



**ADVOCATING FOR IMPROVED
MNH/SRH POLICY & PRACTICE FOR
ADOLESCENT GIRLS & YOUNG MOTHERS
KEY ACHIEVEMENTS, LESSONS
LEARNT AND WAY FORWARD
RECOMMENDATIONS**

CARE International in Pakistan

CARE is a leading humanitarian and development organization fighting global poverty, with a special focus on working alongside poor women because, equipped with the proper resources, women have the power to help whole families and entire communities escape poverty. Women are at the heart of CARE's community-based efforts to improve basic education, prevent the spread of disease, increase access to clean water and sanitation, expand economic opportunity and protect natural resources. CARE also delivers emergency aid to survivors of war and natural disasters, and helps people rebuild their lives.

CARE International Pakistan opened its Pakistan office in June 2005. Since setting up, CARE has been dealing with a series of large-scale disasters, CARE, through emergency programs, has provided relief, as well as recovery and rehabilitation support to millions of Pakistanis affected by disastrous floods, cyclones, earthquakes, and displacement. Recognizing long-term needs for support to full recovery, and their nexus with poverty, CARE Pakistan focuses on implementing developmental projects linked to emergency response, with a special focus on women and girls, working closely with partners and local communities in all provinces of the country, including some of the most remote rural areas.

Acknowledgment

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Disclaimer

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AIMS

In Pakistan many adolescents and young women are pushed into early marriage and early pregnancies, resulting in high rates of maternal and infant mortality and morbidity. Adolescent girls face a number of challenges in accessing essential healthcare due to restrictions on their mobility, low availability of adolescent-friendly services, lack of financial resources and limited information and awareness. This situation is worse for ethnic and religious minorities and those living in remote, underserved feudal and tribally controlled areas. Despite this, the reproductive and sexual health needs of adolescent girls and young mothers (AGYM) between the ages of 15-24 years remain unacknowledged in Pakistan and are conspicuously absent in major policies such as the National Health Policy 2009 and the Youth Policy 2008.

In February 2012 CARE Pakistan started the project titled: 'Advocating for improved maternal newborn health (MNH) and sexual reproductive health (SRH) policy and practice for adolescent girls and young mothers (AIMS).' Implemented in partnership with Rahnuma-Family Planning Association of Pakistan (FPAP), this 14 month initiative combined evidence based research with targeted advocacy to successfully bring about changes in Pakistan's policies regarding MHN and SRH for adolescent girls and young mothers. The AIMS project aimed to increase awareness regarding the specific reproductive and sexual health needs of AGYM, and to advocate for their inclusion in provincial health policies in four provinces of Pakistan by:

- **Conducting research on the knowledge and practices of AGYM, including their priority needs and the barriers impeding their access to MNH and SRH services**
- **Undertaking a comprehensive review and analysis of Pakistan's government policies to identify key gaps regarding the reproductive and sexual health needs of AGYM**
- **Using findings from the research to advocate with key stakeholders for policy change to address the sexual and reproductive health needs of AGYM**

CARE and FPAP used evidence from the project's research to design a targeted advocacy strategy and to engage with key stakeholders including provincial parliamentarians, district officials, community leaders, civil society and media representatives, through a structured process of meetings, workshops and consultations. The report in your hands is one of the outcomes of the project's research component.

ADVOCATING FOR IMPROVED MNH/SRH POLICY & PRACTICE FOR ADOLESCENT GIRLS & YOUNG MOTHERS KEY ACHIEVEMENTS, LESSONS LEARNT AND WAY FORWARD RECOMMENDATIONS

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LIST OF ACRONYMS

AIMS	Advocating for Improved MNH and SRH Policy and Practice for Adolescent Girls and Young Mothers
AGYM	Adolescent Girls and Young Mothers
CIP	Care International in Pakistan
CSOs	Civil Society Organizations
CS	Civil Society
CMW	Community Midwife
DHO	District Health Officer
DDO	Deputy District Officer
DO	District Officer
EDO	Executive District Officer
FPAP	Family Planning Association of Pakistan
INGO	International Non Governmental Organization
KPK	Khyber Pakhtoonkhwa
MNH	Maternal & Newborn Health
SRH	Sexual and Reproductive Health

1 CARE INTERNATIONAL – SEXUAL & REPRODUCTIVE HEALTH (SRH) FOCUS

Improving the health of people in poor communities is a critical part of CARE's work to overcome poverty. Through long-term health care initiatives, as well as immediate medical assistance in emergencies, CARE works to save lives and to help people live healthy and productive lives. With more than 200 projects in over 50 countries, CARE focuses specifically on the health of women and children, through interventions in nutrition, infectious disease, child health, sexual and reproductive health, and maternal health. This includes supporting health providers and governments to provide quality health care services, empowering marginalized communities to access their health rights and advocating for improved health policies.

Improving access to quality health services is a priority for CARE International in Pakistan (CIP). CIP works to build the capacity of government health care providers, improve quality standards and advocate for health policy reforms. In particular, CIP is dedicated to improving women and adolescent girls' access to maternal child health and reproductive health services, and overcoming discriminatory attitudes and practices that deny their basic reproductive rights¹. This will contribute to **CIP's 15-year goal: 28 million marginalized women will be making choices that reduce vulnerability and impact their lives positively.**

1. Reproductive rights include: the right to birth control, the right to safe abortion, the right to good-quality reproductive healthcare and the right to receive education about contraception, sexually transmitted diseases (including HIV and AIDS) and other reproductive issues in order to make free and informed choices.

