FIGHTING the Stigma through Champions: Addressing UNSAFE ABORTION in Pakistan

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ACRONYMS

BHU	Basic Health Unit
CBOs	Community Based Organizations
CNIC	Computerized National Identification Card
D&C	Dilation and Curettage
FGDs	Focus Group Discussion
LHV	Lady Health Visitor
LHW	Lady Health Worker
MMR	Maternal Mortality Ratio
PAC	Post Abortion Care
PRA	Participatory Rural Appraisal
RHU	Rural Health Centre
SG	Shirkat Gah- Women's Resource Centre
SP	Service Providers
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
SYCOP	Society for Youth and Council of Patriots
TAC	Technical Advisory Committee
UC	Union Council
VCAT	Value Clarification and Attitudinal Transformation
WHO	World Health Organization

GLOSSARY

Biradari	Extended Family
Dai	Traditional Birth Attendant
Dum	A special prayer said by a holy person, which isbelieved to have a healing effect
Hakeem	A medical practitioner using traditional curative remedies
Molvi	Religious leader
Shalwar	Baggy trouser
Waqfa	Spacing between children

PROJECT SUMMARY

Abortion is a word clouded by stigma and prejudice in Pakistan. Hospital based data (2013) show that 700,000 women in Pakistan had post abortion complications, but Shirkat Gah-Women's Resource Centre's research and experience indicates that most abortions take place in clandestine settings and this data is just the tip of the iceberg. It has been documented that women often resort to unsafe abortion because they are denied reproductive choices and family planning services and commodities.

In order to reduce the stigma attached to accessing and providing safe abortion services, SG proposed to undertake a two-year advocacy initiative that was focused on awareness raising, helping women claim sexual and reproductive health rights (SRHR)and value clarification of local service providers. Following a thorough situational analysis and mapping of services in five selected districts, quality and confidential referral pathways were established to facilitate women to claim their right to safe abortion and other SRHR services. Following this, local level advocacy campaigns were initiated and the capacity of women built as SRHR champions to promote SRHR and mobilize support to end the stigma associated with abortion. The project also engaged with male community members to garner support for the women claiming their rights. The said project started from January 1, 2014 and ended December 31, 2015.

The project had a three pronged strategy: to collect evidence for designing advocacy initiatives and mapping safe services; to facilitate women in accessing safe services by creating awareness and recognition among women and girls regarding their sexual and reproductive rights, (quality referral pathways and service provider sensitization); and to initiate a community-based campaign to address unsafe abortion (SRHR awareness raising, developing champions from amongst the community and service providers).

PROFILE OF PROJECT IMPLEMENTING SITES

The Project was implemented in 5 districts acrossthree provinces in Pakistan:

- Sindh: DistrictsShikarpur, Shahdadkot and Karachi
- Balochistan: District Jafferabad
- Punjab: District Muzaffergarh

Shikarpur District Profile

Shikarpur is in the North-West of Sindh and has a population of 1,201,979 people. Administratively, the district comprises 4 Tehsils and 50 union councils. In terms of health facilities, it has 35 Basic Health Units (BHUs), 7 rural health centers (RHC), 1 Taluka Hospital (TH) and 1 district hospital (DHQ).

Village Sehta Shareefis located in Shikarpur. It can be categorized as a medium-sized village with 400-450 households. The majority of the population is engaged in agriculture. There are three main castes residing in the village namely Soomrah, Sehta and Syed. The dominant population belongs to the Sehta caste.

Sehta Shareef has electricity, one government primary school for girls and a primary school for boys, two Lady Health Workers (LHWs), two Traditional Birth Attendants (TBAs) (one of whomis 80 years old and retired), and a private clinic. The nearest BHU is mainly accessed by foot and only provides primary health care, normal delivery, and family planning services. In case of complications, patients are referred to the district hospital. Those who can afford to go to the private clinics often go there for health care services. The women of the village stitch and sew as source of income and assist their husbands in farming.

Shahdadkot District Profile

Shahdadkot is located in the North-Western region of Sindh. It has a population of 1,182,554 people (urban 18% and rural 82%). The average household size is 6 to 7 persons and the average life expectancy is 65 years. There are 28 BHUs, 4 RHCs, 3 TH and 1 DHQ in the district. Services are heavily concentrated in Shahdadkot city itself, leaving the tehsils (sub-districts) disproportionately underdeveloped.

Consequently, women face greater problems in accessing health facilities due to distance, lack of transportation, and need to seek permission from their family members before travelling the distance. In most cases, they need an escort to accompany them to health facilities.

Moach Goth Karachi District Profile

MoachGoth is one of the oldest slum areas in Karachi city. It was populated in 1803 with a small number of people. Later, between 1948 and 1952,it became the residence of a Hindu Merchant, Machh Mal who worked for the development of the area. Initially the name of the area was 'Machh', but over the course of time it became Moach. It is situated in Union Council Gabo Patt on the left side of Hub River Road (R.C.D Highway also referred as N-25 Highway) & Northern by-pass in UC-8 Gabo Patt, Keamari Town, and Karachi; with a total population of about 90,000. Moach Goth has one private hospital (Murshad Hospital), which is unaffordable for local community. It also has eleven private clinics and one BHU that has been non-functional for many years. In terms of human resources, there are 6 LHWsand 8 untrained TBAs.

Jaffarabad District Profile

Jaffarabad located in Balochistan, consists of 4 Tehsils and 46 Union Councils and has a population of 725,000 people. There are fewer schools for girls than boys and the pupil to teacher ratio is 18:1 for males, as compared to 93:1 for females. Health services are severely lacking: there are 28 primary health care facilities (BHUs) but only three tertiary health facilities (one DHQ and two THQs). There are however, 295 LHWs but only sixteen Lady Health Visitors (LHVs). It is worth mentioning that Balochistan has the highest Maternal Mortality Ratio (MMR) compared with the other four provinces of over 700 per 100,000 live births. This is also more than double the national average.

Muzaffargarh District Profile

Muzaffargarh is located in south Punjab and is a relatively underdeveloped region of an otherwise affluent province. From a population of 342,000, only twenty percent deliveriestake place with a skilled birth attendant present with the majority of the population living in the lowest wealth index quintile. Health facilities include a DHQ (District level tertiary care), three THQs (sub district health facility), twelve RHCs and seventy-one BHUs.

