TRAINING OF TRAINERS ON

REPRODUCTIVE HEALTH & RIGHTS (RHR)

TRAINING MODULE

Acknowledgement

The RHR training module is designed to assist youth in general and young leaders in particular associated with Youth-Led Organizations, Non-Government Organizations (NGOs), Civil Society Organizations (CSOs), and Not for Profit Organizations (NPOs) working on Reproductive Health and Rights (RHR). The module is developed with an overarching objective of strengthening young leaders with required information, knowledge and skill set to excel in the field of RHR to mainstream the same in development organizations across the board. Therefore, the module enables Youth-led Organizations to contribute effectively to International Human Rights Frameworks on RHR and explains in detail how youth-led organizations can meaningfully engage young leaders in designing of development programs around RHR by following a Rights-based Approach.

A number of institutions and experts were involved during the development of this resource material. We would like to acknowledge their contributions, services and invaluable support in developing this RHR module. Foremost, we are grateful for the support received from the United Nations Population Fund (UNFPA) during the development of RHR module. We thank the colleagues from UNFPA who guided us and provided extensive feedback, in particular Ms. Sabrina Khan, Programme Analyst Youth, and Ms. Rabia Pasha, Consultant for Youth Programme as well as Ms. Maki Akiyama, Programme Analyst, Adolescents & Youth, and Dr. Jo Sauvarin, Advisor on Adolescents and Youth, from UNFPA APRO. A special appreciation is reserved for Ms. Nida Mushtaq who developed the first draft of the RHR module in consultation with all the stakeholders. Special thanks to the overall coordinator Mr. Mubashir Banoori, Deputy Chief Executive, Aiming Change for Tomorrow (ACT), who was involved at every step from drafting till finalization.

We also want to thank the distinguished gender and RHR experts who validated this resource material after thorough review and feedback. Special thanks to Mr. Qadeer Baig, Director, Youth Engagement Program – IRD Global. We would also like to express our gratitude to Ms. Nasreen Qamar, HoD Gender Development Studies, Balochistan University. A big thanks to Professor Ms. Musarrat Jabeen from NDU and Miss Fouzia Tariq, Board member, ACT International, who performed technical reviews of the RHR Module. Special thanks are due to each of our young respondents, who enabled us to produce RHR module for them. Our gratitude is also due to the support departments at ACT, who worked hard to facilitate in completion of this handbook. We also thank Ms. Riffat Shams, Executive Director, Human Resource Learning Center (HRLC) who did extra ordinary work in compiling, designing and translating the document and Mr. Khalid from ACT for formatting and laying out this module.

Mubashar Nabi

CEO

Aiming Change for Tomorrow (ACT) International

Islamabad

TABLE OF CONTENTS

	Page No.
Acknowledgment	i
List of Abbreviation	iii
CHAPTER 01	
CONCEPTS AND VALUES	
1.1. The Narrative of Human Rights	02
1.2. Aligning our Values for Human Rights	05
1.3. Understanding Reproductive Rights	06
CHAPTER 02	
MAKING THE CASE FOR REPRODUCTIVE HEALTH AND RIGHTS	
2.1 ICPD 1994 to 2030 Agenda	12
2.2 Three Imperatives for RHR: Rights, Demographic and Development	15
2.3 Young People and Reproductive Rights	16
CHAPTER 03	
REPRODUCTIVE HEALTH RIGHTS IN PAKISTAN	
3.1 Numbers and Trends	18
3.2 National Commitments	22
3.3 Key Stakeholders	31
CHAPTER 04	
WORKING TOWARDS CHANGE	
4.1. Three Areas of Work	33
4.2. Working in Partnerships	39
4.3. Areas of Engagement	41
4.4. Principles and Values	42
CHAPTER 05	
RESOURCES FOR DEEPER DIVE	44
CHAPTER 06	
Bibliography	45

LIST OF ABBREVIATION

BCC	Behavior Change Communication	NCHR	National Commission for Human Rights
CCI	Council of Common Interests	NCSW	National Commission for the Status of Women
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women	NEC	National Economic Council
COVID	Corona Virus Disease	PIDE	Pakistan Institute of Development Economics
CPR	Contraceptive Prevalence Rate	PoA	Programme of Action
CRC	Convention on the Rights of the Child		
FPAP	Family Planning Association of Pakistan	RHR	Reproductive Health Rights
GBV	Gender-based Violence	SDG	Sustainable Development Goal
HDI	Human Development Index	SNC	Single National Curriculum
HIV	Human Immunodeficiency Virus	STD	Sexually-Transmitted Diseases
HPV	Human Papilloma Virus	STI	Sexually-Transmitted Infections
HRMA	Human Rights and Minorities Affairs	UDHR	Universal Declaration of Human Rights
HSV2	Herpes Simples Virus2	UN	United Nations
ICCPR	International Covenant on Civil and Political Rights	UNCRC	United Nations Convention on the Rights of the Child
ICESCR	International Covenant on Economic, Social and Cultural Rights	UNDP	United Nations Development Programme
ICPD	International Conference on Population Development	UNESCO	United Nations Education Scientific and Cultural Organization
IDU	Injecting Drug Users	UNFPA	United Nations Population Fund
LHW	Lady Health Workers	UNICEF	United Nations International Children Emergency Fund
LSBE	Life-Skills Based Education	WHO	World Health Organization
MoP&SI	Ministry of Planning, & Special Initiatives	YDI	Youth Development Index

HAND BOOK

REPRODUCTIVE HEALTH & RIGHTS (RHR)

CHAPTER 01

CONCEPTS AND VALUES

This section introduces you to all the words, terms and jargons that people use in meetings, trainings, documents. You will also learn how these terms are actually social concepts with real implications on our lives and of those around us.

1.1 THE NARRATIVE OF HUMAN RIGHTS

To begin, we need to first understand one basic concept that is the foundation for all the definitions we discuss here. That basic concept is that of 'well-being'.

Well-Being means having a chance to be healthy and happy. We all want to be safe and respected. We want to have opportunities to grow up and to learn. We want to matter in the world and to pursue our dreams. And we want to live together in peace. We want these things for ourselves, our families, and our communities. And we must respect the fact that all the people around the world, each one of us, want their well-being.

Each one of us in this world have a right to well-being. This is the basic premise of human rights discourse across the globe.

Human Rights are the basic protections and entitlements due to every human being. These rights are inalienable. That is, they cannot be taken away from anyone. A partial list includes the rights to: food and shelter; education; health care; civic participation and expression; equal treatment before the law; and treatment with respect and dignity. These are universal and are enshrined in the Universal Declaration of Human Rights (UDHR) that was formed in 1948 and is agreed upon by most governments. Governments have responsibilities to respect, protect, and fulfill these rights for every person living in their jurisdiction regardless of their race, ethnicity, sex and gender identity, citizenship, social origins, religion, political beliefs and health status.

Although human rights as the basis for ethical treatment of all people everywhere is a widespread concept, it does not always translate into people's lived experiences. There are various reasons why some people cannot enjoy their human rights. Some of the most common reasons lie in the making of a society through values and social norms

Values are the set of beliefs that govern what people view as right and wrong. Values vary across individuals, families, and cultures. Some values, however, are accepted virtually universally as characteristic of ethical human behavior.

Social Norms are expectations for how people in a community should act or think. Growing up, people come to think of the prevailing norms as “natural” or “normal.” In fact, norms vary from place to place and over time. Prevailing norms often pressure people to meet social expectations. They influence people's attitudes and behavior. People who act or think in ways that are different from the norm may be viewed as inferior rather than independent.

Although Values and Social Norms bind us into communities, they can often be exploited by certain dominant individuals and groups to control resources, relations and systems that may violate the human rights of other vulnerable individuals and groups. This occurs when power and privilege are at play and are sustained through reinforcing harmful values and social norms.

Power is the capacity of individuals or groups to determine who gets what, who does what, who decides what, and who sets the agenda and determine social norms.

Privilege is the resultant status, resources and opportunities that individuals and groups have as a result of power structures and power relations in a society.

Individuals and groups that are negatively affected by such power structures are marginalized in societies. Two relevant markers of marginalization that are most prevalent in our societies are identity and gender.

Identity is the way people think of themselves, or describe themselves to others. The way that others perceive someone's appearance or behavior does not necessarily match that person's own sense of his or her identity. People typically have more than one aspect to their identity. For example, a person can identify as a girl, a Muslim, and also as a student. Identity can come from belonging to a community. The way people identify themselves may change over time. ("Identity" may also refer to formal recognition of a person by the state, such as having a name, birth registration, and nationality.)

Gender refers to differences in the social roles and responsibilities that societies and families expect from males and females. Gender is not the same as biological differences by sex. People often experience differences in power in their families and societies by virtue of their gender.

Our lives are shaped by our identity and gender from as early as birth and continue to have implications on our abilities and access to resources, opportunities and overall well-being as long as power structures and social norms remain unchanged. Three of the most common types of marginalization that occur on everyday basis are stigma, discrimination and violence. These can be seen on a spectrum of subtle forms such as stigma to more pronounced forms such as violence.

Stigma is severe social disapproval based on an individual's personal characteristics. It may also arise when a person's beliefs or actions do not comply with social norms. For example, in some places people face stigma because of their weight, religion, or health status.

Discrimination is unfair or unequal treatment of people based on their appearance, behavior, or (presumed or real) identity.

Violence refers to actions that implicate direct harm (through harsh words/tone, aggressive behaviors or use of force) on people who are in disagreement to our ideas of accepted and normal.

Around the world, these concepts provide an analytical lens for people working on human rights. People adapt these words and their meanings creatively and sensitively to their own social and political contexts and often translate them in their own languages to develop a better shared understanding of the concepts. In Pakistan, in the diversity of our many languages, we have local words for most of these words. Some words have existed in our linguistic landscape historically while others are newly formed. For example: In Urdu, the word 'right' translates as 'haq'. It is interesting that the word 'haq' has other meanings such as 'Truth'.

A CASE STUDY

To fully understand what human rights are, it is important to understand what violations look like too and identify where such practices take root in our society. Consider the story below and analyze it according to the concepts in this section. Identify what is happening in the story e.g. what rights are getting violated, what social values and norms are playing a role in the violations, who is in power, who is marginalized, what are the factors of their marginalization etc. What are some other things you notice in the story that may not be covered in the concepts above? Discuss it with your peers. Reflect on how you can relate to it?

"It was a Friday morning. Hoda had woken up at 5 am, washed her hands and her polio-twisted feet and kneeled down to say her morning prayers. She then went into the kitchen to light the cook- ing fire and begin preparing the morning meal for the family. Her mother-in-law came into the kitchen a few minutes later and seeing that Hoda's cooking was half done, she accused her of skipping the morning prayer. She slapped and kicked her, and told her she would go straight to hell. Hoda said nothing and went on with her work.

The cooking done, Hoda sat down to begin her embroidery work. Everyday, Hoda embroidered scarves and shawls and jackets for a local merchant, to supplement the meager earnings of her husband who worked in a local tea shop. But the work was becoming harder. The merchant said the market was slow, and Hoda had to work for many more hours a day, in addition to her housework, to earn the same amount she used to earn 5 years ago. In the evening, after the children returned from school and she gave them some food, Hoda set out with her day's work. She veiled her face and body as was the custom of her community.
When she arrived at the merchant's shop, she was met with the usual taunts. "Ah there she is, the woman in a black sack! The deaf and dumb cripple who neither speaks nor listens. The one with the useless third-rate embroidery that I can barely find a customer for! Show me what pitiful work you have done today!" Hoda silently handed over the dozen scarves she had embroidered the past few days, bent over the work for almost 10 hours a day, her neck and 29 shoulders aching, her fingers growing numb.

The merchant gave the work a cursory glance and then grudgingly handed over even less money than he had paid last week for the same amount of work. "But sir...." Hoda began to protest. "What? What?" shouted the merchant. "Don't like the money? Then take your wretched work and get out!" Hoda knew she was beaten. She was poor, a woman, illiterate, physically disabled, and from a minority community. She was up against not one, but many different power structures working together to keep her down."

You can get help from the resources mentioned below to analyze this story within a human rights framework.

1.2 Aligning our Values for Human Rights

We are currently close to 7.7 billion people on this earth with an unimaginable diversity of histories, cultures, languages, geographies, economies, imaginations, belief systems and religions. We have seen this diversity work wonders for humanity in terms of advancements in science and technology through collaboration but it also often clashes with each other in destructive ways over ideas, lands and resources. It was the progress and losses of the twentieth century that brought forward the need to have a universal framework that we are all equal even when we are different. This universal human rights framework upholds the following principles and values which we must adhere to whole heartedly:

Universality and Inalienability: Human rights are universal and inalienable. All people everywhere in the world are entitled to them. The universality of human rights is encompassed in the words of Article 1 of the Universal Declaration of Human Rights: “All human beings are born free and equal in dignity and rights.”

Indivisibility: Human rights are indivisible. Whether they relate to civil, cultural, economic, political or social issues, human rights are inherent to the dignity of every human person. Consequently, all human rights have equal status, and cannot be positioned in a hierarchical order. Denial of one right invariably impedes enjoyment of other rights. Thus, the right of everyone to an adequate standard of living cannot be compromised at the expense of other rights, such as the right to health or the right to education.

Interdependence and Interrelatedness: Human rights are interdependent and interrelated. Each one contributes to the realization of a person's human dignity through the satisfaction of his or her developmental, physical, psychological and spiritual needs. The fulfillment of one right often depends, wholly or in part, upon the fulfillment of others. For instance, fulfillment of the right to health may depend, in certain circumstances, on fulfillment of the right to development, to education or to information.

Equality and Non-discrimination: All individuals are equal as human beings and by virtue of the inherent dignity of each human person. No one, therefore, should suffer discrimination on the basis of race, colour, ethnicity, gender, age, language, sexual orientation, religion, political or other opinion, national, social or geographical origin, disability, property, birth or other status as established by human rights standards.

