Seminar Report

Pakistan’s Population Challenge

Post - ICPD Report
Seminar Report
Pakistan's Population Challenge
Post - ICPD Review
16 - 17 February 2000
About this Report

This report represents a process of bringing together the proceedings of the seminar titled “Pakistan’s Population Challenge” Post ICPD, and the lessons learnt from this process. It is hoped that the report will be used as a tool for future action in the field of Reproductive Health and will springboard a movement towards improved and progressive implementation of ICPD commitments by both Government and Non-Government sectors. The report gives a brief introduction to the rationale and objectives of the seminar; an overview of the main ideas put forward at the ICPD and an overview of the country situation in reference to Reproductive Health. This is followed by abstracts of papers presented at the seminar, the discussions that followed the presentations, recommendations that arose through group work and an evaluation of the seminar by its participants, followed by a focus discussion group held three weeks after the seminar. The appendix of the report contains pertinent information on Reproductive Health such as the IPPF charter, media coverage and the participant list of the seminar.

We hope this report will be of use to you and would appreciate your feedback in this regard.
Thank you
Acknowledgements

Shirkat Gah would like to thank all participants for their invaluable contribution throughout the seminar proceedings, of the National Seminar on "Pakistan's Population challenge: Post ICPD".

We would like to specially thank the Speakers for sharing their knowledge and making the seminar an important learning experience. We would also like to thank the Session Moderators and the Group Facilitators for their superb job in stimulating interaction and steering the discussions on track. In addition we would also like to thank the rapporteurs for their invaluable assistance in documenting the proceedings of the seminar.

We would also like to thank our donors UNFPA Asia Pacific who funded this seminar through ARROW Malaysia without whom it would not have been possible to hold this seminar.

We would particularly like to acknowledge the tireless efforts of the Shirkat Gah, Reproductive Health / Seminar team comprising of: Hilda Saeed, Seema Sharif, Shama Dossa, Olivia Breese and Marium Nabi and all Shirkat Gah staff throughout the preparation and course of this seminar. We would also like to thank Shama Dossa for compiling this report, Seema Sharif for the visualisation of the cover design, Khuda Bux Abro for the report design and Sonia Sham for seeing it through its various stages of production.
List of Speakers

Key Note Address
Dr. G.M Samdani
Former Federal Secretary, Population Welfare

Moderators
Dr. Habiba Hassan
Amnesty International
Dr. Mehtab Karim
Dept. of Community Health Sciences, Aga Khan University
Dr. Saman Yazdani
Centre for Health Management (Lahore)
Dr. Sher Shah Syed
National Forum on Women's Health

Speakers
Dr. G.M Samdani
Former Federal Secretary Population Welfare
Dr. Laila Gardezi
Social Marketing Pakistan
Dr. Mohsina Bilgarami
Marie Stopes Society
Ms. Asifa Khanum
Dept. of Community Health Sciences, Aga Khan University
Ms. Hilda Saeed
Shirkat Gah
Ms. Kausar S. Khan
Dept. of Community Health Sciences, Aga Khan University
Ms. Leyla Gulchur
International Women's Health Coalition (New York)
Ms. Shazia Premjee
AAHUNG

Work Group Facilitators
Ms. Fauzia Rauf
Shirkat Gah (Lahore)
Ms. Hilda Saeed
Shirkat Gah (Karachi)
Ms. Sadeqa Salahuddin
Indus Resource Centre (Karachi)
Ms. Seema Sharif
Shirkat Gah (Karachi)

Rapporteurs
Aliya Salahuddin
Fauzia Rehman
Mariam Nabi
Olivia Breese
Shama Dossa
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AKU</td>
<td>Aga Khan University</td>
</tr>
<tr>
<td>ARROW</td>
<td>The Asian-Pacific Resource &amp; Research Centre for Women</td>
</tr>
<tr>
<td>BHUs</td>
<td>Basic Health Units</td>
</tr>
<tr>
<td>CBO</td>
<td>Community Based Organisation</td>
</tr>
<tr>
<td>CEDAW</td>
<td>Convention on Elimination of all forms of Discrimination against Women</td>
</tr>
<tr>
<td>CHS</td>
<td>Department of Community Health Sciences</td>
</tr>
<tr>
<td>COME</td>
<td>Community Oriented Medical Education</td>
</tr>
<tr>
<td>CRC</td>
<td>Client Record Card</td>
</tr>
<tr>
<td>DoH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DOPWs</td>
<td>District Officers Population Welfare</td>
</tr>
<tr>
<td>EOC</td>
<td>Emergency Obstetric Care</td>
</tr>
<tr>
<td>FGDs</td>
<td>Focus Group Discussions</td>
</tr>
<tr>
<td>FPW</td>
<td>Family Planning Workers</td>
</tr>
<tr>
<td>FR</td>
<td>Fertility Rate</td>
</tr>
<tr>
<td>GPO</td>
<td>Government Programme Officer</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
</tr>
<tr>
<td>IWHC</td>
<td>International Women's Health Coalition</td>
</tr>
<tr>
<td>LHV</td>
<td>Lady Health Visitor</td>
</tr>
<tr>
<td>LHW</td>
<td>Lady Health Worker</td>
</tr>
<tr>
<td>MIS</td>
<td>Management Information Systems</td>
</tr>
<tr>
<td>MMR</td>
<td>Maternal Mortality Rate</td>
</tr>
<tr>
<td>MoE</td>
<td>Ministry of Education</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MoPW</td>
<td>Ministry of Population Welfare</td>
</tr>
<tr>
<td>NATPOW</td>
<td>National Trust for Population Welfare</td>
</tr>
<tr>
<td>NPA</td>
<td>National Plan of Action for Women's Development</td>
</tr>
<tr>
<td>NSC</td>
<td>National Security Council</td>
</tr>
<tr>
<td>OPP</td>
<td>Orangi Pilot Project</td>
</tr>
<tr>
<td>PRA</td>
<td>Participatory Rural Appraisal</td>
</tr>
<tr>
<td>RH</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td>RHCs</td>
<td>Rural Health Centres</td>
</tr>
<tr>
<td>RR</td>
<td>Reproductive Rights</td>
</tr>
<tr>
<td>RTIs</td>
<td>Reproductive Tract Infections</td>
</tr>
<tr>
<td>SMP</td>
<td>Social Marketing Pakistan</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual Reproductive Health</td>
</tr>
<tr>
<td>STDs</td>
<td>Sexually Transmitted Diseases</td>
</tr>
<tr>
<td>TBA</td>
<td>Trained Birth Attendants</td>
</tr>
<tr>
<td>TRC</td>
<td>Teachers Resource Centre</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Fund for Population Activities</td>
</tr>
<tr>
<td>VBFPW</td>
<td>Village Based Family Planning Workers</td>
</tr>
</tbody>
</table>
# Table of Contents

