion by health care providers against minority, disadvantaged or marginalized groups seeking sexual and reproductive services including lesbians, people with disabilities, transgender people, ethnic and religious minorities.
- Lack of holistic care that meets the needs of people with disabilities, or sicknesses requiring specific approaches to sexual and reproductive healthcare.
- Forced sterilizations and/or forced contraception, particularly of ethnic or religious minorities, disadvantaged and marginalized populations (e.g. Roma women, women with disabilities, transgender people).
- Women with mental disabilities – particularly those living in institutional settings – are often under full or partial guardianship, meaning that all their reproductive decisions are made by their guardian.

4) **Lack of Accountability**

- Lack of accountability for healthcare providers and decision makers; lack of mechanisms and procedures providing adequate remedies and systemic improvements to the functioning of health care facilities, practitioners and systems.
- Lack of channels and procedures for gaining meaningful feedback from mothers/families to providers in person or in writing (particularly focusing on general treatment and respect)
- Fees for service in the field of childbirth: including, out-of-pocket or informal payments that have to be made to doctors, midwives or health care facilities; fees for a companion at birth; fees for epidurals.
- Lack of good-quality data collection systems: including for information on mortality, caesarean, episiotomy, all labour and delivery practices including interventions[5], abortion rates, unmet

[4] See issue 11.

[5] (e.g. pushing and laboring position, Kristeller, what is done exactly to babies etc.)

need for contraception etc.; also lack of gender, ethnicity, disability, sex orientation and age aggregated data on SRHR indicators
- Poor political support for reproductive health including pregnancy, childbirth and postpartum care and lack of financing. Lack of gender sensitive approaches to public budgeting.
- Guidelines/standards of care are not developed jointly with all stakeholders, including the potential beneficiaries of care and their advocates or representatives.

5) Lack of evidence based care

- Lack of evidence-based protocols for handling pregnancy, birth and postpartum (e.g. no continuity of care during pregnancy; lack of homebirth protocols); and lack of awareness, on the side of healthcare providers of internationally accepted standards of care in the field of childbirth, reliance on outdated and harmful practices that negatively affect women and newborns
- Medical protocols are generally are out-dated and not regularly reviewed by competent authorities
- Increasing rates of caesarean section across regions and hospitals, with no accountability mechanisms
- Lack of parenting support and access to the newborn after birth. Includes: Lack of continuous contact with the newborn after birth[6]; lack of access to a sick newborn; and lack of support and empowerment focused on the exercise of confident parenting (e. g. lack of support in breastfeeding).
- Lack of choice of provider (midwife or doctor) and/or place for birth (birth center, hospital or home birth)
- Lack of awareness of psychological impacts of childbirth, including of birth trauma and ways to address it; no psychological support available to women and families after birth

6) Provider Barriers

- Frustrating working environments for providers of care, lack of respect for and fulfillment of their personal and professional needs and rights connected to exercising an occupation
- Gender imbalances among health professionals providing care in childbirth and designing systems of care in childbirth

7) Violence against Women

Violence against women, including sexual violence and intimate partner violence and its interconnections with and impacts on the sexual and reproductive rights of women, including in connection with pregnancy, birth and postpartum (lack of awareness, lack of data, lack of appropriate systems of interventions).

[6] (e.g. separation of the child from the mother, after vaginal birth for few hours, after C-section also for few days)

	A	B	C
1	**Name**	**Organization**	**Country of Residence**
2	Adriana Radu	SEXUL vs BARZA (SEX vs THE STORK)	Romania
3	Ahmed Ali	American University of Beirut	Lebanon
4	Ahmed Kassem Mohamed Khaled Ali	American University of Beirut	Lebanon
5	Aishoola Aisaeva	Girls Activists of Kyrgyzstan	Kyrgyzstan
6	Akmaral	Y-PEER	Kazakhstan
7	Alesandre Abrudeau		
8	Alison McFadden	Dundee Univerity	United Kingdom
9	Amal Al-Haj		
10	An Huybrechts	IPPF EN	Belgium
11	Ana	Mosiashvili	Georgia
12	Ana Rizescu	YouAct	Romania
13	Anamaria Suciu	YSAFE - Youth Sexual Awareness for Europe	Belgium
14	Andrea FERENCZI	Association for Women's Career Development in Hungary	Hungary
15	Anna Szczegielniak	YCSRR	Poland
16	Antonela BrajkoviÄ‡ Cesar	Doula Antonela	Croatia
17	Ariella Rosansky	Merck	
18	Arman Alibaev		
19	Asa Nihlen	WHO	
20	Aziza	Hamidova	Tajikistan
21	Baasansun		
22	Billie Hunter	Cardiff University, UK	UK
23	Bojan Jovanovski	H.E.R.A. - Health Education and Research Association	Republic of Macedonia
24	Caroline Hickson	IPPFEN - YSAFE	
25	Catherine Carr	JHPIEGO	
26	Ciara O'Rarke	MSD	
27	Dalila Davidhi	STOP AIDS NGO	ALBANIA
28	Dani Murphy	Chemonics International	United States