CIP's approach to health in Pakistan involves increasing the access of marginalized women and girls to primary and reproductive health care, while also working to strengthen the quality of health services, and advocating for improved policies. This entails delivering health care services through mobile medical camps in emergencies, training health workers, building the capacity of health authorities and raising awareness regarding women's reproductive health rights in marginalized communities. CIP also combines evidence-based research with targeted advocacy to bring about improvements to Pakistan's reproductive health policies for women and girls.

AIMS project Linkage & Contribution to Long Range Strategy of CIP

AIMS project has provided useful learning that will help to inform the development of future advocacy initiatives. The AIMS project sits within the framework of CARE Pakistan's recently developed 15 year LRSP, which aims to improve access of women and girls to reproductive health services. Specific pathways to achieve this objective include:

- Partner with civil society, government and academia and use evidence based advocacy to increase collaboration among health service providers, increase budgeting for women's health, strengthen accountability to maternal, newborn and child health indicators and reduce malpractice tolerance
- Engage in and support networks using social mobilization and media to lobby for improved health services for women, focusing on adequately resourced quality maternal newborn and child health services at primary, secondary and tertiary levels.

These pathways in turn, contribute to CARE Pakistan's wider mission to empower marginalized women in Pakistan, through engagement with partners and civil society.

ADVOCATING FOR IMPROVED SRH/MNH POLICY & PRACTICE FOR ADOLESCENT GIRLS & YOUNG MOTHERS

Adolescents and youth make up 60% of Pakistan's total population. However, Research on adolescents is still a relatively new concept in Pakistan. Sexuality among adolescents is under-researched and unexplored, primarily due to social taboos restricting open discussion of sexuality particularly amongst unmarried youth.

With the funding through Research and Advocacy Fund (RAF), CARE International in Pakistan (CIP) and its implementing partner Rahnuma – Family Planning Association of Pakistan (FPAP) undertook a countrywide project titled "Advocating for Improved MNH and SRH Policy and Practice for Adolescent Girls and Young Mothers (AIMS)", to highlight the barriers and underlying factors impeding the poor and marginalized adolescent girls and young mothers' access to MNH and SRH services, and advocate to policy makers and key duty bearers for policy

change which would improve MNH and SRH outcomes for poor and marginalized and adolescent girls and young mothers.

A project of 14 months duration initially that extended to 16 months from February 2012 to May 2013. The project was implemented at national, provincial (Punjab, Sindh, KP, Baluchistan) and district (Mazaffergarh, Badin, Mardan and Quetta) level. It included advocacy with national and provincial policymakers, Government departments, CSOs, community leaders and media representatives.

The project encompassed a rigorous approach of evidence generation, collection, followed by Evidence based advocacy. A series of consultative workshops preceded by rigorous lobbying at district and provincial levels were held aiming at sensitizing stakeholders, making them aware of the MNH & SRH issues of AGYMs, mustering their support for filling policy and implementation gaps in this regard. Amid multiple challenges e.g. fragile security situation in targeted districts/provinces AIMS managed to execute advocacy campaign as planned, achieving almost all the intended objectives and went beyond to achieve the results not initially part of project's planned output and goal.

The major contribution of the project in mainstreaming of MNH & SRHR issues of adolescent girls and young mothers in public policy and practices are; sensitization of communities, recognition of MNH & SRH as key issues of youth by stakeholders, highlighting importance of integration and coordination among stakeholders for result oriented efforts , mustering wider support from all relevant sects and creating a resource in the form of potential allies for advocacy on MNH & SRH issues as a way forward. The formulation and tabling of Provincial Resolution on SRH in 3 provincial assemblies of Pakistan (2012) with subsequent passing in Khyber Pakhtunkhwa (KPK) Assembly in 2013 is the result of relentless and effective policy advocacy with very pertinent stakeholders.

The present report is developed to document the planning, execution, modification, implementation processes of the project with a view to document strengths of the approach undertaken, lessons learned and based on project contribution a charting of future potential and way-forward recommendation.

3

KEY ACHIEVEMENTS

Resolution for improved MNH and SRH policy and practice for adolescent girls and young mothers in Pakistan

1. Departments of Health and Population Welfare, Education (Literacy), Women Development, Youth and Social Welfare must include adolescents as a specific target group in all of their plans and programs with due attention to their sexual and reproductive health
2. Re-define job descriptions of para-medical health workers such as LHWs, LHV, CMWs, FWWs and nutrition supervisors to ensure adolescent girls and young mothers are reflected in their target populations and M&E tools
3. Sexual reproductive health and mother neonatal health needs of adolescents and young mothers be made a compulsory part of the training curriculum of para-medical health workers.

officials, community leaders, civil society and media representatives, through a structured process of meetings, workshops and consultations.

This strategy resulted in a major breakthrough in November 2012, when sixteen parliamentarians from across the target provinces of Khyber Pakhtunkhwa (KP), Punjab, Balochistan and Sindh, pledged their support for the inclusion of sexual and reproductive health needs in provincial policies. Specifically, this National Parliamentary Caucus supported a resolution to include adolescent girls and young mothers as a target group for community health workers, to ensure that their reproductive and sexual health needs would be addressed. With support from CARE and FPAP, media networks were established in each province to push for the resolution and raise awareness regarding the sexual and reproductive health needs of AGYM.