**About this report** 2  
**Acknowledgements** 3  
**List of Speakers** 4  
**Abbreviations** 5  
**Table of Contents** 6

**Introduction**  
Background and Objectives of Seminar 10  
ICPD International Conference on Population and Development 1994 11  
Country Situation Review 13  
Developments from 1997 - 2000 14

**Design & Flow of Seminar** 16  
**Seminar Proceedings**  
Proceedings: Day 1 16th February, 2000 17  
- Key note Address: Dr. G.M Samdani 17  
  - Ms. Hilda Saeed, Shirkat Gah 18  
  - Ms. Leyla Gulcur, International Women's Health Coalition 20  
  - Dr. G.M Samdani, Former Secretary Population Welfare 21  
  - Ms. Asifa Khanum, Dept. of Community Health Sciences, AKU 21

Proceedings of Day 2: 17th February, 2000 23  
- Ms. Shazia Premjee, AAHUNG 23
Future Actions and Recommendations

- Research and its Implementation 30
- Health Education and Service Delivery 31
- Non-Governmental Organisations 32
- Government Policies with Respect to RH and RR 33

Evaluation Analysis

Evaluation Form 36
Evaluation Meeting 38

Appendices

Draft Agenda 42
Final Agenda 44
Evaluation Form 46
IPPF Charter 47
Universal Declaration of Human Rights 48
News Clippings, Thursday Review, Daily Dawn 49
Participants' List 52
Introduction
Introduction

ICPD International Conference on Population and Development 1994

The International Conference on Population and Development was held in Cairo from 5 to 13 September 1994. It was the fifth population conference organised under the auspices of the United Nations. The first two conferences (Rome in 1954 and Belgrade in 1965) were mainly technical meetings aimed at exchanging scientific information. The World Population Conference, held in Bucharest in 1974, where the World Population Plan of Action was adopted, was the first global intergovernmental conference on population. At the International Conference on Population, held in Mexico City in 1984, a set of recommendations was adopted for the further implementation of the Plan of Action. The purpose of the ICPD Conference was to consider the broad issues of and interrelationships between population, sustained economic growth and sustainable development, and advances in education, economic status and empowerment of women. The Conference was explicitly given a broader mandate on development issues than previous population conferences, reflecting the growing awareness that population, poverty, patterns of production and consumption and the environment are so closely interconnected that none of them can be considered in isolation.

At Cairo the need to stabilise the world's population sooner than later was ever present, but the accent was on improving people's lives and future prospects. Issues related to the quality of women's and men's lives permeate the ICPD Programme of Action: the value of education for all, but especially for young girls, of women's access to income and credit, and of men's involvement in caring for children have been particularly stressed.

Under the overall theme of "population, sustained economic growth and sustainable development", ICPD conducted a general debate on population and related issues and their implications for social and economic development before it adopted, by consensus, a new Program of Action (PoA) that would guide national and international action in the area of population and development during the next 20 years. This was seen as a defining moment in the history of international cooperation.
Background and Objectives of the Seminar

The 1994 ICPD (International Conference on Population and Development) was considered by world leaders and activists to be a stepping stone to a change in attitudes and approaches in the area of population and development. Over a hundred and eighty nations participated in this conference including Pakistan. Along with delegations of other countries Pakistan too was a signatory to the ICPD Programme of Action. Pakistan’s enhanced plans in the population sector, post ICPD reached fruition in 1997; their implementation, particularly in the Primary Health Care and RH sectors is now underway, although it has faced many obstacles in the recent past.