Participation and Inclusion: All people have the right to participate in and access information relating to the decision-making processes that affect their lives and well-being. Rights-based approaches require a high degree of participation by communities, civil society, minorities, women, young people, indigenous

peoples and other identified groups.

Accountability and Rule of Law: States and other duty-bearers are answerable for the observance of human rights. In this regard, they have to comply with the legal norms and standards enshrined in international human rights instruments. Where they fail to do so, aggrieved rights-holders are entitled to institute proceedings for appropriate redress before a competent court or other adjudicator in accordance with the rules and procedures provided by law. Individuals, the media, civil society and the international community play important roles in holding governments accountable for their obligation to uphold human rights.
As people coming from different backgrounds, cultures and realities, we tend to have, often unconsciously, stubborn notions of right and wrong and often have well-developed biases towards similar or familiar and a deep suspicion or dismissiveness of that which is different or unknown to us. That can often be misleading. It is therefore important to continuously hold ourselves accountable to the principles of human rights as guiding light to bring any meaningful change in ourselves, our communities and societies.

REFLECTION

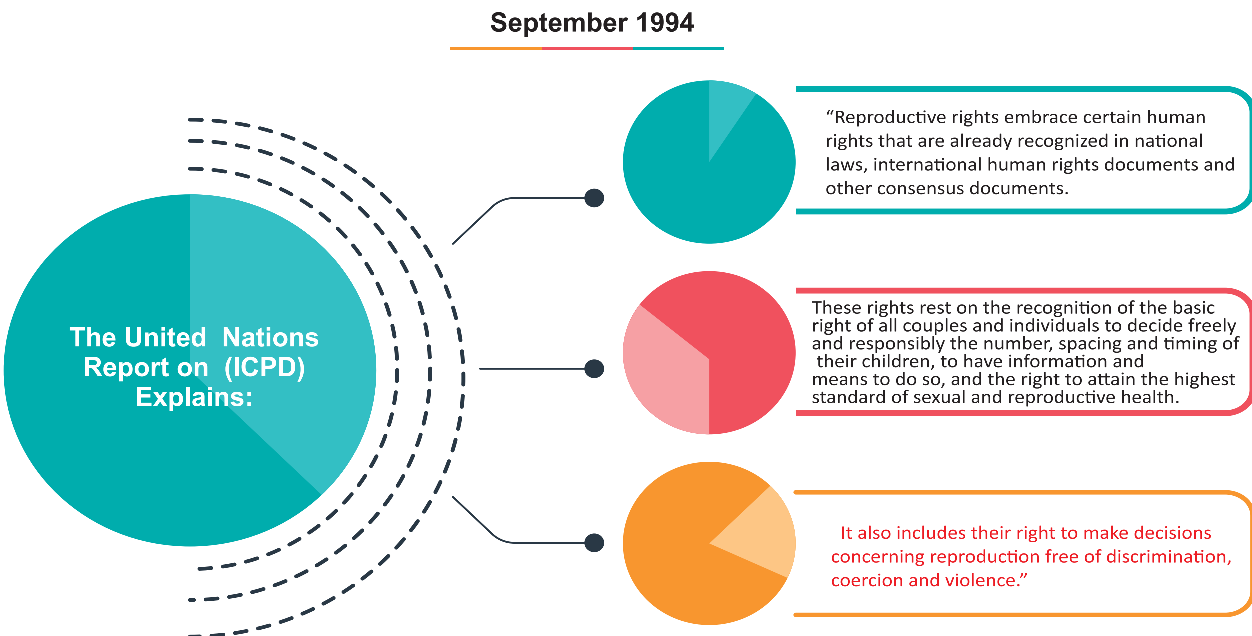
Write down about three persons you know of a different a) gender; b) ethnicity; c) ability/health status. Reflect on how they are different from you and in what ways are you both similar? Read the UDHR and identify 2 rights from UDHR that you have and they don't and vice versa. Is that ok or unfair? Do you believe it should change?

1.3 Understanding Reproductive Rights

Universal Declaration of Human Rights (UDHR) has 30 Articles. These are generic rights that can be applied to any and all aspects of human lives anywhere in the world. Their application to various different aspects of human lives has led to the myriad human rights instruments, multilateral conventions, treaties and resolutions. For example: The basic rights in UDHR applied to children and/or childhood have taken the shape of United Nations Convention on the Rights of the Child (UNCRC) or its application to refugees have led to the 1951 Refugee Convention and similarly Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) when the rights enshrined in UDHR are applied to women everywhere.

Similarly, Reproductive Rights and the frameworks that uphold these rights are also derived from UDHR's application to the specific matters related to bodies, fertility and reproduction. The extension of these rights to reproductive matters were acknowledged in various legally-binding agreements by the United Nations such as the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966); International Covenant on Civil and Political Rights (ICCPR, 1966); Convention on the Elimination of All Forms of Discrimination Against

Women (CEDAW, 1979); Convention on the Rights of the Child (CRC, 1989) and were first articulated as 'Reproductive Rights' in 1994 at the International Conference on Population Development (ICPD) in Cairo, Egypt



Furthermore, the ICPD Programme of Action (PoA) defines reproductive health as 'a state of complete physical, mental and social well-being'. PoA elaborates that well-being in this case does not mean only an absence of disease but full satisfaction of women and men with their reproductive health and free to make their decisions related to fertility, number and spacing between children and other reproductive functions and processes. The PoA specifically emphasize the importance of 'access to safe, effective, affordable and acceptable methods of family planning' and that selection of any such method of family planning should be dependent on the choice by women and men whose life is directly impacted by such decisions.

Simply put, Reproductive Rights are human rights related to reproduction. In particular, the following twelve basic rights outlined in the legally-binding international human rights instruments can be applied to reproductive health matters.

Basic Right	Application as Reproductive Right
The right to life	No one's life should be put at risk or endangered by pregnancy, childbirth or gender.
The right to liberty and security of the person	Everyone should be protected from abuse, exploitation, harassment, and forced harmful practices
The right to equality and non-discrimination	All persons are born free and equal. No one should be discriminated against on the grounds of race, ethnicity, colour, poverty, gender and identity, marital status, family position, physical or mental disability, age, language, religion, political or other opinion, national or social origin, property, birth or other status.
The right to privacy	The right to make autonomous decisions regarding one's reproductive life, and to have the privacy to do so respected.
The right to freedom of thought	All individuals have the right to make decisions about reproductive health and rights, and the right to seek, receive and impart information and ideas via any media.
The right to information and education	The basic right to education includes the right of access to information and education on reproductive health and rights.
The right to choose whether or not to marry and to found and plan a family	All persons have the right to choose voluntarily whether or not to marry and to found and plan a family.
The right to decide whether or when to have children	All persons have the right to decide freely and responsibly on the number and spacing of their children. This includes the right to decide whether or when to have children and access to the means to exercise this right.
The right to health care and health protection	All persons have the right to the highest attainable standard of physical and mental health and access to the highest possible quality of health care, and the right to be free from traditional practices which are harmful to health.
The right to the benefits of scientific progress	All persons have the right to access to available reproductive health care technology and to gender-sensitive research practices.
The right to freedom of assembly & political participation	The right to form an association or organization which aims to promote reproductive health and rights.
The right to be free from torture and ill treatment	The right to be free from all forms of violence, exploitation and abuse as well as to be free from ill treatment in medical practices and interventions and have a right to free and informed consent.

A reproductive health and rights package may include, but is not limited to, interventions around:

- Maternal Mortality: Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. Maternal deaths are often preventable and happen due to the lack of adequate healthcare and/or gender-based violence. Maternal mortality is one of the leading causes of death for women worldwide and hence, one of the key global development indicators.

- Family Planning and Contraceptive Services: Family planning is the information, means and methods that allow individuals to decide if and when to have children. This includes a wide range of contraceptives – including pills, implants, intrauterine devices, surgical procedures that limit fertility, and barrier methods such as condoms – as well as non-invasive methods such as the calendar method and abstinence. Family planning also includes information about how to become pregnant when it is desirable, as well as treatment of infertility. It offers a range of potential non-health benefits that encompass expanded education opportunities and empowerment for women, and sustainable population growth and economic development for countries and is therefore one of the key programmatic area to acheive global development.

- Unsafe Abortions: Women with unintended pregnancies or complications during pregnancies often terminate their pregnancies or need/desire to do so. There can be a plethora of reasons for abortion and must be performed by a trained healthcare practitioner with provision of post-abortion care and services. However, worldwide most women resort to unsafe abortion in the absence of access to safe abortion. Barriers to accessing safe abortion include: restrictive laws, poor availability of services, high cost, stigma, the conscientious objection of health-care providers and unnecessary requirements, such as mandatory waiting periods, mandatory counselling, provision of misleading information, third-party authorization, and medically unnecessary tests that delay care.

- Sexually-Transmitted Infections and Diseases: STIs and STDs are caused by more than 30 different bacteria, viruses and parasites and are spread predominantly by sexual contact. Many STIs – including chlamydia, gonorrhoea, hepatitis B, HIV, HPV, HSV2 and syphilis – can also be transmitted from mother to child during pregnancy and childbirth. STIs have profound impact on reproductive health of men and women worldwide. They are often curable but go untreated due to the stigma attached to contracting STIs that prevent people from seeking healthcare. It is therefore one of the key provision area of RHR and healthcare providers are trained to break the stigma around STIs and provide treatment in a non-disriminatory and non-judgemental way.

- HIV/AIDS: Human Immunodeficiency Virus (HIV) is an infection that attacks the body's immune system, specifically the white blood cells called CD4 cells. HIV destroys these CD4 cells, weakening a person's immunity against infections including tuberculosis and some cancers. People who may be at risk of contracting or diagnosed with HIV should be offered and linked to antiretroviral treatment as soon as possible. However, due to stigma attached to HIV due to contraction primarily through sexual contact and fear of social exclusion people often do not seek healthcare. However, unlike popular belief that HIV is only transmitted through sexual contact, transmission also takes place through blood. It is therefore most common amongst injecting drug users (IDUs) in Pakistan. However, further spread can occur amongst women of IDUs families and must be addressed as a package of RHR for women and men. To improve HIV prevention, it is important that HIV testing services follow the 5Cs: consent, confidentiality, counselling, correct results and connection with treatment and other services.

- Life-Skills Based Education: LSBE is a key aspect of reproductive health and rights package globally and is one of the most crucial area to invest in young people's health and well-being. According to the World Health Organization (WHO), Life Skills can be defined as 'abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.' WHO's Department of Mental Health identified five key areas that can be applied across cultures and settings to promote life skills-based initiatives for the promotion of the health and well-being of children, adolescents and youth. These areas include: decision making and problem solving, creative thinking and critical thinking, communication and interpersonal skills, self-awareness and empathy, coping with emotions and stress.

- Gender-based Violence: Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private. Gender-based violence is not only a violation of individual women's and girls' rights. The impunity enjoyed by perpetrators, and the fear generated by their actions, has an effect on all women and girls. It also takes a toll on a global level, stunting the contributions women and girls can make to international development, peace and progress.

- Harmful Practices: Child, early and forced marriages, son preference, female genital mutilation are among the most prominent examples of harmful practices that arise from the lack of power and rights among women and girls. Such practices result in acute and often irreversible harm but may be accepted as normal, even beneficial. In many cases, they

embed disempowerment and inequality at the very start of life—in the body and traumatized mind of an infant or adolescent girl. Into adulthood and throughout her life, they may deny her prospects to get an education, give birth safely, make a decent livelihood or speak up for her rights.

REFLECTION:

Do you think the reproductive rights listed above applies to your life? Write down which rights in particular and in what ways do they currently or may in the future apply to you? Do you feel like these rights are currently fulfilled or feel confident that they will be fulfilled in the future and How?

CHAPTER 02

MAKING THE CASE FOR REPRODUCTIVE HEALTH AND RIGHTS

This section takes you through a historical journey of 25 years of articulation and progress on reproductive health and rights. It elaborates on different global development agendas and how those incorporated RHR as a fundamental aspect of achieving social, political and economic development across the world.

2.1 ICPD 1994 to 2030 Agenda

The 1994 International Conference on Population Development was seen as no less than a revolution by many who had been involved in the population and development global discourse at the time. United Nations had started convening world leaders and representatives around population development issues as early as 1954 and subsequently every ten years after that under the banner of UN World Conferences. During this period, most of the population development debate was around control of the ever expanding population and the deteriorating natural resources around the globe. For the first time in 1994, at the biggest convening of 179 government representatives and many civil society leaders, focus of the discourse on population and development was shifted from controlling population growth by making strict policies to that of empowering people - women and men - to make healthy decisions through facilitating them with quality education, services and choices. It also recognized gender-inequality as the driving force behind poor population development outcomes and that women's health and rights had to be central factors of any population and development agenda. This was a historically brave and bold agenda and required a new understanding through the lens of human rights.