This resolution was presented to the provincial parliamentarians for bridging the policy gaps regarding MNH and SRH of adolescent girls and young mothers. The resolution was successfully tabled in three out of the four target provinces. Because of strong lobbying and follow-up with the parliamentarians, the resolution has been unanimously passed by the KPK assembly in January 2013.

This represents a significant achievement for addressing the reproductive and sexual health needs of AGYM in Pakistan,

Through rigorous advocacy efforts backed by hands on evidence explored through a robust research, AIMS project yielded significant outputs to some extent even beyond expectations. Below is the summary of major contribution of the project in terms of mainstreaming MNH & SRHR issues of Adolescent Young Girls and Mothers (AGYM).

Resolution for Improved MNH/ SRH Policy for AGYM – Passed by Khyber Pakhtunkhwa (KPK) Assembly

CARE and FPAP used evidence from the project's research to design a targeted advocacy strategy and to engage with key stakeholders including provincial parliamentarians, district

AIMS project: Time line and milestones

- Feb 2012: Project agreement signed between CARE Pakistan and RAF (Research & Advocacy Fund)
- May - XX: Empirical research & stakeholder analysis conducted
- May-June 2012: Development of advocacy materials and strategy
- July-Oct 2012: Sensitization meetings and consultation with 630 stakeholders (1st Round)
- October 2012: Development of Resolution re MNH and SRH for adolescent girls and young mothers
- Nov 2012: Resolution is tabled in KPK province
- Nov 2012 Resolution is tabled in Punjab province
- Nov 2012: Resolution is tabled in Balochistan province
- Nov 2012: Establishment of National Parliamentary Caucus for SRH & MNH policy and programs for adolescent girls and young mothers
- Dec 2012- Jan 2013: Sensitization meetings and consultation with 1374 stakeholders (2nd Round)
- Dec 2012: Media networks established in each province to support resolution
- Jan 2013: KPK provincial assembly passes resolution
- Feb 2013: Lobbying with stakeholders
- Mar, Apr 2013: Way-Forward consultations take place in 4 provincial capitals

and sets a strong precedent for other provinces to bridge similar gaps in their policies. In Punjab assembly the resolution was tabled and marked by the speaker to the Parliamentary Education Committee for further processing, while in Balochistan, the resolution has been marked to the Health Department for implementation. In Sindh, the deputy speaker Sindh assembly(2013) has promised to table the resolution and the health department in district Badin (AIMS project's target district) has started the recommended implementation by advising the paramedical staff to cater the SRH and MNH needs of adolescent girls and young mothers.

Moreover, the parliamentarians from different political parties i.e. PML-Q, JUI-F, JI, PPP, MQM, PML-N, BNP, have assured to advocate for the inclusion of adolescent SRH & MNH in the manifestos of their respective parties.

These land mark achievements became possible because of the collaborative efforts of Rahnuma -FPAP and CARE International in Pakistan

Bringing into Focus: SRH/MNH needs of Underserved and invisible Marginalized Adolescent Girls & Young Mothers

AIMS project, through rigorous lobbying meetings and consultative meetings with key stakeholders of MNH & SRH issues of AGYM has brought about a substantial enhancement in awareness level of the issues among

relevant audience. During follow up stages of the advocacy campaign audience were more informed and enthusiastic for playing their role in addressing the needs of youth particularly Adolescent Girls and Young Mothers, at their respective levels.

MNH generally and SRH specifically was not recognized as an important issue of youth population, among targeted audience. As reflected in activities matrix above, advocacy activities undertaken through project have brought about substantial enhancement of acknowledgement of their responsibilities for improving MNH and SRH status of youth, both at policy and implementation level among various stakeholders. Government functionaries belonging to various line departments and parliamentarians were not aware of their role required for identifying and addressing MNH & SRH issues of AGYM, considering that "others" might be taking care of these but advocacy campaign undertaken through AIMS project, backed by hands on evidence, has brought their expected roles in limelight. Similarly parliamentarians started acknowledging the policy gaps for securing MNH & SRH rights of youth and acknowledged their expected role in this regard.

SRH/MNH Key Resource Material Development

The project has contributed to the available knowledge and resources on SRH/MNH situation in Pakistan by developing research-based resource material and their dissemination. Such information regarding the particularly under-

researched age bracket is crucial for understanding of stakeholders. Important contribution of the project includes;

1. Secondary Data Review (2001-2012) – SRH/ MNH of AGYM
2. Public Policy Review – SRH/ MNH Policies for AGYM
3. Stakeholder analysis in SRH/MNH policy intervention in Pakistan
4. Field Research – SRH/MNH Needs of AGYM, Services and barriers to access of services
5. Adolescent SRH/MNH Policy briefing paper

anti-women practices and acid throwing. This potentially contributed to a receptive environment for further women-focused policy changes.