In order to monitor the activities of the participating nations, ARROW Asia-Pacific funded a regional study of countries titled “Taking up the Cairo Challenge”. This study began in 1997 and was published in 1999, where each country examined progress achieved and problems encountered in the Post - ICPD years. The Pakistan Country study was prepared by Shirkat Gah. This particular study identified several important issues regarding Pakistan’s approach to population and Reproductive Health issues and the problems faced in reaching implementation of ICPD recommendations of the ICPD Plan of Action. The report also highlighted the lack of awareness in Pakistan regarding ICPD.

In line with these activities, an urgent need was felt both by ARROW and Shirkat Gah to create awareness about the ICPD and its Programme of Action (PoA) and to bring the Government and the NGOs together to work for policy change and implementation in the areas highlighted in the Plan of Action (PoA), particularly in the field of Reproductive Health; and to also discuss strategies for collective action.

Objectives of the National Seminar

- To strengthen the capacity of the government to understand and accept the ICPD Plan of Action and the Capacity of NGOs to continue to monitor and support implementation of ICPD.
- To create awareness of the meaning of Reproductive Health and Reproductive Rights.
- To share information and knowledge on the various activities being carried out in Pakistan in the field of Reproductive Health and Reproductive Rights so as to bring the various groups working in this sector at the same level.
- To create a dialogue between the Government and NGOs, to facilitate, complement and assist them in the area of Reproductive Health.

For the purpose of this Report the terms Reproductive Health and Reproductive Rights are defined as follows:

Reproductive Rights:

All couples and individuals have the right to decide freely and responsibly the number and spacing of their children and to have the information, education and the means to do so. They also have the right to attain the highest standard of sexual and reproductive health.

(Reproductive Rights were first recognised as human rights in 1968, and have been endorsed and strengthened at successive world conferences, particularly at the ICPD in 1994.)

ICPD Programme of Action
Reproductive Health

Reproductive Health is a state of complete physical, mental and social well-being (and not merely the absence of disease or infirmity) - in all matters relating to the reproductive system and to its functions and processes, according to the Programme of Action adopted by the delegates of the ICPD. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. In order to exercise that freedom, reproductive health requires access to both family planning and related health care services. Beyond family planning, services to enable women to go safely through pregnancy and childbirth are of particular importance, as are programmes emphasising prevention of sexually transmitted diseases (STD’s) and human immunodeficiency virus HIV/AIDS.

ICPD Programme of Action, 1994

ICPD Programme of Action

- Recognises the detrimental impact of consumption and production patterns on the world’s resources and the global environment, as well as the impact of population growth;
- Integrates population related policies into development policies designed to eradicate poverty, achieve equality, respect human rights, and protect the environment;
- Applies basic human rights principles explicitly to population policies and programs; rejects coercion (including incentives or disincentives), violence, and discrimination; and reasserts that all people have the right to good quality health care;
- Details actions required to ensure women’s empowerment in the political, social, economic and cultural lives of their communities, not simply improvements in their status and roles;
- Recognises the central role of sexuality and gender relations in women’s health and rights;
- Asserts that men should take responsibility for their own sexual behaviour, their fertility, the transmission of sexually transmitted diseases (STDs), and the welfare of their partners and the children; calls for, and defines, reproductive and sexual health care that provides good quality, comprehensive information and services for all including adolescents;
- Recognises unsafe abortion as a major public health issue and urges governments to reduce the incidence of unsafe abortion; ensure that all services are safe when they are not against the law; offer reliable and compassionate counselling for all women who have unwanted pregnancies, and provide humane care for all women who suffer the consequences of unsafe abortion.
Country Situation Analysis Post -ICPD

Findings in the Arrow Published Report
“Taking up the Cairo Challenge” 1997

In order to monitor the activities of the nations who participated at the ICPD, ARROW Asia-Pacific spearheaded a regional study of countries including Indonesia, Malaysia, Vietnam, China, Thailand, Singapore, Fiji and Pakistan titled “Taking up the Cairo Challenge”. This study was carried out in 1996-1997, and was published in 1999, where indigenous researchers from each country examined progress achieved and problems encountered in the Post-ICPD years. The Pakistan chapter identified several important issues regarding Pakistan’s approach to Population and Reproductive Health issues and the decisions agreed upon in the ICPD Plan of Action. The report also highlighted the general lack of awareness regarding ICPD in Pakistan.

The country report highlights the fact that Pakistan’s Population Programme has been singularly unfortunate due to the series of obstacles it has faced over the past 50 years. The programme has received varying and inconsistent commitment from the government throughout this period.

With uneven periods of democracy, extended periods of military dictatorship, legislation discriminatory to women and minorities since the 1980s, women’s subservient status has been further entrenched. The country’s healthcare system is still slanted towards curative, tertiary Medicare rather than preventive and promotive healthcare. Dichotomy between health and population sectors; paucity of funds for the social sector development, and a devastating poverty cycle with all its attendant inadequacies has led to an inefficient infrastructure.

These conditions have taken their toll on the health of the population, in particular women and children. The study showed that malnutrition and anaemia especially were extremely high in women, and levels of maternal morbidity and mortality continued to remain unacceptably high. Approximately 60% of the population lives in the rural hinterland, where facilities for healthcare are minimal.