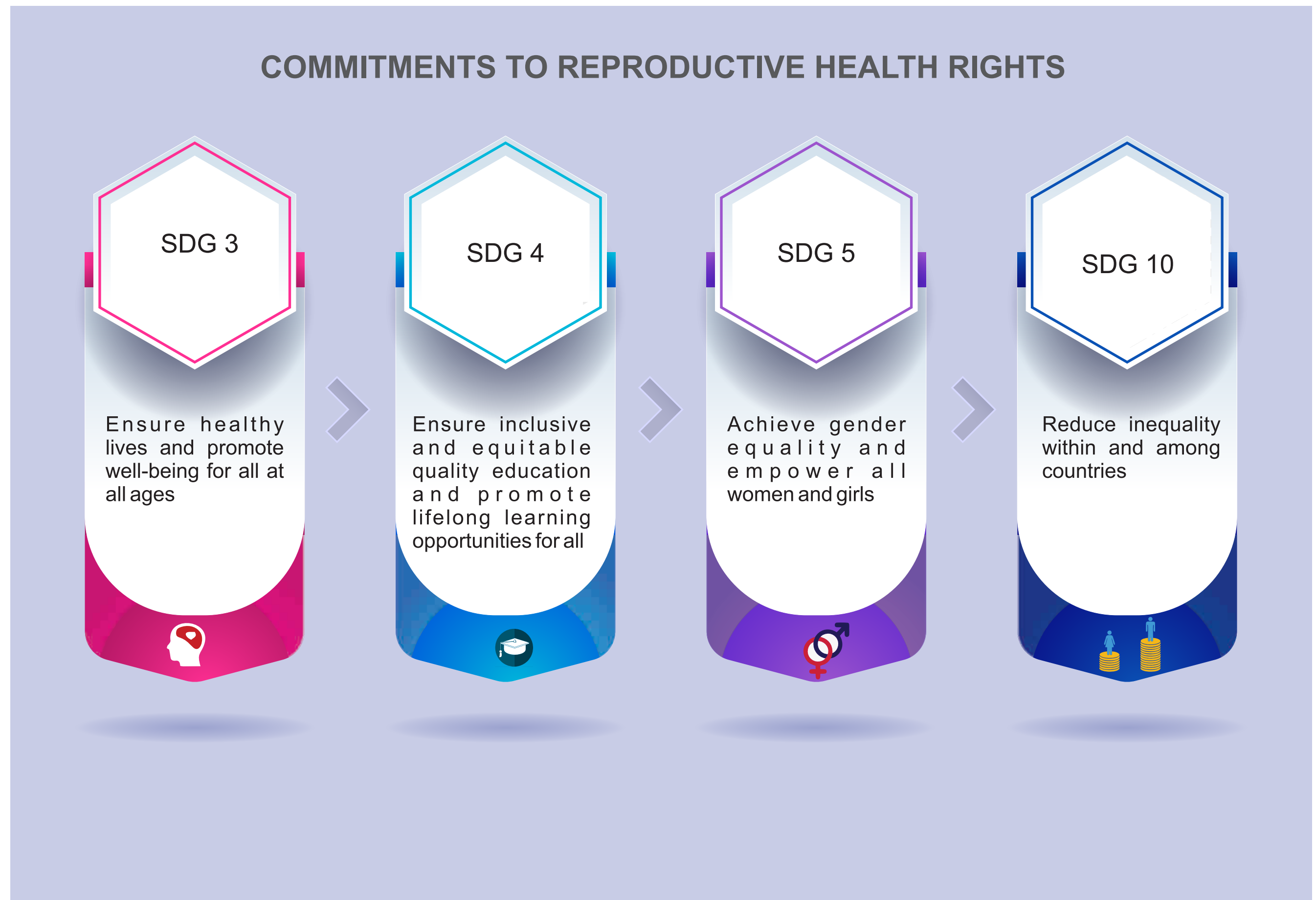
Providing a new vision, ICPD made reproductive health and rights the cornerstone of population development. The years following ICPD, reproductive health policies were renewed and enacted in almost all countries. It was also the new mandate for United Nations Population Fund (UNFPA) worldwide through which countries were provided support by the UN agency to achieve their policy targets and progress.

Reproductive Health and Rights is a vast field in its own right and intersects with larger population and development issues such as poverty, education, food security, gender-equality, climate change and humanitarian disasters etc. Hence, reproductive health and rights are part of almost every global development agenda for the last 25 years since ICPD. Immediately after ICPD, in 1995 Beijing Platform for Action further elaborated on reproductive health rights and devised targets for universal access by 2015.

In 2000, the Millennium Development Goals were formulated to be achieved by 2015 where reproductive health rights became a cross-cutting theme throughout the 8 development goals and more specifically articulated in the MDG 3: Achieve Gender Equality and Empower Women; and MDG 5: To Improve Maternal Health. Although not entirely reflective of the comprehensive reproductive health and rights agenda set by ICPD and Beijing Platform Action, MDGs was the first time specific indicators were formulated for each goal that were to be monitored by all countries for progress in relation to 1990s levels.

At the 2005 World Summit, it was recommended that access to reproductive health should be explicitly integrated into MDG monitoring mechanisms. In 2006, the United Nations General Assembly agreed to include "universal access to reproductive health" by 2015 as a target to MDG 5 on improving maternal health. This continued reinforcement of the importance of reproductive rights agenda as set in ICPD and renewed commitments in progressive development agendas was the cornerstone of important changes on the ground. For example, in 2010 at the MDGs Summit which was fifteen years after ICPD, approximately 86 per cent of countries had adopted institutional changes to promote or enforce reproductive health and 54 per cent had formulated new policies.

In 2015, with the world lagging far behind the MDGs targets, the United Nations member states committed to a new development agenda called 'Transforming Our World: The 2030 Agenda for Sustainable Development' mostly referred to as '2030 Agenda'. It is a framework of 17 goals and 169 targets across social, economic and environmental areas of sustainable development. This time the commitments to Reproductive Health Rights were more explicitly mentioned in the targets to achieve the goals by 2030:



SDG 3	Ensure healthy lives and promote well-being for all at all ages
3.1 3.7	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
SDG 4	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
4.7	By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development
SDG 5	Achieve gender equality and empower all women and girls
5.2 5.3 5.6	Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
SDG 10	Reduce inequality within and among countries
10.3	Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard

Global commitments are important as they set the framework for national-level strategies and policies as well as funding priorities. These commitments also provide the ground for our work in the right direction and concerted efforts with the larger development agenda. These global commitments are often a result of years of creating evidence through research for renewed focus and targets, negotiations around economic and socio-political indicators for governments and advocacy by a large body of civil society across the world for progressive policies, standards and resource allocation to reproductive health and rights.

2.2 Three Imperatives for RHR: Rights, Demographic and Development

There are three imperatives of continued commitment of resources to reproductive health and rights agenda for the last 25 years. It is the single most universally crucial and deeply inter-linked set of rights to other aspects of human life and covers the life-cycle approach as in they are relevant from birth to end-of-life for every human being on earth regardless of their spaces of origin, nationality, citizenship status, race, religion and gender etc. For example: unlike child rights as enshrined in the UNCRC that will apply only to children or rights outlined in CEDAW that only apply to women, reproductive rights apply to all at every stage of life - including to boys and men - contrary to what 'reproduction' is usually associated with girls and females.

First, every individual has a right to life, health and well-being. The rights imperative reinforces the twelve rights set out in the human rights instruments and conventions and rests on the fact that no individual should ever be denied their basic human rights. For example: It is the right of a girl child to be given equal attention, nutrition and opportunities as their male siblings and counterparts.

Second, sustainable development in any area whether political, social, economic or environmental is dependent on human capital. Unless we invest in the well-being of all human beings, we will not be able to achieve significant development in any other areas. Human beings drive development and it is important that they are empowered to do so. Building on the same example as above, gender equality in treatment of children growing up is economically beneficial as girls can be active members of a society as educated, nurtured and empowered citizens with work and entrepreneurial opportunities.

Third, countries with large population can accelerate economic development if they invest in the well-being of their people according to their demographic structures such as devise evidence-based policies addressing the population realities on ground. Demographic dividend is a boost in economic productivity that occurs when there are growing numbers of people in the workforce relative to the number of dependents. If we look at the continuing example, investing in adolescent and young people - including preventing child marriages that may impede education and/or led to maternal mortality in young mothers - is a demographic dividend for countries that may be facing a large young population that will potentially be the driving force of the country in all aspects of life in a matter of few years.

2.3 Young People and Reproductive Rights

Currently, the world is home to 1.8 billion young people under the age of 25. This is the largest generation of young people, ever, and are a vastly diverse group of individuals. 42% of young people worldwide live in poverty. According to the State of the World Population Report on Youth in 2014, almost 9 out of 10 young people live in developing countries. That makes up to 89% of the total youth population living in countries with limited access to information and opportunities making them vulnerable to poor reproductive health and related matters.

In developing countries, 12 million girls aged 15 to 19 years and 2.5 million girls under 16 years give birth each year. In addition, some 3.9 million girls aged 15 to 19 undergo unsafe abortions. Indeed, complications during pregnancy and childbirth are a leading cause of death for 15 to 19 year old girls globally. Without access to evidence-based information and services about reproductive health, young people are at higher risk of violence and other harmful practices. Poor reproductive health and rights and lack of information and services is among the most important contributing factors to poor mental health condition amongst young people.

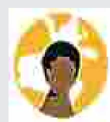
The early years of our life are the single most important phase of our life in determining our quality of life in the future. This is recognized worldwide by advocates of reproductive health and rights. It is for this reason that since the beginning of reproductive health and rights agenda, youth has been a priority and a determinant factor in achieving development goals. The UN Secretary General launched UN Strategy Youth 2030 aimed at advancing action to rights and participation of young people to achieve Sustainable Development Goals by 2030.

THE RIGHTS IMPERATIVE

Every individual has the right to make informed choices about their body and life, and to participate as active citizens. Some of the most consequential choices occur early in life. They include affirming sexual orientation and gender identity; choosing whether, when and whom to marry, determining whether and when to have children and how

THE DEVELOPMENT IMPERATIVE

Sustainable development can only be achieved through investing in adolescence and youth at levels that guarantee their rights and choices .Their future depends on being healthy and educated. Empowered to make informed decisions and resilient in the face of change. Investing in adolescents and youth also means maximizing countries" Human Capital" necessary for their sustainable development. The first priority: Intensifying support to those Left furthest behind.



THE DEMOGRAPHIC IMPERATIVE

All Countries must invest in human well-being at all times but countries with large shares of young people have an opportunity to accelerate development known as the demographic dividend .It largely depends on prioritizing investment in young people's health. Education participation, social securities and employment.

REFLECTION:

Were you born in 1990s? Write the year you were born and draw a timeline of your life with respect to your puberty, curiosities, information sources, experiences of accessing and availing reproductive health information and services and/or your experience with relationships, gender and marriage etc.

RESOURCES TO CHECK:

ICPD Explainer: https://www.youtube.com/watch?v=VcrW72VLPOc

To see a full list of the Sustainable Development Goals, visit United Nations 2015: Time for

Global Action.

To see how reproductive rights are linked to each of the SDGs, explore UNFPA's site on Decade to Action

A Short animated video produced by K4Health that illustrates how family planning has a ripple effect

across all the 17 Sustainable Development Goals

If you want to know more about Demographic Dividend and how it works: https://www.unfpa.org/data/demographic-dividend#1

UN Youth Strategy 2030 : https://www.un.org/youthenvoy/youth-un/

SECTION 03

REPRODUCTIVE HEALTH RIGHTS IN PAKISTAN

This section presents a comprehensive picture of state of reproductive health rights in Pakistan. It gives an overview of population development and RHR linkages through current statistics and demographic trends in the country. The section further elaborates on how Pakistan as a member state of the United Nations has committed to several treaties and how they translate locally into legislation and policies

3.1 Numbers and Trends

Population Growth

The population of Pakistan has increased more than fivefold since 1947. According to the Human Development Report of 2019 by United Nations Development Program, Pakistan ranks 152 on Human Development Index out of 189 countries. In simple words, a lower HDI means that a large population of the country lives below the poverty line with poor education and health status. It is estimated that the population of Pakistan is still increasing at the rate of 2.1% annually. This is the highest in all of Asia after Afghanistan and Timor Leste. There are a number of factors impacting the lagging human development in Pakistan from its geo-political situation to natural disasters, lack of adequate resources and their allocation priorities, an alarming gender-inequality leading to violence, and an increasingly challenging global public health situation as we have seen in the recent COVID-19 outbreak.

Pakistan is the fifth most populous country in the world with 208 million people at the moment.

The linkages are not always as simple as popularly accepted such as believing that rapid population growth means less resources for everyone to share which result in impoverished health and education outcomes. Rather than lack of enough resources, poor human development indicators can also often be a result of misplaced priorities, systemic inequalities, inadequate allocation of resources to policies and programs that has the potential to shift demographics. Instead of mechanisms to control population growth, Pakistan's trends in population growth calls for adequate national policies for healthcare, education, employment and economic opportunities so that people are healthy, educated and can contribute to robust development of the country and society.

Fertility and Family Planning

The use of contraception among married women is stagnant at only 34% over the last few years while unmet need for contraception is at a 17%.

Pakistan currently has one of the highest fertility rates in the region with an average of 3.6 births per woman. It is important here to understand that fertility rate in and of itself is not any alarming fact. It is the spacing between child bearing, age of the woman at first birth, access to appropriate information and reproductive services that lends importance to fertility rate. When women do not have the opportunity to complete their education and/or does not have a choice in the number and spacing of her children and continue to have about four children on average, that is when the implications of such high fertility rates bare consequences for overall national health and development indicators.

Despite many developments, women in Pakistan still do not have access to reliable, accessible and affordable contraception. The use of contraception among married women is stagnant at only 34% over the last few years while unmet need for contraception is at a 17%. Unmet need for contraception means that women want to access family planning, want fewer children or increased gap between children but cannot access such services either due to lack of adequate information on available options, strict social norms and/or poor health facilities. All these areas and more need to be invested into with adequate resources so that reproductive health services can reach the farthest and most remote areas and provide women with choices around their reproductive health decisions.

Gender-Inequality

Gender-inequality does not only compromise women's lives, dignity and autonomy but leads to violence

As mentioned earlier that focusing on empowering women and men to make informed and healthy choices around their reproductive health and rights is grounded in human rights as well as proven to be more effective policy for population development. This is a particularly challenging aspect of population development in Pakistan. Gender-Inequality is the force behind staggering health, education and economic outcomes in Pakistan ranking the country 151 out of 153 on the global gender-inequality index.