BASELINE RESEARCH METHODOLOGY:

The principal objectives of the study were to estimate the causes and consequences of spontaneous and induced abortion. In order to better understand women's knowledge and beliefs related to miscarriages and abortion and its impact on their mental, emotional and physical health, this study was carried out to:

- understand the community's perceptions and beliefs (religious, social, cultural and economic) regarding women's sexual and reproductive health (SRH) and the stigma associated with induced abortion;
- map SRH and abortion services in district health facilities;
- identifyobstacles to women's access to SRH and safe abortion services;
- identify religious biases, legal loopholes and attitudes of service providers (SP)in providing abortion services;
- collect data on the primary attributes of unsafe abortion.

In-depth interviews, focus group discussions (FGDs) and participatory rural appraisal(PRA) tools were undertaken to obtain information. Specific questions were asked concerning the respondent's knowledge and views about induced abortion and miscarriage as well as its treatment through traditional methods, faith healing, and various injurious methods employed at home for the termination of pregnancy and management of post-abortion complications. Additional information was collected on demographic and socioeconomic characteristics of the respondents, including measures of economic status, family composition, number of children and the extent of women's decision-making power in various domains of everyday and family life.

DATA ANALYSIS:

Despite the different geographical locations, the picture in all the three provinces was quite similar. In a patriarchal society like Pakistan, women are valued solely as wives or mothersfortheir childbearing capacity. Unfortunately, responsibility of reproduction coupled with gender inequality and discrimination harms women's health directly or indirectly throughout their lives and particularly during the gestational period. Socio-cultural constraints along with poverty and social injustice keep women ignorant of their reproductive rights and prevent them from enjoying good health and attain an identity of their own unbound by their sexual and maternal roles. Unequal relationships between husbands and wives hamper women's ability to control their own bodies, participate in decision-making regarding fertility regulation and protect themselves against unwanted pregnancies.

It is no secret that abortions are a popular method of family planning for many married women, particularlythose who live in Pakistan's countryside and rural areas where healthcare services are few and far in between. However, this controversial and relatively unsafe method of terminating unwanted pregnancies brings with it a host of complications. In fact, abortions are often performed by unskilled people in backstreet clinics under unsafe conditions, resulting in complications from potentially fatal infections.

According to thePopulation Council research dataduring the past decade, unmet need for family planning has remained high in Pakistan and gains in contraceptive prevalence havebeen small. Drawing upon data from a 2012 national study on post abortion-care complications and a methodology developed by the Guttmacher Institute for estimating abortion incidence, it was estimated that there were 2.2 million abortions in Pakistan in 2012, and the annual abortion rate was 50 per 1,000 women . A previous study estimated an abortion rate of 27 per 1,000 women in 2002. After taking into consideration the earlier study's underestimation of abortion incidence, it can be concluded that the abortion rate has likely increased substantially between 2002 and 2012. Varying contraceptive-use patterns and abortion rates are found among the three provinces, with higher abortion rates in Baluchistan and Sindh than in Punjab.

There are various international commitments which bind the State to provide accessible, affordable, acceptable and quality reproductive health services: the International Conference on Population and Development (ICPD), organized by United Nations, stipulates that all governments recognize the need to advocate the reproductive rights for all men and women to be informed and to have access to safe, effective, affordable, legal and acceptable methods of family planning of their choice. The ICPD also defined the concept of safe motherhood as, "services based on the concept of informed choice should include education in safe motherhood, prenatal care, maternal nutrition, adequate delivery assistance, referral services for pregnancy, child birth and abortion complications, post-natal care and family planning. All births should be assisted by trained persons" . The 4thWorld Conference for women in Beijing in 1995 also highlighted the same to better understand miscarriages and induced abortions. However, contrary to these international commitments the ground reality is that women are choosing induced abortion as a method to control their fertility, because of lack of awareness and unavailability of family planning services.

When women do not or cannot access family planning methods, they resort to abortions as a method of family planning and this strategy is widely used amongst women across all project sites. Women in Pakistan who are undergoing abortion are usually married, live with their husbands, and already have four or more children. Abortion to them provides an easy solution to terminate unwanted pregnancies, regulate fertility, and space births. Induced abortion is the oldest and perhaps the most widely used method of fertility control. No society has yet been able to eliminate induced abortions as an element of fertility control.

Women's reproductive health needs, nutrition and health care are widely neglected and their access to care is limited. Women are most likely to rely on traditional or other alternative services because they are cheaper, closer at hand and more familiar. Women in traditional settings may be unwilling to travel alone, or are not allowed to access health services without the approval of their husbands or other men in the family. During the duration of this two-year project it was observed that women used injurious and unsafe methods to terminate their pregnancies. These included: drinking herbal concoctions (sometimes boiled) or poison, coal; insertion of sticks or any sharp object or a nib of the feather of a hen into their vaginas to induce bleeding. Women even resorted to jumping from heights to induce bleeding, causing a miscarriage. They carried heavy loads such as buckets full of water

on the head or stomach to put pressure on the body, especially on the uterus until it would start to bleed. Other clandestine methods include keeping a swab of cotton dipped in “grease” inside the vagina, which is considered very hot and induces bleeding. Dried dates are boiled in milk and drank to induce bleeding as well. Surprisingly, some women reported that they used to take excessive number of tablets of “Paracetamol” or“ Brufen” to terminate their unwanted pregnancies. Regardless of the risk and negative impact on health, women employed these methods when faced with an unwanted pregnancy. They cited various reasons which persuaded them to take such risks, such as failure of contraception method, non-use of contraceptives due to husband’s non-cooperation or willingness, lack of knowledge about contraception, misperception regarding contraception and above all poverty as most of these women could not afford the cost associated with rearing additional children. Women who used termination of pregnancy as a method for birth spacing suffered from various problems, i.e., excessive bleeding, vaginal discharge, menstrual problems, lower abdominal pain, urinary problems, severe anemia, fever, backache, septicemia, weakness, infection and injuries to the genital organs.

Post-abortion care services are also limited, though not as restricted as abortion services. In case of a miscarriage or induced abortion and complications resulting from unsafe procedures, women seek help from local community midwives, LHWs, LHVs, lady doctors who provide them services to finish an incomplete abortion and to control bleeding. Despite complications, women are still willing to risk death by opting for unsafe clandestine procedures for aborting their unwanted pregnancies. It is evident that the relationship between the occurrence of abortion and non-use of family planning methods is very strong.