Nevertheless, in Pakistan’s Eighth Five-year Plan, 1993-1998, plans were put in place to broaden the provision of Reproductive Health care, based on ICPD Recommendations. As a result, the problems and obstacles identified in Pakistan’s Report on “Taking up the Cairo Challenge” are presently being addressed. Discussions at the seminar on “Pakistan’s Population Challenge” therefore focussed on subsequent initiatives in the population sector.
Progress, though slow, is now visible. Plans evolved in the Eighth Five year Plan 1998-2003 are now reaching fruition. 9 Components of RH care have been identified. And are now being implemented. “Functional integration” of health and population sectors at district and divisional level is being achieved, so as to provide all RH Care facilities to women and couples under one roof. Village based health workers are contributing to the positive change, with the provision of accessible healthcare and family planning.

However, despite these welcome initiatives there still remain many challenges: the provision of a comprehensive package of RH care necessitates incorporation of a rights based framework, based on ICPD recommendations and strategies. Gender Equality and Reproductive Rights remain the missing link between earlier conceptions and present conceptions of comprehensive RH Care.

The guidelines, strategies and action plans to achieve this comprehensive RH/RR framework for the Pakistan are already available in the ICPD Plan of Action PoA, the Beijing PoA and Pakistan’s own National Plan of Action for Women’s Development: these need to be incorporated into the National Population Policy.

### Strategic Objective C.4

*Promote the philosophy, policy and programmes for women’s health within the concept of human rights.*

<table>
<thead>
<tr>
<th>Action#1</th>
<th>By WHOM: Ministry of Health, Department of Health, ministry of Population welfare: departments of Population welfare MoWD, Ministry of Information, Philanthropists, Religious groups, NGOs, Private sector</th>
<th>HOW:</th>
<th>BY WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>formula and develop women sensitive policies</td>
<td>Mobilize all influential sections of society, policy makers, implementers and individuals to support development of policies and action plans, which support women’s health and related issues. Assist the government, external agencies, line departments, NGOs and private sector to coordinate for closer collaboration on primary health, population and reproductive health activities</td>
<td></td>
<td>1998-</td>
</tr>
<tr>
<td>Publicize policies and programs</td>
<td></td>
<td></td>
<td>On going</td>
</tr>
<tr>
<td>Participate in technical meetings and on task forces responsible for formulating policies and programs affecting women’s health</td>
<td></td>
<td></td>
<td>1998-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action#2</th>
<th>By WHOM: Ministry of Health, Departments of Health, Ministry of Population Welfare, Departments of population welfare, MoWD, ministry of Information, NGOs, PTV</th>
<th>HOW:</th>
<th>BY WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop policies for public-private partnership on Women’s health</td>
<td>Identify and develop appropriate policies and strategies for promoting public-private partnership on women’s health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promote research and studies for closer collaboration between public and private</td>
<td></td>
<td></td>
<td>On going</td>
</tr>
</tbody>
</table>

Courtesy: National Plan of Action, September 1998
Design and Flow of the Seminar
Design and Flow of the Seminar

Initial stages of the planning of the seminar consisted of establishing close rapport between ARROW Asia-Pacific and Shirkat Gah in deciding the objectives of the Seminar and the theme of the seminar, short listing speakers, ensuring that the sessions designed were balanced and creating a data base for organisations working in the field of reproductive health, out of which our list of invitees emerged. This was followed by two frantic months of sending out invitations and receiving acceptances, confirming accommodations and venues and travel plans, airport pickups and various other logistical issues.

The organisers had envisioned that this seminar would bring together the two main actors working in the field of Reproductive Health - the Government and the NGOs to discuss current developments in the field of RH and for further collaboration to devise strategies to implement the ICPD program of action. Hence the composition of the invited participants and speakers were from the following sectors:

- Family planning organisations (Govt. and NGO)
- Heads of relevant Government Ministries
- International Organisations
- Medical Practitioners
- NGOs
- Organisations working in the field of health, reproductive health and rights
- Population Agencies,
- Women's organisations
- Women's Studies Dept, University (of Karachi)

The first day of the seminar was designed to present the various initiatives taken by the government in the field of Reproductive Health. NGO presentations on the second day discussed their initiatives in the field of RH. Following the various presentations and relevant information dissemination, participants worked in groups on specific themes relating to RH, and came up with recommendations and strategies further be implement action of the ICPD Plan of Action PoA, in reference to RH and NGO Government collaboration. It was extremely unfortunate that the majority of government representatives were unable to attend the Seminar due to other pressing commitments (despite confirming that they would attend).
PROCEEDINGS
DAY I
FEBRUARY 16th 2000
SESSION I - THE ICPD CHALLENGE

Abstract
Key Note Address: Population Issues in Pakistan and The ICPD-Plan of Action: The Country Situation
Speaker: Dr. G.M. Samdani
Former Secretary Ministry of Population Welfare

Pakistan's current population situation is cause for serious concern: it is the seventh most populous country in the world today. However, since the ICPD Plan of Action 1994 held in Cairo, the situation in Pakistan has substantially changed for the positive, despite the fact that a number of factors hampered its implementation at the desired pace. The Population Census of 1998 has registered a positive change in demographic and RH indicators; however, one cannot ignore the need for further improvement. The current Population Growth Rate of Pakistan is estimated at 2.3 percent per annum; its Total Fertility Rate is approximately 5.3 and the Contraceptive Prevalence Rate is measured to be about 24%. If the same demographic characteristics prevail, Pakistan's population would reach 214 million in year 2020, and 226 million in 2023.