The idea that women and men are not equal shapes all lived experiences in our society from childhood into adulthood for everyone. Gender-inequality is a deeply-ingrained social construction that is maintained through social norms and cultural traditions bearing gross consequences for girls and women's lives. Women are far more poor and less educated than men. This leads to their dependence and vulnerabilities in almost all aspects of life. According to the most recent young women's status report in Pakistan, 48 percent of young women aged 15-24 are not in education, employment or any other training as compared to 7 percent men. Even when women acquire education through insurmountable barriers, they are paid much less than their male counterparts in the same work and positions. Wage gap between the wages of men and women is 80 percent for skilled agriculture workers, 65 percent in manufacturing industry, and 17 percent for those with BA and above education. Such large gaps in education, assets and

opportunities are not only a gross violation of basic human rights of girls and women, gender-inequality adds to the burden of deteriorating health and economic indicators too.

Gender-inequality does not only compromise women's lives, dignity and autonomy but leads to violence against women which is one of the biggest causes of women's death worldwide. Violence that is targeted at an individual or a group based on their gender or takes place due to unequal power relations between genders is called Gender-based Violence (GBV). In Pakistan, such violence takes many forms and is alarmingly widespread:

According to Demographic Health Survey of 2018 in Pakistan, more than 1 in 4 ever-married women (28%) have experienced physical violence since age 15, and 6% have experienced sexual violence. Seven percent of women who have ever been pregnant have experienced violence during pregnancy. Only three in ten women who have ever experienced physical or sexual violence sought help to stop the violence, yet 56% never sought help nor told anyone.

Moreover, in Pakistan there are a plethora of harmful practices that are both the cause and consequence of deeply embedded gender-inequality in our social fabric. Beginning with the practice of son preference, where the birth of a girl child is seen as a burden, it either unfolds into child marriages within the first 18 years of the girl's life or in a lot of cases into honor-killings at a later point in their lives. Most of these practices are transactional and are deeply rooted in the belief that women are a man's property and can be exchanged for favors and feuds, and in a similar way seen as a shame when they are not obedient to their male 'caretakers'. The cycle of harmful practices continue through a girl's lifecycle.

In Pakistan, 14% of girls between the age of 15 - 19 are married which is seven times higher than their male counterparts of the same age. Many parents believe early marriage will protect their daughters from sexual violence, allocating responsibility for their daughter's safety to her husband and his family. It is seldom considered that she could be a victim of sexual violence, ill-health and threatened with death by her husband. Young girls in child marriages have the highest reported cases of domestic violence in Pakistan. Lacking education and autonomy over their lives, young girls often end up experiencing grave complications in

pregnancies and/or other reproductive health related issues and often die in childbirth complications. The most recent annual State of the World Population Report highlights how harmful traditional practices are so deeply ingrained in cultures and social norms that they continue despite almost universal ban on such practices and repeated empirical evidence of the devastating impact it has on not only girls and women but on the economic development of countries where they exist. The report further emphasize that changing laws is a mere starting point when it comes to countering harmful practices. There has to be a rigorous attempt at changing mindsets of people to shift social norms towards gender equality.

Another aspect of gender-based violence that often gets overlooked and is perpetually undermined is that of violence faced by transgender people due to their gender non-conformity with what society sees as 'normal' or 'acceptable'. The violence perpetrated against transgender people ranges in its width and depth. They are often dismissed and neglected in most demographic and population surveys such as the most recent Housing and Population Census of 2017 in Pakistan accounted for a total of 10,418 transgender people in a country of more than 200 million people. This understatement will reflect in resources that can potentially be allocated to the well-being of their community. They are traditionally relegated to entertainment and begging and are often target of extreme violence. The social stigma and discrimination towards transgender run much deeper in our society and is an apt example that without a rigorous shift in social norms, mere legislations cannot change the ground reality when it comes to Gender-Based Violence and gender inequality in Pakistan.

Adolescents and Youth

Pakistan has one of the largest youth proportion in the world as 68% of our total population is less than 30 years of age while 27% of that is between the age of 15 to 29. This indicates that there is another 40% of this population is even younger that will soon be entering adolescence. Having a youthful population is often seen as an opportunity and can prove to be, if invested into, however, neglecting the real needs and well-being of young people at this scale can prove disastrous for the country.

The latest global Youth Development Index (YDI) report places Pakistan at 154 amongst 183 countries. Youth Development Index assesses

youth development across three large dimensions including education, employment and engagement. Pakistan is the only non-African country amongst the ten lowest-ranked Commonwealth countries on YDI. This can be attributed to the fact that most of young people in the country live in poverty with almost 57% unemployed and not seeking jobs either. Moreover, only 6% of youth population in Pakistan study beyond the first 12 years of education while 29% are completely illiterate.

Young people clearly lack resources to access information and skills that will promote healthy choices and behaviors in life. They go through puberty, menstruation, marriages, childbirth, abuse and violence and are reinforced with harmful norms and practices in the absence of healthy alternatives, information and services etc. Given the immense social taboo around reproductive health issues before and outside marriages, youth reproductive health issues is an extremely under-researched area in Pakistan. It is often limited to reproductive health issues around adolescent births and child marriages.

With such a large youth population, Pakistan is almost presented with a unique opportunity for growth and investing in youth-centered reproductive health rights related policies and interventions is evidently promising.

3.2 National Commitments

At the International Conference on Population Development in 1994, Pakistan was in the limelight owing to two women leaders from the country steering the conference. First, Dr. Nafis Sadik, a Pakistani doctor, public health expert and the then Executive Director of UNFPA was appointed Secretary General of ICPD and is known as the architect of the global agenda that reshaped population policies worldwide. Second, Pakistan was represented by the first female Prime Minister of the country Benazir Bhutto. She unequivocally supported the ICPD agenda and committed to making national policies aligned with the Programme of Action.

Pakistan is signatory to three legally binding conventions as a member state of the United Nations including ICESCR, CEDAW and UNCRC.

At the time of ICPD, fertility rates in Pakistan were just under 6 children per woman. Family planning was already a national priority by the new government since early 1990s. The National Committee for Maternal Health was set up to tackle the unduly high numbers of maternal deaths during pregnancy. Simultaneously, the landmark, Lady Health Workers (LHWs) programme had been launched, with huge success in creating community outreach to women in far flung areas and bringing reproductive health information and family planning services to women in their homes. By 1998, the fertility rate had come down to 4.8 children per woman. But soon after the reproductive rights agenda was setback by many geo-political factors in the country that has significantly reduced the political will and resources allocated to reproductive health indicators in Pakistan. This has stagnated progress in many aspects of

reproductive health rights and has deteriorated conditions of young girls, women and other vulnerable communities in Pakistan.

In the international landscape of commitments related to reproductive health and rights, Pakistan is signatory to three legally binding conventions as a member state of the United Nations including international Covenant on Economic, Social and Cultural Rights (ICESCR), Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and UN Convention on the Rights of the Child (UNCRC). Pakistan also signed to the UN Millennium Declaration in 2000 committing to report on MDGs targets; in 2015 a commitment to match national policies to achieve Sustainable Development Goals (SDGs) was made and subsequently to FP2020 agenda to achieve reproductive rights related goals including gender equality by 2030.

Despite rigorous commitments, there are two aspects that are often attributed to the staggering national progress on achieving reproductive heath and rights indicators. First, reproductive health and rights make up for a broad agenda that require simultaneous and parallel shifts in a number of policies including health, education, youth, welfare, political participation, as well as changes in family laws and criminal code etc. It is a challenging task to devise policies and track progress ranging this wide spectrum. Secondly, reproductive health and rights issues are deeply entrenched in the social fabric of the society. Patriarchal norms and cultural parameters around gender deem reproductive rights issues a taboo such as child marriages, contraceptive use, birth control, centrality of women as decision-makers, challenging son preference or informing young people early on about their reproductive rights etc. and require long-term interventions to shift cultural narratives.

The policy landscape and infrastructure related to reproductive health and rights in Pakistan is still potent and require continued resource investment, advocacy, technical support and expertise to match the commitments made internationally as well as see the real impact of policies. Especially after the passage of 18th Constitutional amendment in 2010, certain key functions of the government, including health and population welfare portfolios, were decentralized and devolved to the provinces. This provided an opportunity for provinces to devise policies according to their demographic realities and coordinate implementation with development partners without implications by other provincial policies and matters. Below is a brief overview of policies and legislations that have impacted reproductive health and rights landscape of Pakistan.

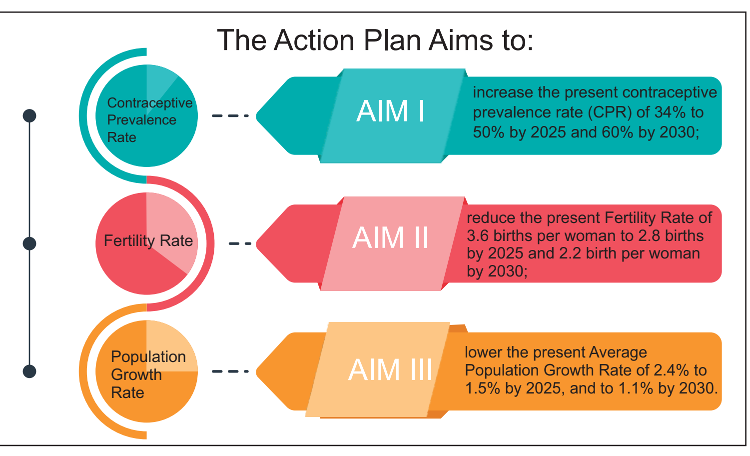
National SDGs Framework

In February 2016, the parliament of Pakistan passed a unanimous resolution to adopt the 2030 Agenda as the national development agenda. a comprehensive National SDG Framework was approved by the National Economic Council (NEC), the country's highest economic policy-

making forum, in March 2018. This Framework sets baselines and targets for SDG indicators and will feed into the SDGs' Monitoring and Evaluation Framework. The framework is now guiding the provinces and federally administered areas to determine their development priorities, based on local needs. A dedicated SDGs Section has been formed at the federal level in the Ministry of Planning, Development & Special Initiatives (MoP&SI) to monitor and to coordinate as a national coordinating entity. With the establishment of federal and provincial SDG units, Pakistan has instituted monitoring and evaluation processes that are critical for supporting the SDGs' implementation. To ensure an enabling institutional environment, Parliamentary Taskforce are operating in national and provincial assemblies, closely overseeing progress on the SDGs.

The two underlying focus that is necessary to achieve progress on SDGs in the country remain poverty alleviation and universal health coverage. The National SDGs framework recognize that without these basic indicators, the challenge of achieving 2030 Agenda will be impossible. Ehsaas (compassion), was launched in 2019 to expand social protection, safety nets and support human capital development throughout the country. This programme complements and expands the on-going, robust social protection programme for poor women in Benazir Income Support Programme (BISP). Along with that a new universal health coverage initiative, the Sehat Sahulat Programme, was launched in 2019 to provide health insurance coverage for those in need. These programs are targeted at the poorest to ensure that no one is left behind as a principle of the global 2030 Agenda.

National Action Plan on Population Control



In July 2018, while most provincial population policies were underway for approval, the Supreme Court of Pakistan took suo-moto action on increase in population declaring a 'population emergency' and ordered the formation of a task-force on population control headed by the Prime Minister of Pakistan. The Task Force was mandated to formulate a National Action Plan on population control in line with the narrative formulated by Council of Common Interests (CCI). The Federal Taskforce is comprised of the chief ministers of all the provinces, the seven federal ministers headed by the Prime Minister and includes other governmental bodies and civil society representatives. It also includes chairman of the Council of Islamic Ideology, chairperson of Benazir Income Support Programme, secretary of national health services, provincial chief secretaries and country directors of Population Council and United Nations Fund for Population (UNFPA) among others.

The Ministry of National Health Services Regulation and Coordination devised a National Action Plan in line with the recommendations set forth by Council of Common Interest (CCI) and under the leadership of the Federal Task Force. The National Action Plan along with financial modalities and budget allocations serve as the new population policy that is adopted and implemented in all provinces.

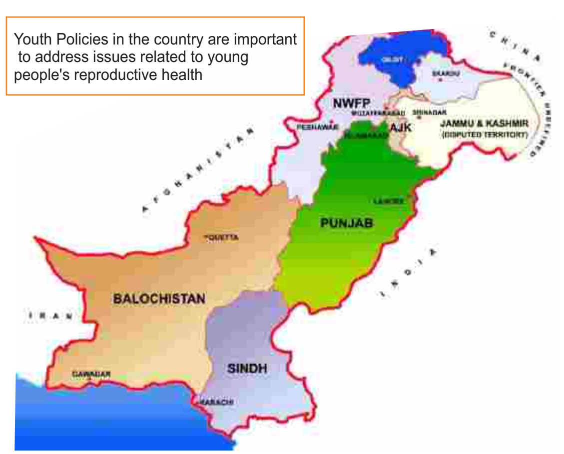
The Action Plan spells out the actions required to implement each CCI Recommendation with timelines,

budget, output / impact indicators as an evidence to the implementation. It also indicates the responsible body to carry out the Action Plan and other stakeholders involved in the implementation of the particular action.

The Action Plan touches upon other areas of reproductive health and rights such as legislations around child marriages, life-skills base education as well as counseling services for young people before marriages etc. This Action Plan is to be implemented in all provinces with rigorous reporting and monitored by the CCI.

Provincial Youth Policies

Pakistan had a National Youth Policy developed in 2008, however, two years later due to the 18th Amendment, provincial authorities were to develop their local policies on youth in line with the priorities set in the national policy. In 2015, four years post-devolution, a National Forum on Provincial Youth Policies was held in which representatives of the four provinces (Punjab, Sindh, KP and Balochistan), Gilgit Baltistan, and Azad Jammu and Kashmir presented their youth policies and status. The youth policies of Punjab and Khyber Pakhtunkhwa have been approved in 2012 and 2016, respectively. Sindh launched their youth policy in 2018 with renewed commitments with support from UNFPA and civil society organizations such as Bargad and Civil Society Support Programme. Unfortunately, Balochistan still have to draft a youth policy as the previously drafted policy in 2015 has been dismissed the same year by the government designated for youth affairs at the time.