- *Need:* Improving the reproductive and sexual health of adolescents and young mothers was easily recognized as a critical and urgent need by stakeholders in Pakistan
- CARE Pakistan's strategic partnership with FPAP, a long-established local organization with a strong track record in the area of reproductive and sexual health enabled it to gain access to key



Enabling Factors for CIP to undertake AIMS project

A number of factors made it possible for CARE Pakistan to undertake this advocacy work. These include:

- *Devolution:* The introduction of devolution in 2010, which shifted responsibility for managing health services from federal authorities to Pakistan's provinces, offered a window of opportunity for reviewing old policies and formulating new ones.
- *Political context:* The current discourse on gender-based violence in Pakistan has recently resulted in several important pieces of legislation to protect women from sexual harassment at the workplace,

stakeholders.

Summary of Key Achievements

The AIMS project has contributed to a number of important achievements in the area of reproductive and sexual health for girls and young mothers in Pakistan. These include:

- The development of robust, evidence based research in the areas of sexual and reproductive health that can be used as a basis for advocating for changes to existing policies for AGYM
- The establishment of a National Parliamentary Caucus made up of 16 provincial parliamentarians across the country who have pledged to bridge



Consultative Workshop in government officials in Badin

gaps on policies around sexual and reproductive health needs of AGYM

- The creation of a practical, easily implemented resolution to include adolescent girls and young mothers as target group for community health workers, which has been successfully tabled in three out of four of the provinces and recently passed in KP province. This has could have huge impact for AGYM in these areas, who will now receive pertinent and potentially lifesaving health information that was unavailable to them before, enabling them to make more informed choices to protect themselves. Moreover it sets an important precedent for the development of similar policies in other provinces in Pakistan.

The AIMS project has also contributed positively to the development of CARE Pakistan's long-term advocacy work by:

- Generating learning to inform strategies for designing future advocacy initiatives and targeting policy makers, particularly on health issues. CARE Pakistan now has a clear understanding of key gaps in the governance of provincial health services, which will help them to develop targeted advocacy campaigns.
- Developing relationships with key stakeholders that may be useful for further advocacy work in sexual and reproductive health and other areas.
- Providing CARE Pakistan with increased credibility,

profile and confidence in the area of evidence based policy advocacy, which will help them to enlarge the scope of future advocacy work.

Key Contributing Factors

- The presentation of solid evidence revealing that 'young women fall completely through the policy gap and remain invisible' with regards to reproductive and sexual health services, provided a compelling motivation for stakeholders to engage in the issue.
- The ability of the project to capitalize on the enthusiasm and support of provincial parliamentarians. When their response to initial advocacy efforts was, 'Tell us what you want us to do! Where does the policy need to be changed,' the project team was able to come up with a very practical and concrete policy action that parliamentarians could take to their provincial assemblies.



Discussion during the consultation workshop with media in Peshawar



Partnership

CIP's selection of Rahnuma FPAP as the implementing partner has been the real strength in successful implementation the project. R-FPAP is one of the largest and pioneering organizations working in the field of Reproductive Health in Pakistan. Not only the project benefitted from the knowledge base of FPAP but also advocacy history and existing linkages with high level stakeholders of FPAP helped AIMS project hugely. Previous work, worth, value, relations and creditability of R-FPAP is one of the primary contributing factors.

Project Design:

The project is well conceptualized with robust approach to combine research and advocacy while keeping key smart objectives.

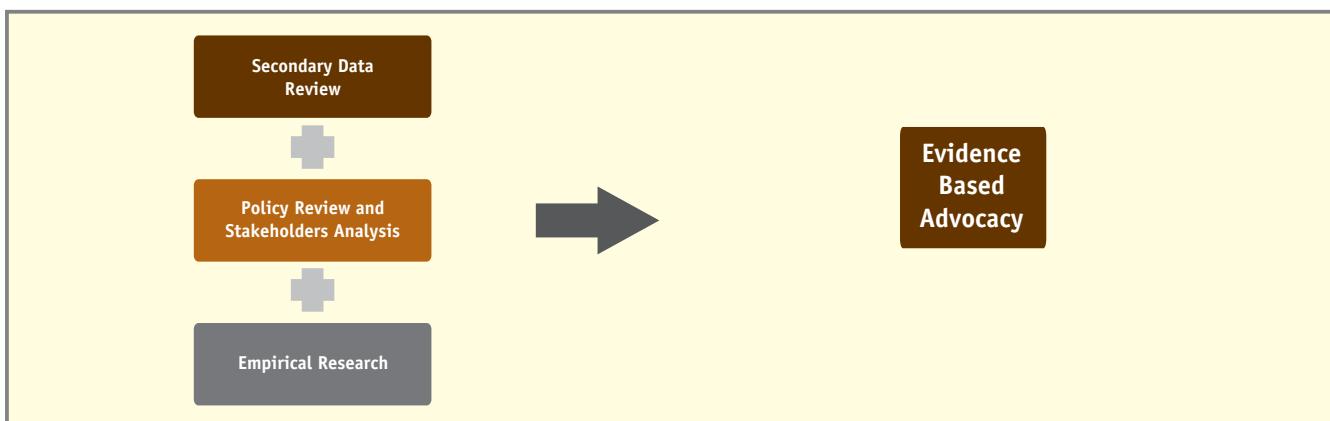
To develop a resource material highlighting status and needs of marginalize women by field research which is to be used for policy advocacy