Another contributing factor leading to unsafe abortions is the stigmatization of abortion, forcing women to walk into backstreet clinics under unsafe conditions and be treated by unskilled people. Stigmatization of abortion is a strong social construct and manifested by multiple intersecting socio-cultural pathways. The study helped us understand the various factors that contribute to the manifestation and perpetuation of abortion stigma, which is increasing the number of unsafe abortions in Pakistan. The association of personhood with the fetus was the primary reason why the act of abortion or terminating a pregnancy is deemed akin to ‘murder of life’ and why the service providers are labeled ‘killers’ or ‘murderers’. Another reason which contributes to the stigmatization of abortion is the highly prevalent belief

among community members that only those women who are pregnant with an 'illegitimate' child will seek abortion. To avoid the labels of vulgarity and immorality (which are often associated with female infidelity), women who seek abortion try to keep it very discrete and private –even married women resort to induced abortion as a family planning measure. In addition to morality, there are other religious reasons behind the disdain linked with abortion. There is also the common religious belief that every soul brings its own sustenance into this world and that a child should not be killed for the fear of poverty.

The stigmatization of abortion has also made abortion services tremendously expensive and unaffordable, resulting in deep systemic and social inequalities. Responses from both community members and service providers show that private health care centers charge a huge amount for dilation and curettage (D&C), which is a most common method being practiced by service providers for the termination of pregnancy in Pakistan. Those who cannot afford to visit private clinics resort to home remedies or community midwives who do not have adequate training or resources to handle a complication.

Under Pakistan Penal Code Section 338, abortion is only permissible for saving the life of the mother or providing her necessary treatment (until the organs of the child have formed, following which only the "life" exception applies). However, "necessary treatment" has never been defined by any organ of state. It has been argued that the problem is not with the law - as no one has ever been prosecuted under it - but with service providers and their own "moral" reservations and biases. It was also observed that most of the service providers are not sufficiently informed about the abortion laws in Pakistan and they assume that they may be penalized or incarcerated for providing abortion services. The options for women who seek abortion services are reduced to inadequately- trained private service providers and quacks.

SUCCESS STORIES

1.1 District Shikarpur:

Zulekha (SRHR Champion), a 35-year-old woman from Sehta village Shikarpur and mother of ten children (seven sons and three daughters), comes from an underprivileged family that earns their living by growing crops and rearing animals. Zulekha got married at the young age of seventeen to a man who was fifteen years her senior. She was unaware about her marriage until informed by her elder sister on the day of her wedding. Apprehensive and frightened, as any young girl would be, she couldn't do anything except surrender herself to the customs and traditions which bounds girls to comply with their parents' wishes.

Zulekha delivered her first child after two years of her marriage. She always approached an untrained traditional birth attendant (TBA) (read: Dai).Fortunately for her she didn't face any life threatening complications during or after deliveries. Zulekha shared that she never used any contraception for child birth spacing as she never had the information pertaining to it. Her husband had sexual relations with her even during her menstrual cycle and post-delivery days, hence leaving her at higher risk of conceiving right after each delivery.

When she delivered her tenth child, she was suffering from serious health problem including weakness, anemia, backache, coupled with domestic issues, i.e., no help or support for the children or household chores, farming and taking care of the cattle. After delivering her tenth child she quickly got pregnant again. This is when Zulekha decided to terminate a pregnancy for the first time. She took ten tablets of "brufen", which is usually taken for body pain and inflammation. It was when she was working at the tomato fields that she experienced heavy bleeding alongside chronic abdominal pain. Zulekha ended up going to an untrained birth attendant yet again, who gave her some home-produced medicines that only increased the pain. When Zulekha could not take the pain anymore her family rushed her to the Civil Hospital Shikarpur, where she was treated by a lady doctor who charged her 5,000 rupees and advised Zulekha to take complete bed rest for 2 months. The prescribed rest, however, according to Zulekha, was highly impractical since she had a family to take care of.

She opted for the unsafe procedure for terminating her pregnancy, because she couldn't access safe services due to lack of awareness, socio-cultural stigma and taboos attached with induced abortion. She mentioned that this practice is very common among women in her community; women use unsafe techniques because once the bleeding starts they are easily and without trouble treated by trained service providers under the cover of post abortion care (PAC).

In April 2014, Zulekha came to know about SG, through her peers. She attended initial meetings and awareness sessions on SRHR of women, which covered the following: Early Age Marriage, Continuum of Quality Care (CQC), Ante-natal and Post-natal care, Safe delivery, Family Planning, Safe Abortion and PAC. She actively participated during the awareness sessions and expressed interest in volunteering as a "Champion" to shore up other women in the village to claim safe services, which she herself couldn't access due to lack of awareness. Zulekha also attended various trainings on SRHR, family planning, counseling and Value Clarification and Attitudinal Transformation (VCAT) organized by SG, which helped broaden her knowledge and skills to facilitate and connect women to access safe services for family planning and abortion.

She has informed more than twenty-five women regarding SRHR and is famously known in her community as "Badshah" (King).Women believe that she not only has knowledge on SRHR but also has the confidence to convince male community members to extend their support for women's rights in general and SRHR in particular.

She says it is an honor and a matter of pride for her to work as an SRHR champion. SG trainings not only helped improve herself-esteem and confidence but also gave her the courage and determination to resolve issues related to reproductive health. Zulekha is delighted that her volunteering has helped in bringing about a significant change in her village in such a short period of time. She has helped women in easily accessing family planning services, ante and post natal checkups and go to trained service providers for safe delivery. Zulekha believes that there is still a long way to go in terms of reproductive health and rights but is, however, content, happy and proud of her contributions.

Rehana Abdul Kareem is a 30 years old woman, living in Sehta village in Shikarpur. She has five children (four boys and one girl). Rehana helps her husband by working with him at a vegetable farm. She got married at the age of fifteen to her cousin,

as endogamy is a very common practice in her village and they strictly cannot marry out of their tribe. Rehana got pregnant six months after her marriage and delivered all her children at home. She and her husband never used any contraception during their fifteen years of marriage and consequently she went through six miscarriages, which had a profound effect on her physical and emotional health including weakness, excessive bleeding, infection, anxiety, and depression.