Youth Policies in the country are important and present a potential to address issues related to young people's reproductive health. It is widely believed that reproductive health and rights are only relevant to young people who are married, therefore, population and health policies and programs are often silent on information and services related to unmarried youth. Hence, policies that are specific to youth are crucial to address this aspect. Although, not specifically addressing reproductive health issues of youth, most of the provincial policies touch upon the need for provision of life-skills based education, counseling helplines for youth and integration into health services. These are important commitments that can be built upon to introduce programmes that can address young people's information and services needs related to reproductive health and rights. However, in the absence of a coordinating federal administrative authority on youth affairs, youth policies in Pakistan lack the rigorous commitment, integration and budget required to operationalize the vast agenda of youth issues covered by most of these policies. Currently, youth policies are developed by the provincial departments of “Youth Affairs, Sports, Archaeology and Tourism” in Punjab, “Environment, Sports and Youth Affairs” in Balochistan, “Sports, Tourism, Culture, Archaeology, Museums and Youth Affairs” in KP, and “Sports and Youth Affairs” with support from UNFPA in Sindh.

To fully operationalize policies in provinces, they must be integrated with other population policies and programs as well as seen as a crucial aspect of 2030 Agenda. Youth-led organizations and groups can play a crucial role in advocating and supporting with local

governmental bodies and other civil society members to ensure such integration takes place and that youth policies are allocated the budget needed to address youth issues in the country.

National Education Policy

In 2018, as part of the first 100-days plan of the new government in Pakistan, a National Education Policy Framework was launched under the auspices of The Ministry of Federal Education and Professional Training. The framework identified four key areas in education sector to work on including improving quality education, enrolment of out-of-school children, imparting skills development to youth and introducing uniform education system.

As part of the framework and to achieve its objectives across all four priority areas for education sector, a Single National Curriculum (SNC) is to be established that will be rolled out in all provinces. Life Skills-based Education is identified as one of the salient feature in the development of Single National Curriculum by the National Curriculum Council.

Life Skills-based Education is a key aspect of reproductive health and rights package globally and is one of the most crucial area to invest in young people's health and well-being. According to the World Health Organization (WHO), Life Skills can be defined as 'abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.'

WHO's Department of Mental Health identified five key areas that can be applied across cultures and settings to promote life skills-based initiatives for the promotion of the health and well-being of children, adolescents and youth. These are listed below:

Based on this framework of LSBE, National Curriculum Council with support from UNFPA has been working for the last two years to embed in the Single National Curriculum, culturally and locally contextualized modules of life skills-based education. The first phase of the process has been completed and a uniform syllabus for class 1 to 5 incorporating LSBE modules has been developed. The syllabus covers thematic areas such as gender equality, protecting oneself, communicating about one's needs and opinions etc. Inclusion of psychosocial issues is a gateway for young people to find ways of information-seeking from trusted adults and develop healthy behaviors that will eventually contribute to their overall well-being including reproductive health.

The government plans to launch SNC by the end of September 2020, books to be published by October 2020, teachers will be trained on LSBE Guidelines and the curriculum is to be launched in Pakistan in 2021. SNC for secondary and higher secondary education will be developed in the second and third phase of the process later.

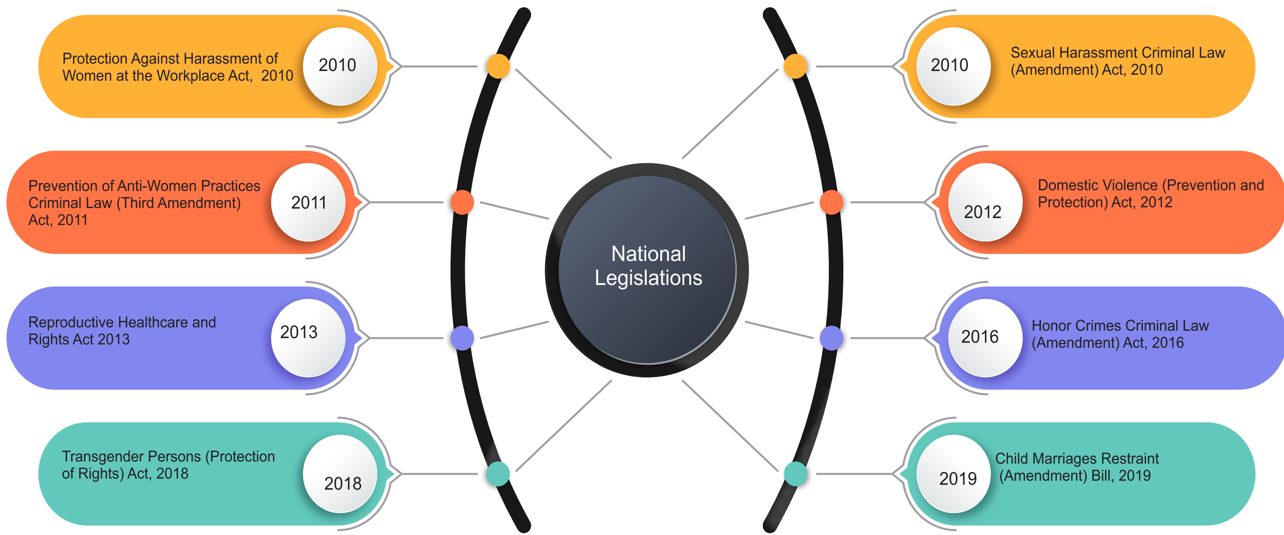
Youth Policies in the country are important and present a potential to address issues related to young people's reproductive health. It is widely believed that reproductive health and rights are only relevant to young people who are married, therefore, population and health policies and programs are often silent on information and services related to unmarried youth. Hence, policies that are specific to youth are crucial to address this aspect. Although, not specifically addressing reproductive health issues of youth, most of the provincial policies touch upon the need for provision of life-skills based education, counseling helplines for youth and integration into health services. These are important commitments that can be built upon to introduce programmes that can address young people's information and services needs related to reproductive health and rights. However, in the absence of a coordinating federal administrative authority on youth affairs, youth policies in Pakistan lack the rigorous commitment, integration and budget required to operationalize the vast agenda of youth issues covered by most of these policies. Currently, youth policies are developed by the provincial departments of “Youth Affairs, Sports, Archaeology and Tourism” in Punjab, “Environment, Sports and Youth Affairs” in Balochistan, “Sports, Tourism, Culture, Archaeology, Museums and Youth Affairs” in KP, and “Sports and Youth Affairs” with support from UNFPA in Sindh.

To fully operationalize policies in provinces, they must be integrated with other population policies and programs as well as seen as a crucial aspect of 2030 Agenda. Youth-led organizations and groups can play a crucial role in advocating and supporting with local governmental bodies and other civil society members to ensure such integration takes place and that youth policies are allocated the budget needed to address youth issues in the country.

National Legislations

Protection Against Harassment of Women at the Workplace Act, 2010

The Act was passed by parliament according to which organizations are obliged to set up and implement a code of conduct at their workplaces. Any unwelcome sexual advances, requests for sexual favours or other verbal or physical conduct of a sexual nature that interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment



constitute sexual harassment. The law requires all public and private organizations to adopt an internal Code of Conduct aimed at establishing a safe working environment, free of intimidation and abuse, for all working women. This law obligates employers' to set up an Inquiry Committee to investigate a harassment related complaint. Victims of sexual harassment at workplace can send their complaints to the federal or provincial ombudspersons as well.

Sexual Harassment Criminal Law (Amendment) Act, 2010

In light of the Protection Against Harassment of Women at Workplace Act, an amendment to Pakistan Criminal Code Section 509. It widens the definition of 'sexual harassment' and 'workplaces' to be applicable to women being harassed in public spaces, effectively criminalizing it. The law replaces the original sections which were vague in defining certain terms such as 'violating the modesty' of women with sections from the above-mentioned law. The corresponding punishments include imprisonment which may extend to three years or fine up to five hundred thousand rupees or with both.

Prevention of Anti-Women Practices Criminal Law (Third Amendment) Act, 2011

The Prevention of Anti Women Practices law makes amendments to the PPC, including within the PPC a number of offenses considered to be customary practices. It expands the existing clause on prohibition on exchange of women for purposes of resolution of a dispute to include prohibition of customs such as Wanni and Swara or any other such custom. New sections added include prohibition of depriving women from inheriting their property; creating an offense for forced marriages of women; and marriage of a woman to the Holy Quran. These amendments target those who force women into such situations, depriving them or their rights or coercing them against their will. Moreover, provincial government are mandated to not suspend, remit or commute punishment awarded in rape cases. Punishment for the above offenses ranges from maximum of 10 years to the minimum of 3 years. The amount of the fine ranges from Rs one million to Rs five hundred thousand.

Domestic Violence (Prevention and Protection) Act, 2012

The Domestic Violence Act makes violence against women and children an offense, punishable by time in jail and imposition of fines. Besides children and women, it also provides protection to the adopted, employed and domestic associates in a household. The law defines domestic violence as acts of physical, sexual or mental assault, use of force, harassment, confinement and deprivation of economic or financial resources.

The court is required to fix the first date of hearing within seven days of receiving a complaint, and fix the next date of hearing within 30 days, while the petition should be disposed of within a period of 90 days. The expedited process is an indication that there is an understanding that domestic violence is an emergency situation and must be addressed accordingly. Under this law, the court has been granted the power to pass "protection orders" and "residence orders" that prohibits the accused person from committing further acts of violence, and from making any attempts to communicate in any form with the victim. Any breach of these orders can earn the accused further

jail time and increased fines.

The bill has been adopted as a legislation only in Islamabad, Sindh and Balochistan so far while it is still debated in KP. In Punjab the legislation that covers domestic violence and others issues is called 'Protection of Women Against Violence Act' and was passed by the provincial assembly in 2016. In KP, a new draft of the bill has been presented in the assembly in 2018 but it has not been passed due to staunch opposition.

Reproductive Healthcare and Rights Act 2013

A private member bill on reproductive health care and rights was collectively passed in the national assembly to promote reproductive health care in accordance with the Constitution and international commitments made under CEDAW. The legislation states that complications related to pregnancy and childbirth are among the leading causes of mortality and morbidity for women of reproductive age therefore it is expedient to enact a law on the subject matter.

The bill is developed in close consideration of Pakistan's commitment to CEDAW and the minimum standards of reproductive healthcare. It mandates providing reproductive healthcare information to raise awareness regarding mental and physical health and well-being of individuals and families and allow service users to make all decisions on the basis of full, free and informed consent. It also encourages parental responsibility, which ensures the right of parents as educators and by including reproductive health education in the curricula at the secondary and higher secondary school levels as 'life skills'. Furthermore, it recognizes that a couple has the right to information whether to start or plan a family including spacing, timing and the number of their children. According to the Act, legal course of action can be taken against those who spread information on RHR that are not based in sound scientific evidence and licenses of service providers can be cancelled in the absence of the quality and accessibility measures outlined in the bill.

Currently, the RHR Act is only applicable in the Federal Capital and was passed by the Sindh assembly in 2019. While it is still debated in KP assembly and no mention of such a bill draft is made in Punjab.

Honor Crimes Criminal Law (Amendment) Act, 2016

Pakistan had adopted a colonial law that was primarily instituted in the sub-continent in the 19th century to abolish customs like Sati. Honor-killing cases were primarily tried under this law whereby some sections (300 and 304-I) of the law provided for a partial defense of “grave and sudden provocation” to a husband who had killed an adulterous wife, converting the charge of murder into reduced sentences. Since then many amendments have been done to the law targeting the exception of 'provocation' to term a case of honor-killing as murder. The section was taken out in an amendment in 2004, however, there were inconsistent views of judges and other sections regarding pardoning by family members of the victim were used for leniency in cases.

The Amendment Act of 2016 repealed the loophole which allowed the perpetrators of honour killings to avoid punishment by seeking forgiveness for the crime from another family member, and thus be legally pardoned. In addition to that, the act established a punishment of 14 years imprisonment to life in prison for crimes committed 'on the pretext of honour'. However, honor killings continue to happen in Pakistan and loopholes in the law are exploited. For example: since most honor killings are done by family member, most cases fall through the cracks of no victim to file the case and since it is still not stated as a crime against the State, it becomes almost impossible for people unrelated to the victim to file a case.

Transgender Persons (Protection of Rights) Act, 2018

The Transgender Persons Protection Bill was passed after nine years. Under the law, transgender people have the right to have all their official documents changed and reissued in line with their self-identified gender, and the Act provides for legal recognition of gender identity as a matter of right without any medical or diagnostic requirements.

The law explicitly bans any discrimination against transgender citizens by employers, educational institutions, healthcare providers, transportation service providers and any private business or service provider. It also calls for the establishment of government-run protection centers for transgender citizens who feel at risk. Furthermore, it guarantees transgender citizens their right to inheritance - often disputed under some interpretations of Islamic law - to run for public office, to assembly, to have access to public places and several other specific rights.The aggrieved transgender people may file complaints with the Federal Ombudsperson, the National Commission for the Status of Women (NCSW) and the National Commission for Human Rights (NCHR).

UNFPA provided technical assistance to Human Rights and Minorities Affairs (HRMA) in developing a draft implementation plan under the Transgender Persons (Protection of Rights) Act 2018. The efforts are continued to implement the legislation at provincial levels and support the government to fulfill their obligations under the law.

Child Marriages Restraint (Amendment) Bill, 2019

The Child Marriages Restraint Bill was first moved in the legislative realm in 1927. It proposed the adoption of a minimum age for contracting of marriage, and provided penalties for guardians giving away their minor wards in marriage. The age of marriage for girls was set to 16 years and for boys was 18 years. However, the law is barely punitive where the punishment was just a fine of Rs. 1000 and one month imprisonment. That is the law that stands even today in most of Pakistan i.e. Balochistan and KP.