To inform Civil Society Organizations (CSOs , media and other stakeholders on barriers, underlying factors and gaps impeding adolescent girls and young mothers' MNH & SRH needs

To advocate for inclusion of the specific MNH and SRH needs of adolescent girls and young mothers at provincial and national policy level

Target audience for advocacy campaign have been selected with great care to streamline efforts and concentrate energy

FIGURE 1: PROJECT DESIGN



to pertinent and influential powerful stakeholders alone

- a. Provincial departments of health, education, women's development, community development departments, and Policy Advisory bodies
- b. Parliamentarians – provincial and national
- c. Health related think tanks, research organizations and Civil society organizations
- d. Media personnel – provincial and national
- e. District health, education, community development departments etc
- f. Community leaders/elders – religious and tribal leaders –district level
- g. National level stakeholders – Government, CSOs, INGOs, donors etc

Advocacy Strategy

A robust advocacy strategy was designed for achievement of expected results within given timeframe by experienced professionals at CARE and FPAP with input from CARE-UK specialized personnel. Advocacy campaign was planned for Federal and four provincial levels i.e. KPK, Baluchistan, Sindh and Punjab. As agreed with CIP, R-FPAP's intervention districts were identified for focused advocacy campaigns at gross root levels. Out of all intervention districts, one's having CARE and its partner R-FPAP's strong presence i.e. Mazaffergarh (Punjab), Badin (Sindh), Mardan (KPK) and Quetta (Baluchistan) were identified as target districts. Professionals competent in advocacy work were engaged to strengthen the advocacy effectiveness.

After getting project structure established and essential planning and first round of sensitization sessions, **detailed policy improvement strategic discussion** took place keeping in view the limitation of time and resource. The timely decision of moving a resolution was taken with drafting of resolution. *The Pivotal Point in policy advocacy was the Resolution Drafting and presenting to stakeholders and parliamentarians.*

Networking & Coordination

Once the resolution was tabled, enhanced lobbying and coordination efforts were put in to effectively back up and strengthen the resolution resultant discussion in

parliament. One effective approach undertaken was to **streamline and group support solicited from different stakeholders**. Project streamlined and disciplined the support by making logically oriented groups and caucuses. These proved to be instrumental in collective lobbying and multi-sectoral coordinated advocacy. Structured meetings with uniform agenda were organized at all levels. These specialized stakeholder groups indentified and formulated include;

- Working Group of District Level Governmental Line Department
- Working Group of Provincial Level Governmental Line Department
- Provincial Media Chapters
- Provincial parliamentarians' Caucus



Consultative workshop with paralemtarians, govt deparments and CSOs

5

KEY LEARNING

Whole process of this research and advocacy project yielded tremendous learning for future course of action for promoting MNC & RH of AGYM through an integrated process of sensitizing communities, influencing key decision makers for coming up with supportive legislation and effective implementation.

Below are key lessons learnt during this whole process of

research and advocacy ;

Communities in Pakistan are very much vibrant and open for discussing their health and other social issues. The only issue is that they do not find a supportive environment to express their views.

Although there are some social and cultural barriers in discussing maternal, newborn health particularly sexual and reproductive health issues but whenever people are offered appropriate environment to share their issues and propose locally feasible solutions, they do it comfortably.

Formerly Maternal and Newborn Health (MNH) has not been at the center stage of focus by policy makers at different levels but through rapidly outreaching media and vibrant civil society backed up by sustained research and advocacy efforts of social development actors, this issue has now come to the forefront at key decision maker's levels.

Acceptance of MNH as priority issue at policy levels provides advocates and researchers a classical window to build upon for taking up Sexual Reproductive Health (SRH) issues of youth particularly Adolescent Girls and Young Mothers (AGYM) with key stakeholders particularly policy makers as it is not too tricky to substantiate close correlation between both (MNH and SRH).

It has been evident through this process that various key stakeholders of MNH & SRH are willing to accept their responsibilities for ensuring a supportive environment for youth but no formal mechanism exists for integrating efforts done by each player for creating a real change or larger impact. This situation implies greater responsibilities on civil society organizations, academia's and researchers to forge sustained partnerships mainly aiming at integrating efforts at various levels through an informed and robust coordination mechanism to bring about tangible improvement in MNH and SRH status of young population and eventually channelizing their energies in the development process.

There is good acceptance and receptivity by the parliamentarians to the law making/ policies centered on development and should be explored by CSO. Enabling evidence base generation and technical support speeds the process considerably.

6 ISSUES AND CHALLENGES

AIMS project brought about targeted outputs amid marvelous pre existing or in process challenges and issues. Where issues and challenges were overcome through robust mitigation strategy, there have been certain areas where project really struggled in achieving its key objectives.

1. Timing of the project was a bit tricky in the sense that targeted stakeholders were struck in their routine activities as the project life duration was in fact the last year of current government and assemblies. Parliamentarians were hectically involved either in back to back sessions planned for completion of designated number of parliamentary events in last year, calendar. Similarly District Governments were overwhelmingly involved in either execution or completion of development projects financed through parliamentarians in last year of assembly. In this scenario, project at times suffered enormously in setting dates for lobbying meetings and consultation workshops as per work plan.
2. With new government about to take over (May 2013), a renewed approach will be required to even reach the momentum previously gained by project
3. Security situation remained extremely fragile during the project life particularly in Khyber Pakhtoonkhwa, Baluchistan and Sindh province. Multiple advocacy events have to be postponed due to some sudden security issue e.g. bomb blasts etc. in the cities where consultative workshop(s) were planned. Although project finally managed to organize events some days after the security incident but had to struggle enormously for making sure participation of all the intended audience due to prevailing security concerns/threats particularly in KPK, Baluchistan and Sindh.