After ten years of marriage her husband suffered a sudden and severe heart attack, which increased Rehana's responsibilities towards household expenses. She had to work for more hours on the farm and started making embroidered traditional caps to sell for additional income. She was unable to afford the treatment expenses for her husband's illness; meanwhile she was also suffering from lower abdominal pain due to post abortion complications. Her friends suggested she use traditional herbs for abdominal massage to help relieve the pain but nothing worked and her health deteriorated.

One day her friends invited her to participate in SG's reproductive health awareness session that was organized in their community. Rehana thought it was a good opportunity to learn about her health problems and hence she excitedly joined the session, where she received detailed information about various family planning methods, their advantages, procedures, etc.

At the end of the awareness session she consulted Shakeela (working for Al-Shehbaz, a local Community-based Organization (CBO) and SAAF implementing partner in the district), regarding how she can access the mentioned family planning methods. Shakeela informed her in detail about available services and also linked her with a local service provider. The very next day she went to the Gayja BHU, where she was treated by a LHV for her post abortion complications. Subsequently, she started using six-month birth spacing injections, which were being provided at the BHU free of cost.

She expressed that presently, her health has significantly improved and she feels optimistic about her life, being the only bread earner for her kids, husband and family. She understands the importance of birth control and contraception, and its positive impacts on women's life. She suggests timely birth spacing not only improves women's reproductive health but also has a positive impact on their socioeconomic life.

Rahila Bashir (SRHR Champion) is 35 years old and has ten children (4 girls and 6 boys). Her husband was a construction labourer but has been unemployed for many years time. To support her family, Rahila works on a tomato farm.

Rahila got married at the age of fifteen to a man ten years her senior. Like other women in her village, she also delivered her children at home with the support of a TBA. Even though Rahila had a little knowledge about contraception, she was unwilling to try it due to various myths and misconceptions she staunchly believed in. She believed that family planning methods caused prolonged bleeding, infertility and would bring "bad luck" to her family. In rural areas, the burden of family planning mostly falls on women as usage of contraceptive methods is almost non-existent among males.

After delivering her tenth child, Rahila quickly got pregnant again. She was not ready for this pregnancy. However, the thought of her husband's wrath if he knew she was deciding to terminate her pregnancy was extremely frightening for her and so she abandoned the idea and accepted her fate.

On her brother's wedding ceremony, while dancing Rahila experienced severe pain and heavy bleeding. She was immediately taken home and treated through home remedies including a herbal tea to stop the bleeding. A few days later, she felt normal but her fetus was aborted (spontaneous miscarriage). When her husband found out he became extremely aggressive and shouted slurs at her. He told her, "you killed our baby and Allah will never exonerate you of this heinous sin!"

Rahila since then, has attended several awareness sessions and meetings arranged by SG on SRHR and safe abortion. After her participation in the session that addressed most of her concerns pertaining to family planning, she decided to opt for it and instantly contacted SG's partner at the district level. With their referral she went to Madeji, a Taluka Hospital, where she had an implant for five years' birth spacing.

Due to Rahila's determination and active participation, she was nominated to be a SAAF champion for supporting women in accessing safe SRH services within her community. Rahila has attended several advocacy sessions and trainings that have equipped her with knowledge and skills about family planning. Rahila is now actively helping women connect to service providers that have been trained by SG. She is

also ardently promoting and advocating family planning because she believes it can save women's lives and dramatically improve maternal and child health.

District Shehdadkot:

Nooran Ali hails from Haibat Magsi Village and is 35 years old, with twelve children (five boys & seven girls). She does embroidery for traditional outfits and her daily income is approximately 200 rupees. Her husband is a driver, who earns around 6,000 rupees monthly. Nooran was forced to get married at the young age of 12 to a man 30 years her senior. At the beginning of her marriage she was terrified and used to sleep with her mother in law and didn't allow her husband to have physical relations with her, due to which, she conceived after two years of her marriage.

She delivered all her children at home with the support of a TBA. She got pregnant every year because she was not using any contraception. Two of her children were delivered in the field while she was working in the farm. She couldn't afford the services of a trained doctor because her husband's income was not enough to bear "such" (read: dreadful health issues and leucorrhea) expenses. Nooran also faced domestic violence on petty issues and her husband used to beat her especially whenever she asked him for money.

Nooran strongly believed that, family planning was a grave sin and that every child brings their own fortune and sustenance and, therefore she never used any birth control methods. In 2014, one of SG's champions, who is also a LHW, visited her home and motivated Nooran to attend an awareness session on reproductive health. She joined the session the following day and came to know about various methods of family planning. Initially, she was relatively confused about using contraception and asked various questions is-□-vis the religious aspect, health issues and other aspects of family planning. She went back home and discussed everything with her husband but he became extremely aggressive and forbade her to practice family planning. Nooran however seriously started thinking and considering various family planning related options.

After few days, she discreetly went to the local BHU and got an injection for three months' birth spacing. When her husband came to know about it, he abused her badly and stopped talking to her. Nooran discussed this issue with Zubaida (SG-Champion) and she invited her husband to the awareness session of male community members. Zubaida and Pirbhat's (SG's community based partner

organization) facilitator also talked with him personally at the end of the session and enlightened him on the benefits of birth spacing. The sessions and one-on-one communication with Nooran's husband helped in resolving matters between the husband and wife. Moreover, he is now very comfortable and open to the idea of contraceptive usage. They both believe that they can improve their life standards by preventing untimely pregnancies.

Zareena Abdul Hanif is 30 years old. She lives in Hebat Magsi village with her children (5 boys & 3 girls). She earns 200 rupees a month by making ropes at home and her husband works as a labourer on an ad hoc basis, sometimes going for month without any income. Despite the huge age difference between the couple, she is satisfied and content with her marriage life, as her husband is very kind and caring towards her.

Before attending SG's awareness sessions, she never used any contraceptive and used to continue having sexual intercourse during her menstrual and post-partum days as she was unaware about family planning methods and the many side effects of having sexual relations during the menstrual cycle.

When she came to know about the SG's awareness sessions, she was pregnant and vulnerable as her husband did not have any permanent and stable source of income and hence, unable to afford any more children. As a result she tried several home remedies i.e. "Karrah and Phakki" to terminate her two month old fetus. Fortunately, during this phase she attended a awareness raising sessions arranged by SG, where she gained information about different methods for birth spacing, consequences of unsafe abortion and intercourse during menstruation. During the session, she discussed her problem with one of SG's SRHR champions in the community who put her in contact with a trained service provider, who recommended "Misoprostol" for terminating the pregnancy. She took two doses with a time-space of four to six hours and her fetus was safely aborted. Subsequently, she also went to the service provider for follow-up and got birth control injections. Ever since then, Zareena has also gone through the process of tubal ligation. She now educates the women of her community regarding family planning, has set an example for others and believes that the awareness sessions do not only help women in making the right choices but also educate men to claim responsibility to provide a supportive environment.