Amendments to the Child Marriages Restraint Acts were enacted in Sindh and Punjab in 2013 and 2015, respectively. In Sindh, the law establishes the minimum lawful age of marriage for both men and women at 18 years. Offense is non-bailable and non-compoundable. In Punjab, the amending

law stipulates harsher punishments for parents and/or guardians of the minor who is to be married, however, the Act retains the minimum age of marriage of 16 years for girls and 18 years for boys.

The Child Marriages Restraint (Amendment) Bill of 2019 strives to set a national standard for age of marriage to be 18 years for everyone and make CNIC mandatory for Nikah. It also calls for holding other elders of the society such as nikah-khwans and nikah registrars responsible for the act in case of violation in addition to parents and guardians. However, the bill is yet to be passed as a legislation nation-wide despite much efforts by various stakeholders understanding the gross violations and health consequences it is posing for girls and women across the country.

3.3 3 Key Stakeholders

The policy landscape mentioned above is held through a large and complex infrastructure of programmes, projects and interventions in Pakistan made up by multiple stakeholders including UN agencies, research institutes, civil society and human rights defenders including NGOs, private sector and most importantly public and governmental institutions. It is important to know these key stakeholders and understand their unique contribution to upholding reproductive health and rights as a priority in the country. Below is a brief list of key actors in each category:

UN AGENCIES

- UNFPA mandated for ICPD
- UNICEF mandated for UNCRC
- UN Women mandated for CEDAW
- WHO and UNESCO
- and UNDP

GOVERNMENT

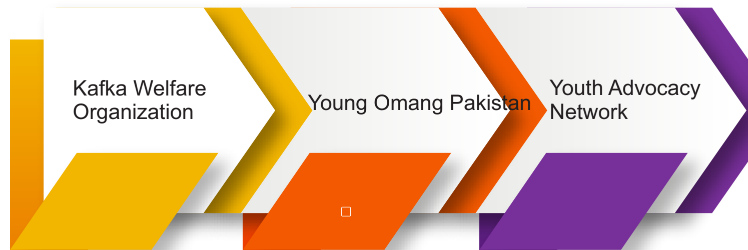
- Population Welfare Departments
- Planning Commission
- Ministry of National Health Services
- Ministry of Social Welfare
- Ministry of Human Rights

GOVERNMENT

- National Commission on the Status of Women
- National Institute of Population Studies
- Pakistan Institute of Development Economics (PIDE)

NGOs

YOUTH GROUPS



ACTIVITY 01.

Sit with your mother or mother-like/older person and interview them about their reproductive health journey - did she have a say in her marriage, choice in childbirth, access to healthcare, any experience with girl-child discrimination, experienced violence etc.? Did she ever reach out to someone for help in getting information or services? If you are not able to do this interview, please reflect and write why was that not possible for you or them?

ACTIVITY 02.

Find out more about young people and reproductive health situation in your particular provinces by diving deeper into the Situation Analysis of Reproductive Health of Adolescents and Youth in Pakistan compiled carried out by UNFPA in collaboration with Population Council. Write a brief on how much you can relate to young people's experiences of their reproductive health captured in the report?

RESOURCES TO CHECK:

The Demographic and Health Surveys (DHS) Program collects, analyzes, and disseminates accurate and representative data on population and important reproductive health indicators through more than 300 surveys in over 90 countries. You can find updated surveys for Pakistan here: https://www.dhsprogram.com/Where-We-Work/Country-Main.cfm?ctry_id=31&c=Pakistan&Country=Pakistan&cn=&r=4

Capturing the Demographic Dividend in Pakistan published in 2017 by UNFPA https://pakistan.unfpa.org/sites/default/files/pub-pdf/2013_CapturingDemoDivPak_0.pdf

For a more details Reproductive Health Rights situation of Youth in Pakistan please check:

https://www.popcouncil.org/uploads/pdfs/2019RH_SituationAnalysisYouthPakistan.pdf

http://cappd.ca/wp-content/uploads/Parkistans-Reproductive-Healthcare-and-Rights-Act-2013.pdf

http://hdr.undp.org/sites/default/files/reports/2847/pk-nhdr.pdf

SECTION 04

WORKING TOWARDS CHANGE

This section serves as a preliminary guide for youth-led organizations to engage and work in Pakistan to improve reproductive health rights and contribute to the larger development agenda. You will find specific examples and resources to direct your strategy and identify priority areas to bring real change on the ground in millions of lives in Pakistan.

4.1 Three Areas of Work

As we have discussed above that reproductive health rights is a vast field of work with many opportunities as well as barriers to achieve universal access to health and rights. Young people are central to the success of any initiatives, programs and policies devised in this regard. Despite growing evidence that reproductive health and rights issues impact young people the most and that in Pakistan especially where youth makes more than half the population, they are often overlooked in development strategies (e.g. Health Vision 2025 does not mention the term 'youth' at all) and are rarely seen on decision-making tables. Hence, young people have to speak up for themselves.

Young people are often apprehensive to get involved in reproductive health and rights related work as you may feel that you do not have enough information or experience on these issues but more often it is just a matter of paying attention to your lived experience and that of your peers, observing those in your communities that are marginalized, challenging your beliefs and biases and finding a way to integrate them into a vision for change in your life, and that of your peers and your community. This can be a good starting point that will open curiosities and opportunities to find more from experts in the field - such as the resources compiled in this module are full of creative and positive ways of working towards a change from the best in the field of reproductive health and rights.

There are many ways in which young people can engage in healthy and productive ways in shaping norms, policies and programs that affect them and here we discuss some of those strategies:

Awareness Raising - what do people need to know about young people's reproductive health rights?

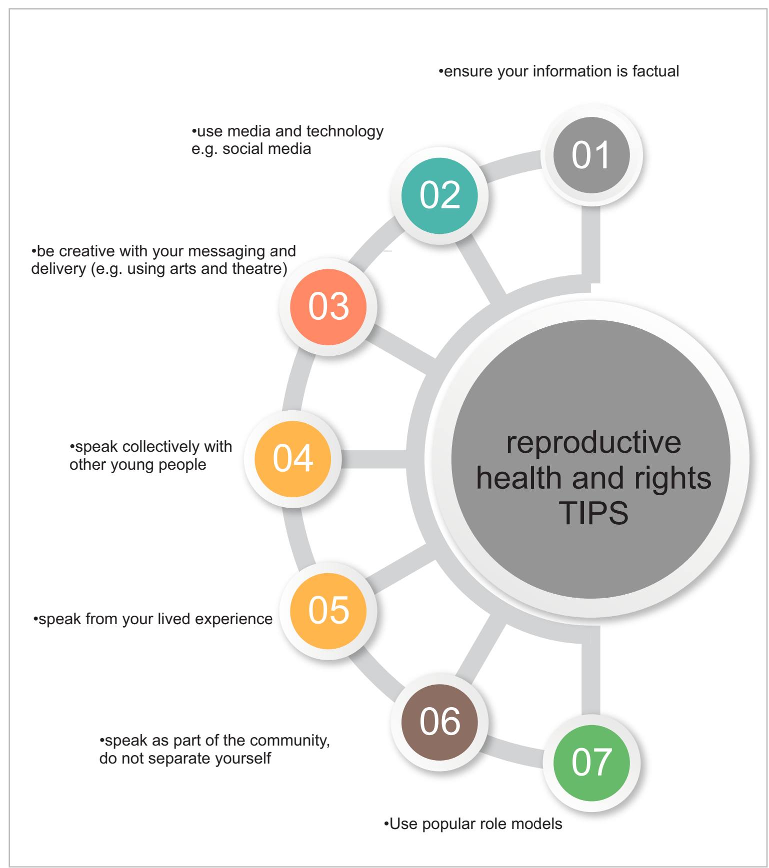
Although young people's reproductive health and rights are recognized and given prominence in global health discourses and development agenda to which Pakistan is a signatory, this often does not get reflected at local levels. One of the reasons is that many of reproductive health related subjects are considered a taboo in our society, or there is great shame and embarrassment attached to the idea of seeking information on reproductive matters, and sometimes it is myths like 'if we know too much, it will complicate our lives' or 'if young people find out about their rights, they will not listen to elders'. etc. Such myths can be severely detrimental and propagate poor health and harmful practices in communities that impact young people's lives, their opportunities for education,

employment and enjoyable lives.

Raising awareness is an approach to affecting change that aims to focus people's attention on a particular issue and increase their knowledge and understanding of it in order to achieve a specific goal. The goal is often to promote behavior change or shift attitudes to ultimately change social norms. It is also why awareness raising is often technically called Social and Behavior Change Communication (BCC). BCC is the strategic use of various tools of communication to change behavior and decision-making patterns around a particular issue.

The tools of communication to be used in any specific awareness raising program depends on the community, the language they speak, the stories and people that they are most influenced by, prevalence of media and technology amongst community members. It also depends on whether the desired change is at individual level or targeted at a community and societal level. For example: if the goal is to shift risky and abusive behaviors amongst young men to address violence against women in your communities, you will use platforms such as social media to reach them and create materials highlighting positive male role models etc. On the other hand, if the goal was to address societal norms around violence against women such as child marriages then you will most probably use traditional media that is watched by masses and use TV dramas and theatre to show negative impacts of child marriages on everyone in society etc.

There are a number of ways in which you can engage in BCC in your communities around reproductive health and rights of young people. Activities can include the development and dissemination of posters, flyers, leaflets, brochures, booklets, radio broadcasts, TV spots, dramas, and theatre etc. To develop effective BCC activities, here are some useful tips:



REFLECTION:

What are some of the myths in your community related to young people's reproductive health and rights? how are those myths impacting your life and that of your peers? can you think of some ways in which you can raise awareness on those issues?

RESOURCE TO CHECK: http://womendeliver.org/wp-content/uploads/2016/04/A_Toolkit_for_Young_Leaders.pdf

Changing norms, behaviors and attitudes are one of the most difficult aspect of any work. But it is also one of the most important, widely impactful and sustaining aspect of any long-term change.

Community Engagement - how can more young people and their communities be mobilized and engaged in promoting reproductive health rights?

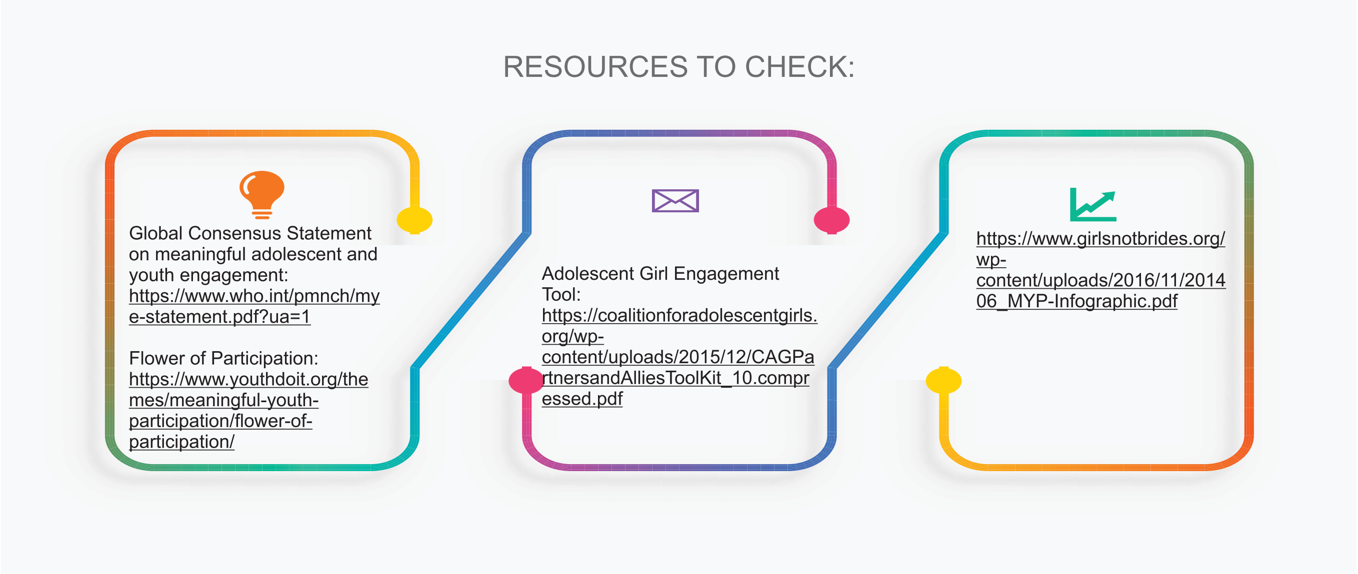
There is power in numbers. The way certain ideas, social norms and values are upheld or status quo is maintained is that a large number of people are either supporting it or are uninformed and hence silent about it. While awareness raising can help inform people about the issues and their impact on communities, engaging people can show them a path towards solutions. When people are engaged to work towards the same cause, it helps everyone. Engaged communities can help decision-makers understand the needs and realities of communities and attend resources accordingly. Similarly, more people that are informed and empowered in achieving progress for their communities can bring change effectively through concerted efforts. This becomes especially important when working on issues that may not be mainstream and require a large number of people to own the cause to make it a norm such as reproductive health and rights.

As youth-led organizations we must engage first and foremost other young people in communities that we live and work in. Given that young people are a significant portion of our population and are diverse in their own identities and experiences, there are multiple benefits of bringing youth together. First, it can foster solidarity and make the voice of youth stronger. Second, it can inform and diversify that voice with everyone's representation and unique experiences.