4. Devolution. Although essentially an opportunity, yet working with provincial level government is new to CARE, and it may take some time to develop effective advocacy strategies, build relationships with the relevant stakeholders and understand the governance set-up in different provinces which are still struggling at levels post-devolution.
5. Political instability and insecurity create challenges for the implementation of all CARE Pakistan projects, particularly high-profile advocacy campaigns.
6. Traditional and cultural factors can make it challenging to advocate on 'sensitive' issues related to women's empowerment, especially in conservative areas where gender inequality is entrenched.

7 **WAY FORWARD**

From way forward consultative session held by the project with stakeholders it became obvious that all levels of stakeholders accept that the current SRH and MNH situation of AGYM is untenable and needs to be addressed. Interventions are indicated in two broad areas: firstly, fulfilling the need for accurate and adequate knowledge about sexual and reproductive health and rights; and secondly, ensuring that the health system delivers the necessary SRH and MNH services to AGYM. The following future areas for action emerge:

- The education department should incorporate necessary information and life skills training components concerning sexual and reproductive health and rights in secondary school and college curricula. The information added should respond to knowledge gaps observed among both men and women. This measure should be supplemented with teacher training to ensure that the subject is taught with both clarity and sensitivity. To avoid

controversy and pave the way for acceptance and behavioral change, religious leaders should be consulted to ensure that the messages are in accordance with Islamic teachings; pertinent verses from the Quran should be quoted in support of recommendations.

- A long-term mass dissemination campaign should be conducted with the help of the media, especially television, to educate the public, particularly in rural areas, regarding practices that undermine SRH and MNH, especially of AGYM, such as early marriages, failure to receive antenatal care, lack of birth spacing, etc. The media should promote healthy and equitable practices, with due reference to cultural and religious sensitivities. Again, religious leaders can be engaged to ensure that the practices promoted are in accordance with Islamic teachings. Men should be encouraged to play a proactive role in safeguarding the health of AGYM in their families.
- The SRH and MNH needs of AGYM should be systematically incorporated in all existing major health programs in the country, such as the CMW program. The priority should be reflected in the programs' PC-1s, budgets, operational targets and plans, etc. At a broader level, concerted effort should be made to improve health policy implementation by putting in place sound mechanisms for administration, monitoring, inter-department coordination and vertical integration from national to district level.
- The SRH and MNH needs of AGYM should be made a declared priority and an integrated part of the existing health policy framework. Gaps in the framework should be filled through new or modified policies. To ensure long-term continuity, policy development should be undertaken with broad-based participation of all stakeholders, including elected representatives, government functionaries, health and development experts, civil society organizations, religious leaders, educationists, and representatives of major political parties.

ANNEXURES

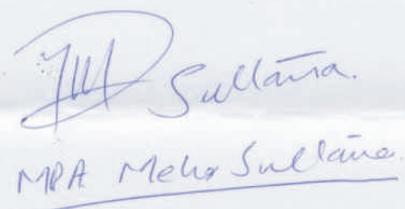
Annexure I: Resolutions Presented in KPK, Sindh and Punjab Provincial Assemblies

KPK

قرارداد

یہ اسمبلی صوبائی حکومت سے اس امر کی سفارش کرتی ہے کہ ملکہ صحت، ملکہ بہبود آبادی، ملکہ تعلیم، ملکہ سوشل ویلفر اور ملکہ منصوبہ بنندی اور ترقی اپنے تولیدی اور جنسی صحت کے تمام منصوبوں اور پروگراموں میں adolescent کو ایک خاص نارگٹ گروپ کی طرح توجہ دے اور شامل کریں۔ اور تمام پیرامیڈ یکل ورکرز جس میں LHWs, LHV, CMWs, FWWs شامل ہیں، کے کام میں adolescents کو شامل کریں۔

جنسی تولیدی صحت اور young adolescent کے لئے ضروری ہے کہ meternal neonatal health اور mothers سے متعلق معلومات کو بھی پیرامیڈ یکل ہیلتھ ورکرز کی ٹریننگ curriculum میں شامل کیا جائے۔