Mahreen Ali is 35 years old. She has 4 children and comes from a poor family. She is 15 years younger than her husband and got married at the young age of fifteen. In the initial years of her marriage, she was treated by a local untrained birth attendant and tried several home remedies for conceiving a child but she didn't find any of them useful and hence decided to adopt her sister's daughter.

After eight years of her marriage, she conceived her first girl child and thereafter delivered four children without using any contraception. Her husband was not in favour of birth spacing and also wanted more children as she conceived their first child late by traditional standards. Her health started to deteriorate because of the lack of birth spacing and due to excessive workload and a malnourished diet.

When she delivered her fourth child, Mahreen immediately became pregnant again, but she was not mentally or physically prepared for this pregnancy. She secretly acquired some pills (Brufen) to abort her fetus. Her health condition became very critical and she went to the hospital in emergency, where she had to disclose that she had taken medicine for terminating the pregnancy. Her husband castigated her and her entire family labeled her as a "murderer or killer" as induced abortion is considered a heinous sin according religious interpretations and local traditions. This incident socially isolated her from the community and scarred her emotionally and psychologically, leaving her deeply depressed. Out of frustration and to relieve the stress, she started beating her children and animals.

Mahreen shared her feelings and guilt about her abortion with her friend who is also a SG SRHR champion. The champion consoled Mahreen and cleared all her apprehensions related to religion and invited her to attend an awareness session. She found out at the session that Islam permitted abortion up to 120 days. Although there is no actual approval of abortion in Islam, there is no strict, permanent ban on it either. In fact there are no precise guidelines/instructions with regard to the issue of abortion in Islam and it is possible if carried out as a necessary medical treatment (which include mental and psychological health as well) of a pregnant female during the initial stages of pregnancy. When Mahreen aborted her fetus she was physically unable to bear anymore children. The conversation with the SG champion and her attendance of the awareness session built her confidence and self-esteem and helped eliminate her guilt about her abortion. She expressed that the short discussion with the champion entirely changed her opinions and

feelings, which helped her to face her family and friends and also enabled her e to understand that every woman has the fundamental right to decide the number of children she wants.

District Jaffarabad:

Rasheeda Ahmed is a primary-pass 25-year-old woman. She got married at 16 years of age and has 3 children (2 sons and 1 daughter). After her marriage, she conceived her first child almost immediately. All her deliveries were normal without any complications and Irshad was diligently mindful about her visitation to the doctor for antenatal checkups, ultrasounds and the required vaccinations during her pregnancies.

She had her second child without any space and it was extremely difficult to manage two children along with household chores. After discussing it with her husband, Irshad decided to opt for a family planning method. However, there was barely any information available in their colony regarding family planning and women were hesitant to openly talk about contraception.

Initially, she took injections every two months, which led to weakness and low blood pressure. During that time when she was uncertain about continuing the administration of monthly birth control injections she attended an awareness session by SG in coordination with Nisa Development Organization (SG's local CBO partner in Jafferabad) wherein she came to know about various contraceptive methods and their advantages. She discussed these with her husband and they started using condoms, which has helped her health significantly. During these sessions, she also got to know that condoms have an expiry date and if they are used beyond that date they can break and may leak during coitus potentially leading to pregnancy. She immediately told her husband to be vigilant when purchasing condoms. Irshad considers condoms to be one of the best methods for family planning since it not only prevents an unwanted pregnancy but also prevents sexually transmitted diseases and infections. Her husband recently, asked her to opt for another method but she outright refused since she is strongly of the idea that women are not the only one responsible for family planning; she believes men should take responsibility as well and play a supportive role.

Rasheeda is now also considering the option of tubal ligation since she does not want to have any more children. She is keen to join SG activities as she finds them very helpful regarding clearing misunderstandings and misconceptions about family planning methods and other traditional practices such as early age marriages, discriminatory attitudes towards girls and prioritizing boys since they are considered to be future earners. Irshad feels strongly about these issues and emphasizes that education is key. She commits considerable time to transferring her learning to community women to help promote health-seeking behavior and improving women's access to safe services.

Haleema Aslam is a 35-year-old woman who has passed primary school (class five). She got married at the age of 20 years. Her husband was unemployed at the time of their marriage and Sarah had to start working immediately after on various vegetable farms to earn a living.

Her first pregnancy ended in a miscarriage, as she was unaware that she was pregnant. Six months after getting a D&C done, Sarah got pregnant again. Subsequently, she delivered all three of her children one after the other without practicing birth spacing. But after her third child she started taking contraceptive pills. These had an adverse effect on her health, causing chronic allergy and irregularity of menstrual cycle and so she switched to injections. Haleema also suffered infections, vomiting and weakness throughout all her pregnancies and was now physically unable to bear more kids. She considers talking about her husband's carelessness towards her as backbiting and dishonoring her family. Women are expected to refrain from discussing their maternal issues with anybody and it is obligatory for them to adjust in all circumstances without expressing themselves.

Her husband is supportive towards her participation in awareness sessions and her decision to opt for the permanent method of family planning, i.e., tubal ligation. She however, is apprehensive that she cannot afford to take mandatory bed rest after the operation since she is her family's breadwinner.

During SG's awareness sessions, Haleema was informed about the advantages of birth spacing and the different methods available. Before the sessions, she only had limited information about tubal ligation and pills both of which were not feasible for her. Sarah now gets monthly contraceptive injections free of cost at the local BHU

and this method has no adverse effects on her body. She also added that SG should organize more awareness and advocacy related sessions as the demand for family planning methods is high but availability of information is extremely limited.

Noor Bibi is a 28-year-old young woman, married to a man 15 years her senior, and has three children. She was married at the young age of 16. She was terrified before getting married because the family she was marrying into was extremely strict. She was not allowed to wear the dress of her choice (Shalwar kameez). She could only wear “Ghaggay” (Balochi Traditional Dress) and had to adjust accordingly without complaining. Noor mentions how frightened she was when she found out her brother-in-laws used to beat their wives and she did not want to go through the same experience. Unfortunately, her fate was no different and her husband used to beat her at the smallest of mistakes. She never complained to anyone regarding his behaviour except her parents but they never did anything about it.