Engaging other young people can take two distinct and often intertwined strategies: first, engaging young people in our programs to inform, educate and mobilize them for outreach to a wider population of young people is often done through peer-to-peer networks. An example of such a network is UNFPA's initiative for young people called Y-Peer Network. They spread high quality education and training on SRHR through

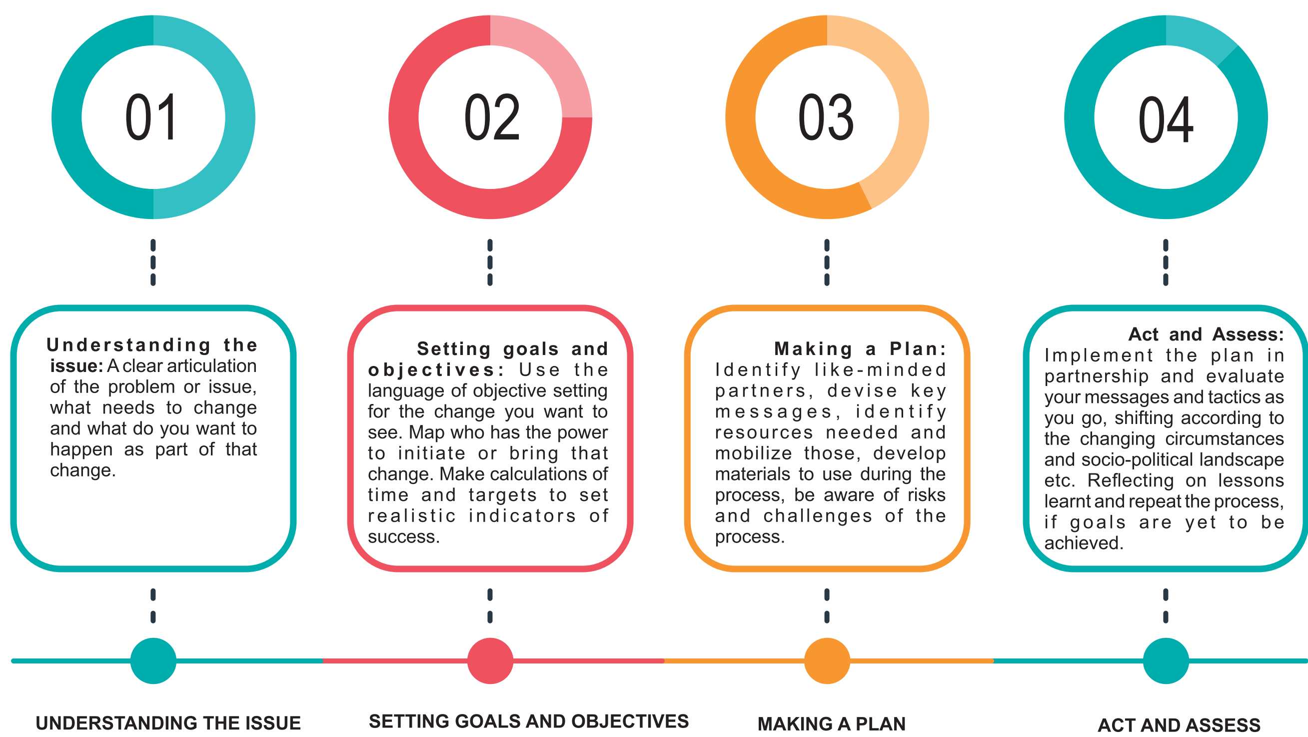
creative and entertaining BCC methods through creating peer networks in all small and large communities. Second, identifying young leaders within communities and engaging them as youth representatives to influence programs, policies and plans at all levels in close partnership with like-minded adults is called meaningful youth participation. There is a growing global support and evidence for meaningful youth participation amongst RHR organizations globally at levels including within organizations, at policy-level, decision-making, and managing resources etc. One of the strongest example of meaningful youth participation is the appointment of UN Youth Envoy to the Secretary General of the United Nations.

In Pakistan, where most of the youth-led organizations are are primarily run and managed by older male youth, it is crucial to meaningfully engage girls and young women in your network as well as at decision-making levels in the organization. Engaging young women often bring credibility, unique and deeper perspectives to the work and can be real change-makers for the society at large.



Advocacy - what policy changes are needed for young people's reproductive health and rights?

Securing practical gains for young people's reproductive health and rights such as policy and legislative changes, resource commitments and youth-friendly services are critical for long-term change. This is done through advocacy. Advocacy is the process of building support for a specific issue (e.g. child marriages) and influencing others to take action in order to achieve change (e.g. to pass the child marriage restraint act to turn it into a legislation). Advocacy process can broadly comprise five steps:



The success of advocacy process depends on the larger environment around the issues you are trying to address but with realistic goals for advocacy and the rights tools and approaches of advocacy, much can be achieved in the process. There are five distinct tools that are essential parts of an advocacy process and can be applied throughout the process:

- Assessment: A comprehensive assessment and analysis of the issue being addressed and the factors that may explain it, the people affected, the extent of the problem, and how it may be addressed or resolved. This could include situational analysis via needs assessments, demographic analysis and gender analysis etc.

- Stakeholder analysis: The identification of stakeholders of an issue and an assessment of their interests and the ways in which their interests affect the issue's viability, is referred to as stakeholder analysis. Such an analysis will identify and explore: (a) beneficiaries, (b) partners, (c) decision makers and (d) adversaries for a particular issue.

- Packaging and delivery of information: Formulating and delivery of key messages is one

of the most crucial steps of the advocacy process. There are five key elements to a message: (a) content/ideas, (b) language, (c) source/messenger, (d) format and (e) time and place.

- Persuasion techniques: They form the means by which you will make your arguments and attempt to sway your target audience to support your issue. Such techniques may include: lobbying, petitioning, debating, media techniques and negotiating and conflict resolution. The choice of the technique will largely depend on the issue at hand and the stakeholder you are working with.

- Media relations: Media is an organized system for delivering information to large numbers of people simultaneously. Mass media can include radio, television, newspapers, magazines, trade journals or community newsletters. It is an important aspect when trying to gather public support for an issue or raise awareness. Some suggested message formats for the media include news releases, press conferences or media events, issue briefings for journalists, fact sheets or background sheets, media packets/press kits, letter to the editor, guest editorials, pictures or graphic illustrations, or buying space or time.

distinct tools that are essential parts of an advocacy process

Assessment 01
Stakeholder analysis 02
Packaging and delivery of information 03
Persuasion techniques 04
Media relations 05

As outlined in section 3, Pakistan has made various global commitments to ensure universal access to reproductive health and rights including that of young people. There are many on-going efforts at all levels to achieve these goals including making policies, legislations and introducing or improving public health services in this regard. In a country as diverse as Pakistan and with competing political priorities on federal and provincial levels, making policy and legislative changes in reproductive health rights is a huge success and is often a result of concerted and consistent advocacy efforts over a period of years by all stakeholders.

Some aspects of advocacy for youth reproductive health and rights could include:

- ensure that key decision-makers in your communities, districts and provinces are informed about existing policies related to reproductive rights and their responsibility in implementing policies
- inform key decision-makers of young people's needs and realities on the ground and the desired change in policies to make them more effective
- ensure that sufficient resources in your provincial budgets are allocated to young people's reproductive health issues
- generate evidence for how policies are impacting youth reproductive health and rights in your communities and share that with decision-makers and policy makers
- offer young-citizen monitoring and evaluation of public services as a way to improve services and help government bodies achieve their development targets
- collaborate with adult organizations, join their advocacy efforts as youth advocates to be more effective and help make their programs inclusive through meaningful youth participation

Advocacy - what policy changes are needed for young people's reproductive health and rights?

Securing practical gains for young people's reproductive health and rights such as policy and legislative changes, resource commitments and youth-friendly services are critical for long-term change. This is done through advocacy. Advocacy is the process of building support for a specific issue (e.g. child marriages) and influencing others to take action in order to achieve change (e.g. to pass the child marriage restraint act to turn it into a legislation). Advocacy process can broadly comprise five steps:

4.2 Working in Partnerships

The case for working in partnerships is based on the single most reason that no human rights and development issue stands in isolation of other social development phenomenon. There are deep linkages and implications between development issues as wide ranging as environment, climate change, conflicts, and humanitarian emergencies. The interlinkages of development issues make it critical to work in partnerships so that programs are informed by the larger country, regional and global contexts. Moreover, effective programs are those that can integrate and connect other indirect factors affecting reproductive health indicators. The most recent manifestation of deep linkages of all human development related issues is that of COVID-19 public health emergency. In a matter of months, COVID has impacted our economy as well as exacerbated gender-based violence, two deeply connected issues yet not often addressed in the same program or policy. Partnerships are required so that programs are informed by research and expertise (e.g. in multi-sectoral partnerships), resources can be used most efficiently (e.g. peer partnerships or youth-adult partnerships) and long-term change can be enacted in the most effective way (e.g. through public-private partnerships).

Multi-sector Partnerships

A comprehensive intervention requires a variety of expertise and resources ranging from research, community outreach, policy knowledge, public sector outreach, technical expertise and funding etc. In multi-sector partnerships organizations have access to a wider variety of ideas, knowledge, expertise and target groups, they share risks, responsibilities and resources and there is potential for greater productivity and efficiency. For example: Potential partners for a an alliance to make family planning services youth friendly could include: a research institution, a gender minorities representative organization or group, a youth-led organization, technical and policy expert agency, a government representative, a private-sector representative, NGOs, healthcare providers among others.

Private Sector Partnerships

Private sector partners already play an important role in Pakistan's family planning infrastructure such as Rahnuma FPAP and Population Council. Engaging the private sector for its expertise in supply chains, information technology, data analytics, and client service can also improve youth-friendly service provision more efficiently, with greater impact, and on a more sustainable basis. However, the current infrastructure is limited to private sector that is related to healthcare strictly such as pharmaceuticals and healthcare providers. Expanding private sector to engage telecommunication companies for messaging, media agencies to create progressive content, and/or education providers for curriculum integration can be critical to achieve sustainable development goals with a youth-friendly focus.

PUBLIC-PRIVATE PARTNERSHIPS

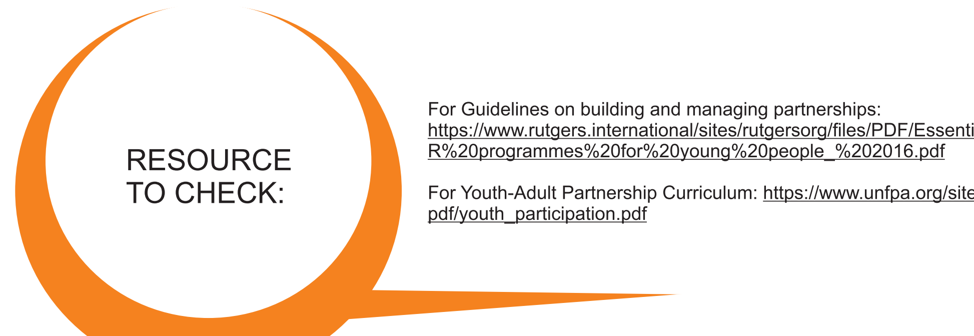
01 Multi-sector Partnerships

02 Private Sector Partnerships

03 Innovative Partnerships

Innovative Partnerships

In addition to expanding private sector partners to include telecoms, media and other partners, there is an upcoming start-up industry and young entrepreneurs with investments that can be leveraged to realize youth reproductive health and rights are prioritized and achieved. Start-ups are always keen to design, prototype and experiment with new ideas and tools for the most challenging conventional problems. Fostering partnerships with young innovators to create content for enabling environment, make apps that can ensure safety and privacy for young people, invent tools that can facilitate access, diversity and inclusion of young people, and/or create methods for pedagogy and dissemination of life skills-based education are not only creative ways to explore but utterly necessary at this potent moment of technology and creativity. One such example is Aurat Raj that is a creative social enterprise co-founded by young Pakistani women. They create engaging products to educate and entertain girls while imparting crucial information on menstrual hygiene and other reproductive health issues in Pakistan.



RESOURCE TO CHECK:

For Guidelines on building and managing partnerships: https://www.rutgers.international/sites/rutgersorg/files/PDF/Essential%20Packages%20Manual_SRHR%20programmes%20for%20young%20people_%202016.pdf

For Youth-Adult Partnership Curriculum: https://www.unfpa.org/sites/default/files/resource-pdf/youth_participation.pdf

4.3 Areas of Engagement

Following are some examples of areas of engagement in promoting reproductive health and rights agenda in Pakistan. The specific areas mentioned are most relevant to young people and could benefit tremendously from youth-driven advocacy. However, youth advocacy can add value to many other aspects of RHR work in Pakistan that youth-led organizations are encouraged to explore in their specific provinces and communities.

Life Skills-Based Education

Prior to the 18th Amendment, Life Skills-Based Education was included as part of the Education Policy of 2009. As part of devolution, it is now under provincial governments' discretion to uptake policymaking and implementation in this regard. Since education curriculum is primarily devised for young people and to ensure that young people are prepared and well-equipped for healthy and successful lives, advocating for LSBE is crucial in this regard.

RESOURCES for LSBE:

Its All One Curriculum and International Technical Guidance on Sexuality Education

Legislations on Gender-Based Violence

One of the key areas of significant change is to help devise new policies, bills and legislations related to reproductive health and rights. In light of the Reproductive Healthcare and Rights Act 2013 and pending legal instruments related to domestic violence and child marriages etc., youth advocacy can greatly benefit policy advocacy efforts on securing such legislative changes while using federal-level gains and progressive legal court decisions as grounds for change at provincial levels.

RESOURCE to learn about RHR laws:

https://courtingthelaw.com/2015/05/28/commentary/sexual-and-reproductive-health-and-rights/ and https://reproductiverights.org/our-regions/pakistan

Quality and Integrated Youth-Friendly Services

There is a renewed commitment to family planning services as part of FP2020 by the government. FP2020 is a global partnership to empower women and girls by investing in rights-based family planning and enable universal access to contraceptives as part of commitment to SDGs 3 and 5. Government of Pakistan is a member of this partnership and has made a commitment to achieve the goal of universal access to contraceptives at national level.