The ICPD led to certain developmental initiatives in Pakistan at the Government level by reforming the state's population and developmental policy. The Policy provides an enabling environment for bringing about social and demographic changes, particularly through improvements in education and status of women.

The Government of Pakistan has taken a number of initiatives such as the initiation of Phase II of the Social Action Programme which coincides with the Government's Ninth Five Year Plan, 1998-2003; functional integration of the services of the Ministry of Population Welfare and the Ministry of Health to a certain extent; and ratification of the CEDAW (Convention on Elimination of all form of Discrimination against Women) in 1996. Follow up of the Beijing Conference 1995 and other such exercises have also been carried out to achieve the desired end.

Improved education and employment opportunities, efforts to empower women, reduce gender inequities in education and employment and the reduction of poverty form the core of the future plan of action for Pakistan. However full
implementation of the ICPD agenda requires resources that are beyond the capacity of most developing countries including Pakistan. Viewing the present situation, it is essential to increase donor support to be able to implement the ICPD mandate and to consistently maintain the present policies in reproductive health including family planning.

**Abstract**

**Title:** Reproductive Health and Reproductive Rights  
**Speaker:** Hilda Saeed  
**Coordinator:** Shirkat Gah, Karachi

The recommendations of the International Conference on Population and Development, 1994 brought closer to practical reality people's dreams of an equitable world where human development was integral to national progress, and where women's progress (including their reproductive health and rights) was central to this development.

Pakistan's population sector is faced with a series of obstacles: limited social sector development, women's continued subservient status, low levels of literacy and skill development, and overwhelming poverty contribute further pressure. They adversely influence Pakistan's population planning and implementation, which in the past itself has been faced with the lack of trained personnel, and inadequate distribution of facilities and supplies.

But encouragingly, since the ICPD, consistent efforts have been made to institute a comprehensive RH framework for the country. These plans began, and gained impetus in the 8th Five Year Plan 1993 - 1998, and have continued in the 9th Five Year Plan 1999 - 2003. With the gradual growth of public awareness regarding population issues has also come a parallel shift from family planning to the wider, more comprehensive RH focus.

A package of 9 prioritised components for RH care has been formulated, and is in process of implementation, which includes national deployment of trained village-based health & family planning workers.

THE EFFECT OF DENYING SEXUAL AND REPRODUCTIVE RIGHTS:

- 585,000 women - one every minute - die each year from causes related to pregnancy. Nearly all are in developing countries.
- 200,000 maternal deaths each year result from the lack or failure of contraceptive services.
- 120-150 million women who want to limit or space their pregnancies are still without the means to do so effectively.
- 70,000 women die each year as a result of unsafe abortion: an unknown number suffer infection and other health consequences.
- 1 million people die each year as a result of reproductive tract infections, including sexually transmitted diseases (STDs other than HIV/AIDS).
- At least 60 million girls are “missing” from various populations as a result of sex selective abortions or relative neglect.
- 2 million girls between the ages of 5 and 15 are introduced into the commercial sex market each year.
- Studies of domestic violence suggest it is a frequent cause of suicide among women, and of murder.
- Nearly 600 million women are illiterate, compared with about 320 million men.

Courtesy: UNFPA Report 1997
However, even with these inclusions there still remains the missing links of Gender Equality and RR; one needs to question how many of these Reproductive and sexual rights are at present available, especially for women, and also if it is possible to attain optimal RH without these rights.

**Discussion:**

- Census 1998 underestimates Pakistan's population; the UN estimates are much higher: there should be about 150 Million people in Pakistan;
- High unmet need for FP (about 38%) if addressed properly will lead to high achievements in Pakistan's population programme;
- Overall weak economic conditions in the country (state's resources) and fall back in donors' commitments/obligations are constraining factors;
- Population policy requires MoPW, MoH, MoE, MoWD and other line ministries to work together, but resources are being used in parallel. There is no convergence of policy, planning and implementation;
- Importance of male involvement: male VBFPW have been hired by MoPW and UCDC Mardan’s success story of male involvement should be kept in perspective;
- Male methods of contraception (condoms and withdrawal) are proportionately higher in Pakistan;
- National programme should address misconceptions about human sexuality;
- Sex Education: the terminology is unacceptable to MoPW/MoH. Western style sex education in schools/colleges may backfire;
- Life Skills Education/Population issues have been incorporated in secondary school curriculum of MoE and plans are underway incorporate these issues in college curricula;
- Private Schools' text books have no mention of population issues;
- NGO initiatives in Life Skill Education to adolescents have been well received;
- The private sector and NGOs together with their partner CBOs should formulate their own strategy on Adolescents' Sexual-Reproductive Health (SRH);
- Adolescents are very confused about RH/SH especially girls (re: APWA Study);
- SMP's curriculum is under preparation and Training of Trainers will take place through teachers' training centres; the Teachers' Resource Centre (TRC) should be approached;
- NGOs have not been given representation in provincial advisory boards;
- NGOs are increasingly getting involved in RH; a database of such NGOs is required. It was claimed by one of the participants that NATPOW's web-site has this information, moreover NGORC is working on it.
- Government does not want to acknowledge the high incidence of abortions in both low and high income groups;
- About 40% maternal mortality is due to unsafe abortions;
- Medically indicated abortions are not available/considered lawful;
- Issue of casual sexual contacts needs to be addressed;
- RH is currently perceived as a matter related to a female's body;
- RH policies are target driven, focused on reducing the number of children;
- Women's education and economic independence are important;
- Women have to know their rights as given by the Shariah and Constitution.
SESSION II - GOVERNMENT POLICIES, INITIATIVES AND BARRIERS

Abstract
Title: International Initiatives on Reproductive Health
Speaker: Leyla Gulcur, Senior Programme Officer for Asia
IWHC (International Women's Health Coalition).