Three months after her marriage, in a bid to support the household, Noor Bibi started working at agricultural fields, where she had to work long hours. Despite being pregnant she worked relentlessly and during the seventh month of her pregnancy she had a miscarriage. She got pregnant again within three months and regrettably again had to go through the same experience. After her second miscarriage, the doctor strictly advised her to not get pregnant again as it may cause serious health complications. Even with the service provider’s strict advice, her husband did not allow Noor to use any form of family planning as a result of which, in no time, she conceived again one after the other without space. She has now started taking birth control pills discreetly without her husband’s knowledge because she feels her health is deteriorating. Throughout all seven pregnancies, she had severe vaginal infections.

At various occasions, when her health became seriously critical, her parents took her to their home because she had been advised to be on complete bed rest. Noor had zero support from her in-laws and they would to taunt her that she was only pretending to be sick so as to not work on crops. Moreover, they continuously incited her husband for a second marriage. She shared that reading the Holy Quran really helped, “Surah Yaseen” in particular, gave her the strength to deal with such a difficult circumstances.

Noor Bibi got to know about awareness sessions organized on reproductive health by SG through her family and her mother encouraged her to attend. The sessions helped in clearing up misconceptions in the light of Islam especially when it came to abortion and family planning. With some difficulty, Noor also convinced her husband to attend these sessions and he was very impressed and taken aback by his own lack of awareness about reproductive health and rights.

Noor is now satisfied with her martial life since her husband is now more understanding and caring towards her and has also provided for her to live separately. She is, however, dejected about the various issues her community faces such as absence of clean drinking water in Firdous Colony, resulting in an increase in hepatitis cases. She herself is a victim of hepatitis-C. Noor mentions that the majority of the people in her community cannot afford her treatment which is quite expensive and the government hospital in their area (Jaffarabad) doesn't provide injections and medicines for hepatitis. Therefore, people have to go to the hospitals in Jacobabad (Sindh) for their treatments but even they have limited quota for Sindhi patients since they have recently started scrutinizing Computerized National Identification Cards (CNICs) for providing treatment and medicines to patients. She cannot avail these services as her CNIC states that she is from the province of Balochistan. She added life is passing and with each day her health is getting worse but she is optimistic about the future of her children.

District Muzaffargarh:

Naseem Rauf (SRHR Champion/Leader) is a resident of Barahminwala, a small area in Union Council MehmoodKot of Punjab. She is her parent's second child. Her mother died when she was very young. Thereafter, her father remarried and her stepmother wouldtreat her unjustly and abuse her. When she grew older, she was married off to the son of her paternal aunt. Even after getting married Naseem could not find any respite from physical and emotional abuse as her husband proved to be a violent and aggressive man who beat her at any chance he got. Apart from the physical abuse, he also tortured her emotionally and psychologically, threatening to throw her out of their home again and again, despite the fact that they had two children. Naseem fought valiantly for thirteen years to save her marriage and keep her family together, but her husband remarried and evicted her and their children from their home.

Naseem vowed to take care of herself and her children. She started farming and did manual labour for seven years to help her family. In 2011 she started visiting SG's Women Friendly Spaces (WFS) in MehmoodKot, started under the WELDD program as a safe haven for women of the area to come together and share their plight, solutions to their problems and discuss their issues in a safe environment. Slowly but surely, Naseem started her journey of self-awareness at the WFS. By attending trainings and being a part of awareness sessions, Naseem learned about her rights and responsibilities, as a woman and as a citizen of the country. Being a part of the WFS brought a positive change in Naseem and started sharing information and what she learned with other women of her community. In 2012, Naseem became the leader of Sujhal Sawera, which an indigenous name of the "Purple Women's Movement"-a movement/group of women working to create awareness about and advocate for women's rights and empowerment and actively countering culturally justified violence against women (CVAW). In 2013, she also became a SRHR champion in the project under review.

Naseem is working as an effective grassroots leader, champion and activist in her community, ensuring women are aware of their rights and that they band together to fight the injustices committed against them in the name of culture.
Naseem has come far in terms of personal development and self-awareness. From an abused child and a wronged wife, Naseem has emerged as a strong, confident woman who is aware of her rights and responsibilities and uses her knowledge and personal strength to help others. Learning from her own matrimonial issues, she continues to create awareness about the importance of the legal registration of Nikah (Islamic matrimonial contract) and the consequences of a verbal, non-registered Nikah. Additionally, she works to highlight the importance of timely access to safe reproductive health services that would help in improving maternal mortality and morbidity.

As far as Naseem's activism is concerned, she is regarded as someone who does not shy away from difficult situations. She is one of the most active and energetic leaders of the Purple Women's Movement and SRHR champions who are helping empower other women to claim their rights. She has received various trainings from SG on SRHR and legal rights. She has replicated these training in a sub-office for SG which she runs from her home. The sub-office is in one room decorated with informational posters provided by SG and other training material. Through her generosity and determination, Naseem has made a name for herself as her community's leader and champion.

Women like Naseem are a beacon of hope and immense source of inspiration for thousands of women just like her who have yet to break free of oppressive and abusive social obligations. May we have more like her among us!

Rafia Noor jahan (Champion) has been working as an LHV for the past 19 years at Mehmodkot. She selected this occupation to serve and support women in need. She provides reproductive health services, i.e., family planning, antenatal care, deliveries, postnatal care, abortion and post abortion care. She heard about SG and its work from the SG's Women Friendly Space at Mehmoodkot and became interested in joining their future activities, as it was relevant to her field of work.

Rafia has attended various awareness sessions and trainings organized by SG on SRHR, unsafe abortion advocacy, continuum of quality care, Value Clarification and Attitudinal Clarification (VCAT) and leadership trainings. As Rafia is already an LHV and engaged in the field of reproductive health, she can openly discuss induced abortion and family planning issues. She strongly favors the idea that women need to elevate their voices for their SRHR. Despite the fact that Rafia is a LHV, she admits that it has been quite tough for her to talk about such issues publicly due to the conservative traditions in the area, especially in terms of abortion. However SG's extensive trainings have helped her not only in boosting her knowledge but also her confidence.