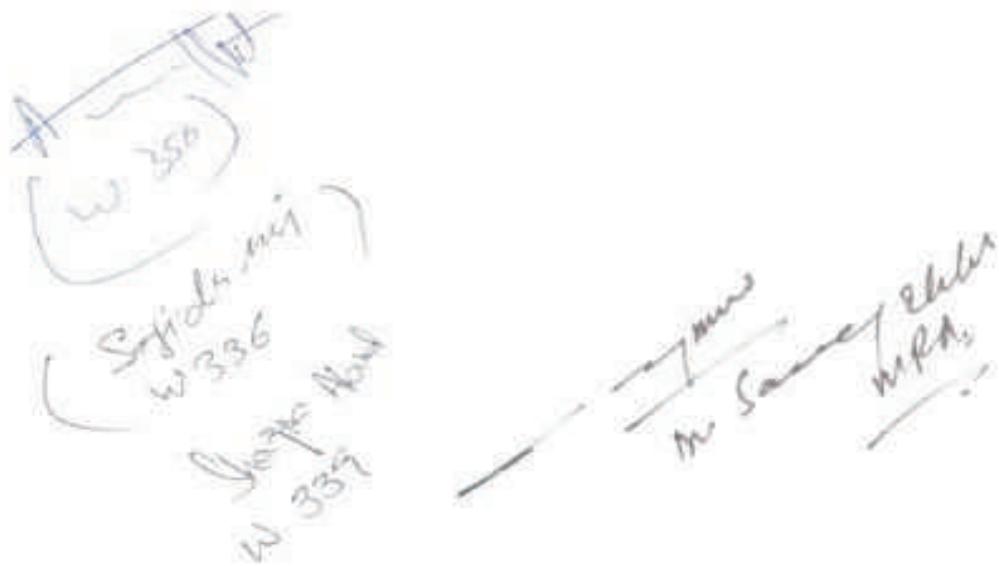
Meher Sultana
MPA Meher Sultana

Punjab

Advocating for Improved MNH and SRH Policy and Practice for Adolescent Girls and Young Mothers (AIMS) Project

What can Parliamentarians do before the current assembly's term ends?

- Draft Resolution
 - Departments of Health and Population Welfare, Education(Literacy), Women Development, Youth and Social Welfare must include adolescent as a specific target group in all their plans and programmes with due attention to their sexual and reproductive health.
 - Re-define job descriptions of para-medical health workers viz. LHWs, LHV, CMWs, FWWs and Nutrition Supervisor to ensure adolescent girls and young mothers are reflected in their target populations and M&E tools.
 - Sexual Reproductive Health and Maternal Neonatal Health needs of adolescents and young mothers be made a compulsory part of the training curriculum of para-medical health workers.



Baluchistan:

Resolution for Advocating for Improved MNH and SRH Policy and Practice for Adolescent Girls and Young Mothers (AIMS) Project

- Departments of Health and Population Welfare, Education(Literacy), Women Development, Youth and Social Welfare must include adolescent as a specific target group in all their plans and programmes with due attention to their sexual and reproductive health.
- Re-define job descriptions of para-medical health workers viz. LHWs, LHV, CMWs, FWWs and Nutrition Supervisor to ensure adolescent girls and young mothers are reflected in their target populations and M&E tools.
- Sexual Reproductive Health and Maternal Neonatal Health needs of adolescents and young mothers be made a compulsory part of the training curriculum of para-medical health workers.

Presented and Supported By:

1. Ms. Nasreen Khatran
2. Ms. Shahida Rauf
3. Ms. Zarena Zehari
4. Ms. Sobia Kiran
5. Mr. Ghulam Ali Jan

Nasreen
Shahida Rauf
Zarena
Sobia Kiran
Ghulam Ali Jan

Annexure II: KPK Assembly Proceedings

قرارداد نمبر 808

میجانب جناب عہدہ انتظامیان صاحب، رکن صوبائی اسمبلی فیری کا تنوخوا
یہ اسمبلی صوبائی حکومت سے مفارقہ کرتی ہے کہ چونکہ ضلع و سنجان کے لوگ مسلم ہیں اور اسلامی منصاری
کو پسند کرتے ہیں۔
لہذا حکومت والوں کے مقام پر بیک آف فیری برائی کی مذکوری کے لئے تمام ضروری اقدامات کرے۔

قرارداد نمبر 846

میجانب ملک بادشاہ صاحب، رکن صوبائی اسمبلی فیری کا تنوخوا

چونکہ چکر رہا تھیں کہ اور انکرام ہوئے سڑکیں جو کہ نیٹلیں ہیں۔ اقماری کے رائہ کار میں ہے کھنڈرات میں تبدیل
ہو چکے ہیں۔ جس سے لوگوں کو آمد و رفت میں کافی مختفات درپیش ہوئے کے ساتھ ان کا وقت اور چینی بھی ہائی ہو رہے ہیں۔
لہذا یہ اسمبلی صوبائی حکومت سے مفارقہ کرتی ہے کہ وہ قانونی حکومت سے اس ہر کی مفارقا ش کرے کہ چکر رہا تھیں کہ
اور انگریز سڑکوں کی تعمیر و مرمت فوری طور پر شروع کرے چکر لوگوں کو آمد و رفت میں آسانی ہو اور وقت کے ساتھ چینی
کا ضایع بھی بدل دے جائے۔

قرارداد نمبر 847

میجانب جناب جی سڑار شد عبد اللہ صاحب، وزیر برائے خانوں، جناب سید غلام علی شاہ، صاحب وزیر برائے صحت جناب مفتی

کلیات ائمہ صاحب، اور محترم خور سر صاحب، را اکیلن صوبائی اسمبلی فیری کا تنوخوا

چونکہ چند اعلیٰ ناظم نے ملک برطانیہ کی نمائی سے مسلمانوں کو بکھل طور پر آزادی دلانے کے بعد الگ ملک پاکستان کا قائم
مل میں آیا اور اسی بناء پر انہوں نے لارڈ ناولٹ بیٹل کو پاکستان کا گورنر جنرل بنانا ہی کو ارادتمند کیا تھا جنہوں نے اس ناولٹ
بیٹل کو اپنا گورنر جنرل بنایا۔ تم اپنے چند کی قائد اہل صلاحیتوں کو سامنہ پیش کرتے ہیں۔ جنہوں نے الگ ملک بنایا اور عظیم بدھ جمد
کی۔