The IWHC (International Women's Health Coalition) assessed the situation in Turkey, Uzbekistan and Bangladesh, to study the implementation of the ICPD PoA. This framework links together women's health and rights, and includes the effect of gender inequities and gender discrimination on women's health. IWHC wanted to see how much of an interface existed between groups that worked on health issues and those working on human rights issues. Even though there were variations in all three countries, the major finding was that there was very little communication and interface between those working on health and those working on women's rights, although there are some exceptions. IWHC findings were that women's groups are strongly advocacy oriented, addressing legal discrimination, women's status, political participation, etc., while many health groups approach RH narrowly. Groups that focus on advocacy do not necessarily participate in policies that are related to service delivery, and there is little communication between the two groups. The integration of women's health and rights is thus both problematic and challenging.

Relevant countries could all benefit from further collaboration and communication between women's health and rights groups, and also achieve greater collaboration with the government sector.

Discussion:

- Spousal consent for permanent methods of FP such as tubal ligation and vasectomy (re: Pakistan, husband's signature is not necessary on consent form for tubal ligation although many service delivery groups require it; while for vasectomy both spouses have to sign to consent)
- Legal discrimination and customary ramifications need to be addressed in the context of Muslim countries;

Abstract
Title: The Prime Minister's Family Planning Programme
Speaker: Dr. G.M. Samdani
Former Federal Secretary Population Welfare

The total world wide yearly cost of better repro. Health care is approaching $17 billion - less than one week of world expenditure on armaments.

Courtesy: UNFPA Report 1997
There are two parallel programmes that contribute to health care and population planning, the Prime Minister’s Programme for Primary Health Care (PHC), and Family Planning (FP), each facilitated by the Ministry of Health and Ministry of Population respectively.

The Primary Health Care Program utilises Lady Health Workers who work towards improving women’s reproductive health, with provision of contraceptive surgery, and treatment for Reproductive Tract Infections and Sexually Transmitted Diseases (STDs). Both RH care family planning facilities are housed under one roof, a fact that has greatly facilitated RH service delivery. The infrastructure available with the Ministry of Population Welfare is comprehensive, with national coverage. There are divisional Population Welfare Offices at district level in all 4 provinces. Family Welfare Workers are all women supported by female and male welfare assistants. Their function is to provide counselling, family planning, and health care for mothers and children. Family welfare workers are trained Traditional Birth Attendants: they are village-based and their incorporation into the Population Welfare Program is already achieving a positive change. Training for family planning is provided at 5 Regional Training Institutes in the country.

**Discussion:**

- Although a certain amount of overlapping in appointments of LHWs and VBFPWs occurs, this is limited; there are few villages in the country where this situation may be prevalent;
- A mapping exercise is being planned to map the villages being served by LHWs and VBFPWs. In this way duplication of services by two types of village based workers will be further addressed;
- Constitutionally health is a provincial subject, but federally funded FP programmes being delivered at DoH facilities (BHU/RHCs) present a picture of confusion in management and supervision;
- There is need to integrate Monitoring and Evaluation (M&E) of FP at service delivery level.

**Abstract:**

**Title:** Integration of Information Systems for Reproductive Health

**Speaker:** Asifa Khanum Malik

**Project Co-ordinator,**

**Department of Community Health Sciences, The Aga Khan University**

In Pakistan two ministries, Ministry of Health (MoH) and Ministry of Population Welfare (MoPW) are working vertically to meet the country’s health needs. Along with other health services, both have various categories of reproductive health service delivery outlets and a trained pool of health workers. Both provide services at the community, primary referral and secondary referral levels. An integrated information system is required at all the outlets and levels, within as well as between ministries to provide timely, accurate and relevant population based health statistics with a view to inform the public, policy makers, administrators and providers.

Integration of the two ministries is a critical step towards meeting the goal set by the International Conference on Population and Development (ICPD), 1994. The Conference had proposed that by 2015, Reproductive Health and Family Planning should be available and accessible, through Primary Health Care, to all indi-
individuals of appropriate age. Development of the National Reproductive Health Package for Health and Population Welfare Service Delivery Outlets (1999) is a positive effort made in this regard by both the ministries. This is also in keeping with the goal of Health for All by the year 2000. The historic conference at Alma- Ata (now Almaty) in 1978 also demanded similar commitment from concerned ministries. This same concern is also an integral part of the goals mentioned in the WHO (1999) report in this regard.