As part of this goal, integrating family planning in all basic health facilities in even the farthest and remote areas of Pakistan is crucial. It is also crucial to make these services youth-friendly. Youth-Friendly services means they are affordable, available and accessible to young people. For guidance on standards for quality and integrated youth-friendly health services, please consult WHO's Guidelines.

RESOURCE for Youth-Friendly Services:

https://apps.who.int/iris/bitstream/handle/10665/75217/9789241503594_eng.pdf?sequence=1 and https://www.mariestopes.org/media/2117/delivering-sexual-and-reproductive-health-services-to-young-people.pdf

4.4 Principles and Values

Working on reproductive health and rights is a rewarding yet challenging field. The issues can be vast, complex and multi-dimensional. Some key principles and values can help stay focused and aligned while navigating issues on ground and making an impact:

Rights-Based: Earlier in development work, it was important to create evidence of needs of communities and then create programs that were needs-based. While this can be a tempting framework to work with especially in conservative societies like Pakistan where packaging 'needs' can feel more convincing, it is important that reproductive health and related development agenda is approach from the human rights framework. In simpler words, in addition to ensuring needs are met, we prioritize realization of rights. A rights-based approach integrates international human rights and humanitarian law norms, standards and principles into plans, policies, services and processes of intervention and development.

Gender-Transformative: A gender-transformative approach means that promoting gender equality—the shared control of resources and decision-making—are central to an intervention. In the context of reproductive health, a gender-transformative approach entails not only improving women's access to key services and contraceptive methods but also helping communities understand and challenge the social norms that perpetuate inequalities between men and women. It also involves engaging men and boys in ways that address their reproductive health needs and that support women's and girls' family planning and reproductive health decision-making. Moreover, gender-transformative approach also means to go beyond the men-women equality dichotomy and expand to other genders such as transgender population in our programmes, advocacy and policies.

Leaving No One Behind: There are often parts of our society and communities that are marginalized to an extent that they are forgotten or challenging to count for even by the most progressive and well-intentioned amongst us. For example: we often overlook the fact that people with disabilities could have reproductive health needs and certainly do have reproductive rights. Moreover, other marginalized groups include gender minorities, transgender, religious minority groups, people of other ethnicities and/or migrants, internally-displaced persons and refugees living in our communities. They are all part of our communities and must be accounted for in policies and programs regardless of their social origins, status or capabilities. Leaving No One Behind is one of the principles of SDGs and Agenda 2030, emphasizing that to achieve SDGs for everyone, our programs, policies and national plans have to reach those first who are furthest behind. Principally, we must put those who are the most vulnerable, at the forefront of our work.

CHAPTER 05

RESOURCES FOR DEEPER DIVE

This section is a library to guide you further in strengthening your capacity to engage in social analysis around reproductive health rights issues as well as forming strategies for your organization that are aligned with international and national priorities. Some of the resources will also give you an idea into what is happening globally on RHR and where you can tap in for further partnerships, learning and resources in future.

More about ICPD and global development agenda can be checked at the following links:

Act, Committed, Together: A roadmap to achieve ICPD by IPPF

Sustainable Development Goals: A SRHR CSO guide for National Implementation by IPPF

UNFPA's background document for ICPD+25 Nairobi Summit on SRHR as essential element of universal health coverage.

Resources to understand Gender-Based Violence and taking action against it:

UNFPA's State of the World Population Report 2020, Against My Will: Defying the practices that harm women and girls and undermine equality.

UNFPA's How Changing Social Norms is Crucial in Achieving Gender Equality is the latest compendium on social norms change to achieve gender equality.

UN Women's virtual knowledge center on ending violence against women

Resource to find new developments, data and evidence related to Reproductive Health and Rights:

Evidence Project is led by Population Council that uses implementation science to strengthen, scale up, and sustain family planning services to reduce unintended pregnancies worldwide.

To learn more about advocating for RHR:

A youth friendly guide by Rutgers International on Effective SRHR Advocacy using 2030 Agenda.

A toolkit for youth advocates to work on SRHR by IPPF

06 BIBLIOGRAPHY

Aurat Raj. “Educate. Entertain. Empower”. Accessed 5 August 2020. https://www.auratraaj.co/

Government of Pakistan. Implementation of the 2030 Agenda: Voluntary National Review. 2019. Accessed 5 August 2020. https://mail.google.com/mail/u/0/#inbox/KtbxLxGcFwTlpcGqPLbgHJSkwkvpFcFRjq?projector=1&messagePartId=0.1

International Planned Parenthood Federation. Guidelines for The IPPF Charter on Sexual and Reproductive Rights. UK, 1997.

Mohydin, Rimel.“With Transgender Rights, Pakistan has an Opportunity to be a Pathbreaker”. Amnesty International, 2019. Accessed 5 August 2020. https://www.amnesty.org/en/latest/news/2019/01/with-transgender-rights-pakistan-has-an-opportunity-to-be-a-path-breaker/

National Assembly of Pakistan. “Constitution Eighteenth Amendment Act, 8 April 2010”. Islamabad, 2010. Accessed 5 August 2020. http://www.na.gov.pk/uploads/documents/1302138356_934.pdf

National Institute of Population Studies. Demographic and Health Survey 2017 - 2018. 2018. Accessed 5 August 2020. https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf

Pakistan Bureau of Statistics. Population and Housing Census. Government of Pakistan, 2017.

Sathar, Zeba. “From Cairo to Nairobi”, DAWN Newspaper 26 October 2019 Accessed 5 August 2020. https://www.dawn.com/news/1512992/from-cairo-to-nairobi

Supreme Court of Pakistan. “Human Rights Case No.17599”. Islamabad, 2018.

The Commonwealth. Youth Development Index and Report. 2016. Accessed 5 August 2020. https://books.thecommonwealth.org/global-youth-development-index-and-report-2016-paperback

UN General Assembly. Universal Declaration of Human Rights: Resolution 217 A (III). 1948. Accessed 5 August 2020. https://www.refworld.org/docid/3ae6b3712c.html

UN General Assembly. Convention on the Rights of the Child, United Nations, Treaty Series, vol. 1577, p. 3, 1989. Accessed 5 August 2020. https://www.refworld.org/docid/3ae6b38f0.html

UN General Assembly. Convention Relating to the Status of Refugees. United Nations, Treaty Series, vol. 189, p. 137. 1951. Accessed 5 August 2020. https://www.refworld.org/docid/3be01b964.html [accessed 5 August 2020]

UN General Assembly. Convention on the Elimination of All Forms of Discrimination Against Women. United Nations, Treaty Series, vol. 1249, p. 13. 1979. Accessed 5 August 2020. https://www.refworld.org/docid/3ae6b3970.html

UN General Assembly. International Covenant on Economic, Social and Cultural Rights. United Nations, Treaty Series, vol. 993, p. 3. 1966. Accessed 5 August 2020. https://www.refworld.org/docid/3ae6b36c0.html

UN General Assembly. International Covenant on Civil and Political Rights. 16 December, United Nations, Treaty

Series, vol. 999, p. 171. 1966. Accessed 5 August 2020. https://www.refworld.org/docid/3ae6b3aa0.html

UN General Assembly. United Nations Millennium Declaration: Resolution A/RES/55/2. New York, 2000.

UN General Assembly. 2005 World Summit Outcome: Resolution A/RES/60/1. New York, 2005.
World Health Organization. Universal Access to Reproductive Health. 4. 2011.

UN General Assembly. Transforming Our World: 2030 Agenda for Sustainable Development. A/RES/70/1. New York, 2015.

United Nations. Secretary General's Report on Monitoring of Population Programmes. E/CN.9/2009/4. 2009. Accessed 23 July 2020. https://digitallibrary.un.org/record/647988?ln=en

United Nations. Guidelines for Integrating Gender-based Violence in Humanitarian Action. Inter-agency Standing Committee 2015. Accessed 11 August 2020. https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2019/06/report/handbook-for-coordinating-gender-based-violence-interventions-in-emergencies/Handbook_for_Coordinating_GBV_in_Emergencies_fin.01.pdf

United Nations Population Fund. Report of the International Conference on Population and Development, Cairo, 5-13 September 1994. A/CONF.171/13/Rev.1.1995. Accessed 22 July 2020. https://www.refworld.org/docid/4a54bc080.html

United Nations Population Fund. My body, My life, My world: A Global Strategy for Adolescents and Youth. 2019. Accessed 5 August 2020. https://www.unfpa.org/youthstrategy

United Nations Population Fund. State of the World Population: The Power of 1.8 Billion. 2014.

United Nations Population Fund. “Family Planning”. Accessed 11 August 2020. https://www.unfpa.org/family-planning

United Nations. Youth 2030: The United Nations Youth Strategy. 2018. Accessed 5 August 2020. https://www.un.org/youthenvoy/youth-un/

United Nations Development Programme. Human Development Report: Inequalities in Human Development in the 21st Century. 2019. Accessed 5 August 2020. http://hdr.undp.org/en/countries/profiles/PAK

United Nations. World Population Prospects. 2019. Accessed 5 August 2020. https://population.un.org/wpp/Graphs/586

United Nations Development Programme. Human Development Report: Inequalities in Human Development in the 21st Century. 2019. Accessed 5 August 2020. http://hdr.undp.org/en/content/table-5-gender-inequality-index-gii

United Nations Entity for Gender Equality. “[press release]: UN Women, NCSW launch Young Women in Pakistan: Status Report 2020”. Accessed 5 August 2020. https://asiapacific.unwomen.org/en/news-and-events/stories/2020/07/un-women-ncsw-launch-young-women-in-pakistan

United Nations Population Fund. State of the World Population Report: Against My Will. 2020. Accessed 5 August 2020. https://www.unfpa.org/swop

United Nations Development Programme. National Human Development Report: State of Youth in Pakistan. 2017. Accessed 5 August 2020. http://hdr.undp.org/sites/default/files/reports/2847/pk-nhdr.pdf

UNFPA and Population Council. Situation Analysis of Reproductive Health of Adolescent and Youth in Pakistan. 2019.

UNFPA and Population Council. National Symposium on Alarming Population Growth in Pakistan. 2018 Accessed 5 August 2020. https://www.familyplanning2020.org/sites/default/files/Brief%20on%20Population%20Symposium_a

a7.pdf

United Nations. “Office of the Secretary General's Envoy on Youth”. Accessed 5 August 2020. https://www.un.org/youthenvoy/

United Nations Population Fund. “COVID-19 Situation Report”. Islamabad, 2019. Accessed 5 August 2020. https://pakistan.unfpa.org/en/publications/unfpa-pakistan-covid19-situation-report-issue3

World Health Organization. Introduction and Guidelines to Facilitate the Development and Implementation of Life Skills Programmes. WHO/MNH/PSF/93.7 A.Rev.2. Geneva, 1997.

World Health Organization. Adolescent Pregnancies: Key Facts. 2018

World Health Organization. “Health Statistics and Information Systems”. Accessed 11 August 2020. https://www.who.int/healthinfo/statistics/indmaternalmortality/en/

World Health Organization. Evidence Brief: Preventing Unsafe Abortions. 2019. Accessed 11 August 2020. https://apps.who.int/iris/bitstream/handle/10665/329887/WHO-RHR-19.21-eng.pdf?ua=1

World Health Organization. Evidence Brief: Sexually Transmitted Infections. 2019. Accessed 11 August 2020. https://apps.who.int/iris/bitstream/handle/10665/329888/WHO-RHR-19.22-eng.pdf?ua=1

World Health Organization. “Key Facts: HIV/AIDS”. 2020 Accessed 11 August 2020. https://www.who.int/news-room/fact-sheets/detail/hiv-aids

World Health Organization. Introduction and Guidelines to Facilitate the Development and Implementation of Life Skills Programmes. WHO/MNH/PSF/93.7 A.Rev.2. Geneva, 1997.

Y-Peer. “About”. Accessed 5 August 2020. http://www.y-peer.org/about/index.php

a7.pdf

United Nations. “Office of the Secretary General's Envoy on Youth”. Accessed 5 August 2020. https://www.un.org/youthenvoy/

United Nations Population Fund. “COVID-19 Situation Report”. Islamabad, 2019. Accessed 5 August 2020. https://pakistan.unfpa.org/en/publications/unfpa-pakistan-covid19-situation-report-issue3

World Health Organization. Introduction and Guidelines to Facilitate the Development and Implementation of Life Skills Programmes. WHO/MNH/PSF/93.7 A.Rev.2. Geneva, 1997.

World Health Organization. Adolescent Pregnancies: Key Facts. 2018

World Health Organization. “Health Statistics and Information Systems”. Accessed 11 August 2020. https://www.who.int/healthinfo/statistics/indmaternalmortality/en/

World Health Organization. Evidence Brief: Preventing Unsafe Abortions. 2019. Accessed 11 August 2020. https://apps.who.int/iris/bitstream/handle/10665/329887/WHO-RHR-19.21-eng.pdf?ua=1

World Health Organization. Evidence Brief: Sexually Transmitted Infections. 2019. Accessed 11 August 2020. https://apps.who.int/iris/bitstream/handle/10665/329888/WHO-RHR-19.22-eng.pdf?ua=1

World Health Organization. “Key Facts: HIV/AIDS”. 2020 Accessed 11 August 2020. https://www.who.int/news-room/fact-sheets/detail/hiv-aids

World Health Organization. Introduction and Guidelines to Facilitate the Development and Implementation of Life Skills Programmes. WHO/MNH/PSF/93.7 A.Rev.2. Geneva, 1997.

Y-Peer. “About”. Accessed 5 August 2020. http://www.y-peer.org/about/index.php

TRAINING OF TRAINERS ON

REPRODUCTIVE HEALTH & RIGHTS (RHR)

TRAINING MODULE