لہذا یہ اسمبلی صوبائی حکومت سے مفارقا ش کرتی ہے کہ وہ قانونی حکومت سے اس ہر کی مفارقا ش کرے کہ آج یہ کوئی ناصر

قابض عظم کے علاوہ فیری پر لیعنی زبان استعمال کرنا اور ان کی قویت و شکست کو تباہ کرنا نہیں کی جس پر زور دہست کرتے ہیں۔

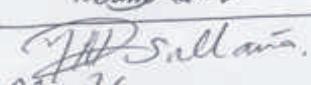
Resolution Passed by the KPK Assembly:

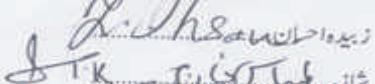
قرارداد

من جانب محترمہ مہر سلطان صاحب، رکن صوبائی آسمبلی خیبر پختونخوا

یہ آسمبلی صوبائی حکومت سے سفارش کرتی ہے کہ جنسی و تولیدی صحت اور زچ و بچہ کی صحت Maternal Health اور Adolecent بہت اہمیت رکھتی ہے۔
لہذا یہ صوبائی آسمبلی حکومت سے سفارش کرتی ہے کہ تمام پروگرامیں یکل و در کر ز کو مکمل
یہ نیگ و نصاہب میں بلوغت Adolescent اور کسن ماوس Young Mothers سے متعلق معلومات شامل کریں تاکہ ان در کر ز کو مکمل
گھاٹی ہو اور حکومت اس سلسلے میں موثر اقدامات کرے


Tobaib Aman


J. H. Sultana.


Dr. Ihsanullah Khan

زیدہ احتجان معاشرہ
شاریعہ علماء کراچی برپا

یاسین حسین سعید خان

حسی یاسین ناظم الدین

فائزہ رشید

یاسین شیام سعید

مرتضیٰ احمد

رسیم یاسین

زرقہ

توسری

ساجدہ قاسم

سجیدہ یوسف

نیماز ارشاد علی

مصوری بی بی

قافیہ

یاسین حسین

خطم خان

Annexure III: List of Parliamentarians' Caucus



01. Ms. Shazia Tehmas – MPA, Punjab
02. Ms. Samina Khawar Hyat – MPA, Punjab
03. Ms. Amna Ulfat – MPA, Punjab
04. Ms. Sajida Mir – MPA, Punjab
05. Ms. Humaira Awais – MPA, Punjab
06. Ms. Shazia Abid – MPA, Punjab
07. Dr. Faiza Rasheed – MPA, KP
08. Ms. Mussarat Shafi – MPA, KP
09. Ms. Zubaida Ihsan – MPA, KP
10. Ms. Uzma Khan – MPA, KP
11. Ms. Mehr Sultana – MPA, KP
12. Ms. Zarqa Bibi – MPA, KP
13. Ms. Yasmeen Zia – MPA, KP
14. Mr. Ghulam Jan – MPA, Balochistan
15. Ms. Sobia Kiran Kibzai – MPA, Balochistan
16. Ms. Shehla Raza – MPA, Sindh

Annexure IV: List of Provincial Media Chapters

Provincial Chapter	Print Media	Electronic Media
Punjab	Daily Jang	C-42
	Daily Ausaf	Royal TV
	Waqt	Waqt TV
	Daily Express	Channel 5
	Daily Awaz	ATV
	Inqalab	FM-100
	Daily Nawa-e-Waqt	FM 103
	Dunya Magazine	CNB TV
	Daily Samma	Wasabi TV
	Daily Nai Baat	F.M104 ARJ PU
	Janah Magazine	FM.96.6
	Khabrain magazine	
	Daily Khabrain	
	Apna News	
	Leaders Inn magazine	
Khyber Pakhtunkhwa	Daily Nawa-e-Waqt	Pakhtunkhwa Radio
	Aaj Subha	Pact Radio
	Daily Nai Baat	DAWN News
	Daily Pakistan	ATV
	The Frontier Post	AAJ TV
	The Express Tribune	
	Express News	
	Mashriq	
	Daily Ausaf	
	Daily Jang	
	Daily Aaj	
	Daily Lead Pakistan	
	Pakistan Observer	
	Intermediate online	
	PPI News Agency	
	NNI News Agency	

Khyber Pakhtunkhwa

Khyber News

Associated Press of Pakistan(APP)

Peshawar Link

Daily Business Recorder

Statesman

Balochistan Chapter

WAQT News

Radio Pakistan Quetta

Daily Balochistan News

DUNYA TV

Daily Express

APNA

Daily Intakhab Quetta

AAJ TV

Daily Zamana

KTN News

Balochistan Time

Express TV

Online

Vish TV

Daily Qudrat

News One

Daily Awam

Daily Dunya

Sindh Chapter

Daily Koshish

Pakistan Television

Daily Wadi-e-Mehran

Mehran TV

National Press Club Karachi

KTN News

Daily Kawish

Daily Awami Awaz

Daily Nai Baat



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