The Department of Community Health Sciences (CHS) is currently engaged in a UNFPA funded study with both ministries as working partners to review and revise the Management Information Systems (MIS) used by Lady Health Workers (LHWs) under MoH and Village Based Family Planning Workers (VBFPWs) under MoPW. This project will develop and pre-test a Client Record Card (CRC) that can be used by both groups of workers for tracking the reproductive health of mothers in their catchment area and to generate related statistics. Besides development of the Reproductive Health package, this project is another example of a positive initiative towards the integration of information systems at the government level.

Discussion:

- GOP is committed under SAP to develop MIS for RH, and AKU/CHS's is conducting the study (re: Asifa Khanum's presentation)


---

**Figure 7.10 Contraceptive knowledge and prevalence in selected countries of South Asia**

<table>
<thead>
<tr>
<th>Country</th>
<th>Contraceptive Knowledge</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sri Lanka</td>
<td>66</td>
<td>99</td>
</tr>
<tr>
<td>Pakistan</td>
<td>18</td>
<td>78</td>
</tr>
<tr>
<td>Nepal</td>
<td>29</td>
<td>93</td>
</tr>
<tr>
<td>India</td>
<td>41</td>
<td>95</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>49</td>
<td>100</td>
</tr>
</tbody>
</table>

PROCEEDINGS
OF DAY 2
February 17th 2000

SESSION III - NGO PROGRAMMES AND IMPLEMENTATION BARRIERS

Abstract:
Title: Islam & Adolescent Sexuality
Speaker: Shazia Premjee
Project Manager, AAHUNG, Karachi

In Pakistan today, there are many prevailing misconceptions based on wrong interpretations of Islamic teachings regarding sex and sexuality, and every aspect related to it. Thus there is a complete vacuum in our academic curricula as far as sexual education is concerned. Moreover, the topic of sex and sexuality has been almost banned from the print and electronic media through censorship laws.

Contrary to widely held perceptions, recent studies prove that sex education delays the onset of sexual activity among adolescents and promotes safer behaviour. Sex education, with due sensitivity, should therefore be encouraged.

Zina Ordinance, the practice of Karo Kari or honour killings, and the censorship laws are the three major examples of our sexually repressive and patriarchal cultural practices. According to the report “these prevalent attitudes contribute to shame and guilt and low self esteem”.

Research has shown that the main sexual health issues for adolescents in Karachi low-income communities were mainly:

- Lack of adequate information
- Lack of communication regarding this topic
- Shame and guilt pertaining to sexuality and low self esteem
- Gender imbalance and strict curtailment of women’s access to education, health care, mobility, and repression of her decision making power.

These according to the report in turn “culminate in high-risk behaviour such as drug use, unprotected sex and sexual abuse”.

AAHUNG developed a sexual health curriculum using Islam as a vehicle, which proved effective in increasing sexual health knowledge and enhancing positive attitudes and behaviors pertaining to sexual health. There was no resistance from the community against the implementation of the curriculum. Moreover, it was implemented in six other sites on requests from various community-based institutions.

Chart 1.1: Adolescent women have more than 14 million birth each year.

<table>
<thead>
<tr>
<th>Region</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latin America</td>
<td>1.8 million</td>
</tr>
<tr>
<td>Developed countries</td>
<td>1.3 million</td>
</tr>
<tr>
<td>Asia</td>
<td>5.7 million</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>4.5 million</td>
</tr>
<tr>
<td>North Africa and the Middle East</td>
<td>1.0 million</td>
</tr>
</tbody>
</table>

Courtesy: Into a New World - The Alan Guttmacher Institute
Discussion:

- There is a need to bring a change in our values which being as old as 250 years will take time to change;
- It seems essential today for women to have economic independence, to be educated and above all, she must be aware of her rights;
- It is a matter of shame for us that we are unable to communicate messages regarding sexuality and other related topics to our students in the same direct language in which Quran has spoken in many places;
- Separating culture from religion has always been very difficult. Today we have become muddled with traditions and this is the major source of confusion;
- AAHUNG has come up with a comprehensive life skills manual which not only addresses knowledge and information about adolescents’ sexual health and well being, but also incorporates a lot of skill building and confidence raising exercises as lack of empowerment has always been one of the main issues concerning women;
- This curriculum is initially targeted towards government schools due to their wide outreach and is basically about self reflection, analysis and discussion to bring about value change;
- AAHUNG plans to institutionalise the curriculum by disseminating it on a larger scale by working in collaboration with other organisations and later the government;
- One major problem in the implementation process is the fact that the words even for the genital organs in our local languages are either abusive or very scientific;
- Irresponsible sexual behaviour and its future implications should also be highlighted whenever we talk about educating the young;

Education is important, but the kind of education that develops confidence, self esteem, critical thinking skills within an individual is what is needed most;

The word education has become misleading today, and we all need to get back to this very fundamental question of what we actually mean by the word ‘education’

Abstract

Title: Post ICPD Private Sector Initiatives

Green Star Clinic Network, A Family Planning Programme of Private Practitioners

Speaker: Laila Gardezi
Regional Field Operations Manager, Social Marketing Pakistan

Green Star Family Planning Programme for Private Practitioners is an initiative of Social Marketing Pakistan (SMP). The Social Marketing Pakistan Programme “is an approach of serving social purposes through marketing techniques”. It mainly aims at marketing quality health services to ensure availability, accessibility and affordability of health services to the people. It is one of the five largest social marketing initiatives in the world.