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29	Daniela Draghici	Society for Feminist Analyses AnA, ASTRA Network member	Romania
30	Daniela Drandic	Roda - Parents in Action	Croatia
31	Erika Kvapilova	UN Women	
32	Eva abuhalaweh	Mizan for Law	Jordan
33	Evdokia Romanova	YCSRR	Slovenia
34	Firuza Kulaeva	Y-PEER Tajikistan	Tajikistan
35	George Tsekiteli	Parliament of Georgia	
36	Georgiana Epure	Association for Liberty and Equality of Gender Romania	Romania
37	Gersi Gashi		
38	GUNTA LAZDANE	WHO Regional Office for Europe	Denmark
39	Hamza Moghari	Women Deliver	State of Palestine
40	Heidi Dahlburg		
41	Hermine Hayes-Klein	Human Rights in Childbirth	USA
42	Hiba Hamarna	Medecins Du Monde-France	Palestine-Gaza
43	Incha Aliyeva	Kvinna till Kvinna	Azerbaijan
44	Ingibjorg Solrun Gisladottir	UN Women	Iceland / Turkey
45	Irene Donadio	IPPF	Belgium
46	Irina Buharu		
47	Iveta Jancigova	Womens' Circles	Slovakia
48	Jacqueline Bowman-Busato	Alliance for Maternal Health Equality	Belgium
49	Janneke Fokkema	Ministry of Foreign Affairs	Netherlands
50	Jargalmaa Erdenemandakh	Amnesty international	Mongolia
51	Jeanine Nasser	International Youth Alliance for Family Planning	United States
52	Joke Lannoye	EuroNGOs	Belgium
53	Jovana Dordevic	FRIDA The Young Feminist Fund	Serbia
54	Katel Yordi		
55	Kateryna Kardash	HLO	UKraine
56	Katrine Thomasen	Center for Reproductive Rights	Switzerland
57	Khayriniso Yusufi	Parliament of Tajikistan	Tajikistan

	A	B	C
58	Krystyna Kacpura	ASTRA Network	Poland
59	Lea Pfefferle	Third-i	Belgium
60	Lida Minasyan	Society Without Violence NGO	Armenia
61	Linda Roszik	Masallapotot movement, MamakÃ¶r Inc.	Hungary
62	Lira Ismailova	Human rights movement: Bir Duino-Kyrgyzstan	Kyrgyzstan
63	Louise Treloar	WHO	
64	Luciana Grosu	YouAct	Romania
65	Luisa Salgueiro		
66	Lynn Lynch	WHO	United Kingdom
67	Maha	SheCab	Jordan
68	Malgorzata Kot	ASTRA Youth	Poland
69	Manal Sweidan	Department of Statistics	Jordan
70	Manal Tahtamouni	Institute for Family Health	Jordan
71	Marija Paviloniere	LRS	
72	Marina Davidshovich	EPFUEB	
73	Marinella Matejcic	Women Deliver	Croatia
74	Marsida Bandilli	University of Antwerp	Belgium
75	Marta Szostak	ASTRA Network	Poland
76	Meghan Bohren	World Health Organization	Switzerland
77	Merita Xhafaj	Ministry of Social Welfare and Youth, Albania	
78	Mika Marumoto	AFPPD	
79	Monika Christofori-Khadke	Red Cross	
80	Nadezhda Dermendzhieva	Bulgarian Fund for Women	Bulgaria
81	Natasha Dimitrovska	National Council for Gender Equality	Macedonia
82	Nathalie Andersson	Lund University	Denmark
83	Nicholas Rubashkin	Human Rights in Childbirth / University of California San Francisco	United States
84	Nicola Philbin	Bright Owls Birth Services	Netherlands
85	Nikoleta Arnaudova	Alliance for Maternal Health Equality	Belgium

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86	Nilsy Desaint	MSD	Belgium
87	Nilufar Mammadova	Women Deliver	Azerbaijan
88	Nini Chantusiu		
89	Norhan Bader	WD Young Leader	Egypt
90	Olalla Michelena	Make Mothers Matter	Belgium
91	Paul Robinson	Merck	
92	Petra De Sutter	Dept Ob/Gyn University Hospital Gent / Belgian Senate / PA Council of Europe / migration committee	Belgium
93	Petya Yankova	Europe & Me	Bulgaria
94	Plamena Solakova	Individual	United Kingdom/ Bulgaria
95	Rand Jarallah	Women Deliver Young Leaders Program	Palestine
96	Randal-Joy Thompson	Excellence, Equity, and Empowerment (E3)	USA
97	Rawan Saad	INJAZ	Jordan
98	Riwa Al Atrash	Future Television	Lebanon
99	Sahar M. Al-Mzayyen	PARCIC	Palestine
100	saja al zoubi	syrian general commission for scientific agricultural research	syria
101	Sarah Davies	Cardiff University WHO collaboration Centre	United Kingdom
102	Sawsan Majali	Higher Population Council	Jordan
103	Sevara Khamidova	Y-PEER PETRI-Sofia	Uzbekistan
104	Sevinj Samadzade		
105	Shahnoz (Shakhnozakhon) Mukhamadieva	UN Empower Women initiative and FLEX Alumni Tajikistan	Tajikistan
106	Snezana Krizan	Sex og Politikk	Norway
107	Sona Hovakimyan	Society Without Violence NGO	Armenia
108	Tamar Dekanosidze	Georgian Young Lawyers' Association	Georgia
109	Tamar Khomasuridze	UNFPA	Turkey
110	Tetiana Slobodian	Woman Health and Family Planning Charity Foundation (WHFP)	Ukraine

	A	B	C
111	Vera Haag Arbenz	Medica Mondiale	
112	Veronika Chenakina	Merck	
113	Viktor Damjanovski	IPPFEN - YSAFE	Macedonia
114	Yana Pontilova	TeenEnergizer	
115	YASMEEN KHALIL	All Jordan Youth Commission	JORDAN
116	Yuliia	YSAFE	Ukraine
117	ZoÃ« Miller-Vedam	Human Rights in Childbirth	USA
118	Zora Javorska		
119	Zuzana KriÅ¡kovÃ¡	Women's circles - Å½enskÃ© kruhy	Slovakia