Rafia has organized various awareness sessions as a means to enlighten her fellow community women and to motivate them to opt for family planning and reproductive health services. She also connects women to trained service providers for ante and postnatal care as well as safe abortion and post abortion services.

She highlighted that most of the women are unable to adopt family planning because of their husband's misconceptions that family planning methods may increase infertility among women. Apart from that, she believes that religious clerics further mystify the issue of family planning, creating social hurdles for women accessing services. She heard on various occasions that religious clerics, during Friday's sermons were preaching to men not to allow their women to use family planning and get vaccinations, because it's a sin and interferes in God's decisions.

Rafia believes that Islam is a very comprehensive religion and provides all necessary guidance for routine life but people are making it complicated and

misusing it by blackmailing others in the name of religion. She suggested there is a dire need of awareness raising projects for SRH of women and added that the idea of building champions is very inspiring and a long-term investment.

Salma Gafoor Ahmed (SRHR Champion) is an LHW with eighteen years' experience. She was married at the age of fourteen. Her husband is a teacher and after her marriage she was allowed to continue her education, following the completion of which, she trained to become an LHW. She mentioned that LHWs usually had to wait a long time to get permanent appointment and that she got her job confirmation in 2012.

In 2011 she started visiting SG's Women Friendly Space (Mehmoodkot) and attended several trainings on women's rights, early age marriages, domestic violence and legal rights. In 2012, she became a leader under SG's WELDD program and started mobilizing other women in her community. In 2014, she also gained information regarding SRHR and decided to join a movement for preventing unsafe abortion as a champion. As a LHW she deals with various SRH issues of women on a regular basis.

Salma narrates that formerly she was not aware about modern methods of contraception, safe abortion and post abortion care. SG's training helped her enhance her capacity and knowledge about these important health matters. She mentions that she has observed positive changes with regards to the practice of early age/ forced marriages, which have decreased in her area over the years. She is supporting women to access family planning and safe abortion services and has assisted three women in accessing safe abortion services since becoming at SRHR champion with SG. She shares that she used to strongly believe that inducing abortion is a sin; but after attending SG's training on Value Clarification and Attitudinal Clarification (VCAT), she began to better understand the religious and social limitations placed on women.

She believes that it is more important to provide safe services rather than being judgmental. In her observations, she finds that people in her community have also become less unpleasant and hostile towards her since she started reaching out to other women.

Salma points out that the, majority of women in her community prefer copper-T as a form of contraception as it is easy to carry compared to other methods. The main hurdle, which she observes during her work is that women usually demand that she provide services at home , making it is difficult to explain to them that they cannot avail all the services at their door steps. She provides pills, condoms and injections but for copper-T and implants, women are required to visit a hospital.

At the moment, Salma continues to mobilize women towards seeking safe services rather than resorting to unsafe methods and facilities.

Moach Goath-Karachi:

Afroz Nasir (SRHR Champion) from Moach Goath, got engaged at the age of twelve and got married at fourteen. She was not ready to be married at that time and wanted to continue her education. Her father, however, intervened and forced her to marry against her wishes.

Afroz shares that women in her community are expected to comply to all the demands of her in-laws, to the sexual needs of husband, bear children and also carry out other domestic chores without expecting anything in return. Speaking from experience, she narrates that this very kind of an environment was extremely disappointing for her at the beginning of her marriage but she had no other option but to tolerate it. She was unaware about physical relations between spouses, as nobody had ever told her. Her inability to negotiate terms with her husband was limited which led to a continuous cycle of emotional and psychological trauma. At the age of 15 she delivered her first child. She says that her husband always treated her as a child-producing machine.

She delivered all five of her children at home with the help of an untrained birth attendant as her mother in-law did not allow her to visit a doctor; nor was she aware of or allowed to use any contraception. Her husband, being a chronic drug addict, was highly unstable and never able to keep any job for a prolonged period of time. She came back on several occasions to her parents' home but they forced her to go back to her in-laws, as it is culturally considered humiliating if a married girl returns to her parents' home.

Currently, she has separated from her husband and is living with her younger brother.

Afroz praises her brother and mentions how very helpful and supportive he has been throughout this ordeal, and continually encouraged her to take the bold decision of starting a new life. As a means to support herself and her children, she is teaching at a private school to be able to afford her children's education and needs. She earns 5000 rupees a month. Her husband and in-laws are against the idea of education and have also threatened her various times that they will take back the children but Afshan says nothing can stop her children from receiving the education they deserve. At present, she is 28 years old and recently got operated for tubal-ligation, for which she paid for by selling bit of jewelry.
Afroz shares that women often have pre-conceived notions and misconceptions concerning tubal ligation. She shares that she did not face any complication whatsoever after her procedure and her health remains unaffected.

She staunchly advocates for education as she believes that it is the only option that can improve one's life. As a means to educate herself, she has attended several awareness sessions and trainings organized by SG and volunteered to become a SRHR champion because she feels that women are treated inhumanely and are being used like child-producing machines. She laments that women in her community do not have the right to exercise their basic rights; they cannot access health, education, decide who they want to marry or how many children they want. She further adds that this is not the life that anyone deserves; this is slavery! This belief drives her to remain part of a local movement and struggle for women's human rights, which she contributes to by mobilizing women in claiming their SRHR.

Shagufta (SRHR Champion) is 35 years old and has seven children. She is working in a private school as a helper. She is the sole breadwinner from her family and earns Rs6000 monthly. She was married off at the age of 14 years to a 27-year-old man and had all her children without any considerable space.

She never went to school and received an education due to lack of awareness about the negative implications of early age marriages and consequently, did the same to her daughter whom she married off at the age sixteen.

Over the last two years, Shagufta has been actively engaged in SG's trainings, meetings and awareness sessions. She now realizes that she did a grave injustice to her elder daughter and imposed responsibilities for the mature woman on her at the age of 15. Now she wants her other girl children to enjoy each and every moment of their childhood.

Shagufta became SG's SRHR champion defying her community's norms where most women are not allowed to step out of their homes. Since she has that privilege, she felt it is her duty to spread knowledge and information amongst other marginalized women in her community. She says that previously, she couldn't even think of contributing to a cause under the banner of reproductive health, as the male community members have conservative and dominating attitudes towards women, and stigmatize working women as "Bud kirdar"(bad character) women who. She, however, also adds that her husband is very supportive regarding her engagement as a champion and has also attended several sessions organized by SG for men. She reports that people in her community oftenest why she is doing all this work without any material gain in return. Shagufta proudly boasts of her efforts in supporting women to resolve their reproductive health issues and in mobilizing them to prevent/avoid early age marriages. She has referred various abortion cases to local health facilities and is determined to continue this cause with the support of other champions in the area. She mentions that the trainings, the discussion format and the entire process of the sessions conducted by SG were very simple and easy to understand, which is why it is so impactful.

Nida Ahmed is a housewife and has three children. She recently delivered twin baby girls, who were born pre-mature and died during the postpartum period. She says she has been extremely unfortunate and that the tragedy has left her utterly devastated. She recalls her pregnancy to be extremely difficult with complete bed rest advised by the doctor due to continuous low blood pressure, weakness, bleeding and vaginal discharge. Nida further shares that her pregnancy was accidental and unplanned and that she and her husband had been exercising family planning.

Nida's health has significantly deteriorated both physically and psychologically over the years. Muddled about which contraception method to use after the unplanned pregnancy despite continuous use of condoms, she approached another champion and also a local LHW, Zakiya, who recommended the use of contraceptive pills. At present, her husband has been constantly asking Nida to quit taking the pills as he wants another child, but Nida out rightly refuses, asking him to abandon the idea of another child. She believes that she is not physically ready to bear another pregnancy and states that if her husband stops buying her the pills she will buy them through her own means, rather than going through one more pregnancy.

Nida has religiously been attending SG's awareness sessions after she came to know about them through her peers. Nida wishes she had all the knowledge imparted through the advocacy sessions earlier so she has been able to make healthy decisions concerning her own life; but she smiles and says it is never too late and vows to not let her daughter make the same mistakes as she did.

KEY HIGHLIGHTS FROM THE PROJECT WAY FORWARD:

SG would like to propose the following recommendations for up-scaling work done around abortion stigma and advocacy, based on implementation experiences and learnings:

1. Trainings of service providers on medical techniquesneed to be conducted i.e. comprehensive trainings on medical abortion (Misoprostol), manual vacuum aspiration (MVA), Post abortion care (PAC), FP Counseling, along with Value Clarification and Attitudinal Clarification (VCAT).

2. Extensive advocacy for Misoprostol and MVA (Manual Vacuum Aspiration), should be made available at all public health facilities. Additionally, a policy regarding the supply of Misoprostol and MVA needs to be included at all public health facilities, because currently D&C is widely being used by service providers, which needs to be replaced with medical abortion and MVA, as recommended by WHO.

3. Another suggested advocacy point at the policy level is the adoption of a strategy based on WHO standards of training and hygiene, which involves working with all cadres of service providers to improve safety standards and encourage safe and low -cost medical abortions and post-abortion care in both public and private sector facilities.

4. More SRHR champions need to be engaged and supported with greater emphasis on involving the youth and adolescents.

5. There is also a severe need to review provincial and national health policies generally, to assess the overall policy frameworks and where they exist/stand at the moment. After devolution of the health, population and law ministries to the

provinces from the Federation, including others, there is virtually no movement in provincial or Federal health policies that integrate SRHR and almost no work has been done to engage the Federal Government on the Post-2015 Sustainable development agenda. Work could also be done in terms of harmonizing health policies to meet minimum standards of continuum of care (CQC).

YEAR-1 Project Activities

Activity 1	Identification of Technical Advisors (TAC)
Activity 2	Development of Abortion Advocacy Module
Activity 3	TAC meeting with data collection team for study design
Activity 4	One day Project kickoff meeting & two days training on abortion advocacy, orientation of staff, finalizing the study design for situational analysis. Plus one networking dinner of 40 participants (TAC, CBOs & SG Staff)
Activity 5	Field situational analysis (qualitative baseline) • The situational field analysis was conducted in five districts. • (24) FGDs were conducted with female and (12) with male and in-depth interviews with service providers.
Activity 6	Report of the situational analysis
Activity 7	Sharing of the report with the partners and advocacy planning meeting
Activity 8	IEC material development (Mugs, Posters)
Activity 9	Implementation of advocacy plan (awareness sessions with male & female)
Activity10	Identification, engagement and sensitization of SRHR champions in the community (50)
Activity11	Referral pathway and services directory (not to be published)

Activity12	September 28th advocacy campaign launched through the CBOs in the districts (part of the advocacy plan)
Activity13	Monitoring and evaluation visits and meetings with SRHR champions and Service providers
Activity14	Annual project Report

YEAR- 2 Project Activities

Activity 15	Mega planning meeting and capacity building with SRHR champions and CBOs
Activity 16	Implementation of the advocacy plan (awareness sessions with male & female)
Activity 17	Sensitization meetings with service providers and referral partners (at district level)
Activity 18	Follow up with 50 SRHR champions in the community
Activity 19	3 provincial VCAT trainings of service providers and SRHR champions from the districts
Activity 20	Follow up meetings with referral partners (Service Providers)
Activity 21	National level training of 50 SRHR champions in Abortion advocacy, Leadership and Exposure visit in Karachi
Activity 22	September 28th advocacy campaign (through CBOs in the districts, clubbed with monitoring visits)
Activity 23	Data collection against baselines and publication of success stories
Activity 24	Updating the services directory
Activity 25	End project meeting with CBOs, SRHR champions, service providers, civil society and national book launch of the success stories and lessons learnt publication.

BIBLIOGRAPHY:

- http://shirkatgah.org/wp-content/uploads/2014/06/Country-Profile-SRR-Pakistan-2June2014.pdf
- http://www.popcouncil.org/mediacenter/newsreleases/2013_PakistanPAC.asp
- Shirkat Gah, “Rising to the Challenge: An analysis of the implementation of MDG5 in Pakistan”2012
- Shirkat Gah’s field reports (Safe Abortion Action Fund-Project-2014/15)
- Population Council, Post Abortion Care in Pakistan: A National Study, 2013
- https://www.guttmacher.org/pubs/FB-UAPCIP.html
- http://www.popcouncil.org/research/induced-abortions-and-unintended-pregnancies-in-pakistan
- http://www.abortionbirthcontrol.com/page4.htm

FIGHTING the Stigma through Champions: Addressing UNSAFE ABORTION in Pakistan

شرکت گاہ

Shirkat Gah

WOMEN'S RESOURCE CENTRE

SAAF

Safe Abortion Action Fund