Family Planning and unwanted childbirth

Every year nearly 80 million pregnancies occur worldwide, and more than half of these pregnancies end in abortion. An estimated 150 million women in developing countries say they would prefer to plan their families but are not using contraception, and another 350 million women lack access to effective family planning.
SMP programmes integrate the ICPD Programme of Action in several ways:

- By increasing the service delivery base and providing subsidised products.
- Through trainings which John Hopkins University has evaluated as a resource for Pakistan and South Asia in trainer preparation.
- By playing an important role in reducing maternal mortality through providing facilities for spacing of children (counselling, and provision of contraceptives).
- Through holding Community meetings and group consultations.
- By creating awareness through the media, for example, by showing commercials in cinema halls involving men at consumer level.
- And also by creating awareness about client rights.

SMP came into being in 1991 whereas the Green Star clinic programme was initiated post ICPD 94. It includes a wide range of curative and preventive facilities in urban and semi-urban centres, as well as a number of tertiary care and retail pharmacies. The components of the Green Star programme include:

- Training
- Demand creation
- Contraceptive supply
- Support
- Monitoring and Evaluation

All this leads to improved services and obtaining the desired health impact.

Our inconsistent national policies and support, reluctance on part of the people or institutions of influence to propagate FP messages; cultural and social inhibitions, religious and traditional

misapprehensions all contribute towards making FP programmes less successful. An overall change needs to be brought forward if RH as an issue in itself and FP services have to be successfully implemented.

**Discussion:**

- The main purpose of SMP is to increase the service delivery base in Pakistan;
- Private sector initiatives complement mainstream (public sector) initiatives;
- With reference to Green Star’s relatively higher charges, in the private sector there is no concept of free services and the level of subsidy in SMP’s network is lower than in the public sector, hence SMP’s user charges are higher;
- OPP demonstrated the concept of networking with private providers much before SMP;
- SMP has full support of the GoP, which has social marketing on its public agenda.

**Abstract**

**Title:** Gender Relations and Reproductive Health Community Perspectives from Makran: A Gender Assessment Study

**Speaker:** Dr. Mohsina Bilgrami  
*Executive Director, Marie Stopes Society*

This research was conducted to follow up, implement and monitor the ICPD goal on reproductive health. It mainly focused on identifying Community Perceptions of Gender Relations in the context of Reproductive Health, with a view to providing services.

The methodology used involved PRA tools such as social mapping, resource mapping, transact walk, Venn diagrams and in-depth interviews of
74 focal groups including both men and women. Findings reveal very typical gender images of both men and women held by the community members. A female is regarded as the ‘honour’ of the family and husband, and is restricted by man in every aspect of life. She has one main over-emphasised reproductive role, and even here she greatly lacks in decision making power. Infertility is considered a female problem and therefore she has to bear all its consequences. A male on the other hand is ‘head’ of household. He is brave, wife’s ‘elder’ and a responsible being. This clearly reflects the cultural attitude that prefers the birth of a son to a girl child who is seen as a liability.

This gender inequality results in restricted mobility of women and thus limited access to resources. This conservative attitude and behaviour negatively affects women’s health.

The findings also reveal presence of inadequate health services and infrastructure that needs improvement. The study offers certain ways of improving Reproductive Health Programmes but also identifies barriers in its implementation, such as lack of trained staff, cultural sensitivity and other factors, which need to be dealt with first.

**Discussion:**

- Balochistan is known to have the highest MMR in the world;
- Geographical and Cultural norms have kept Balochistan underserved;
- Political commitment is low in Balochistan.

**Abstract**

**Topic:** Social Sector Development and Gender Issues

**Speaker:** Ms. Kausar S. Khan

**Dept. of Community Health Sciences, AKU**

The presentation comprised of three parts:

1. Social sector development aspects of gender issues,
2. Gender issues in reproductive health,
3. And the third part was more question oriented to examine where our focus lies when we are working on Reproductive health: on the condition of women, the institutions or on the values of the society.

To examine social sector development, a mortality graph over the period of 1850-1985 was shown to review the decline in mortality over time. In view of this graph two questions were put forward: asking how we relate it to our own situation as the graph represented the period when social sector development was taking place in those countries, the second question, bringing forward the need to ask ourselves whether the health sector can play a new leadership role or not.

The second part of the presentation dealt with gender issues, in which a case history of Safoor’s life was presented. The concepts mainly focused on included:

**Figure 1.1 Still too many**

<table>
<thead>
<tr>
<th>Country</th>
<th>Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bhutan</td>
<td>150</td>
</tr>
<tr>
<td>Nepal</td>
<td>150</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>150</td>
</tr>
<tr>
<td>India</td>
<td>150</td>
</tr>
<tr>
<td>Pakistan</td>
<td>150</td>
</tr>
<tr>
<td>Maldives</td>
<td>150</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>150</td>
</tr>
<tr>
<td>South Asia</td>
<td>150</td>
</tr>
</tbody>
</table>

Under-5 mortality rate (per 1000 live births)
Maternal mortality rate (per 100,000 live births)

Source: HDSA 2000 Background Tables
Position and condition of women, which are key concepts within the gender analysis framework. The condition referred to women's practical needs and position to her strategic interests.
Division of labor: Productive and reproductive work. The study showed Sooora being involved in reproductive work, which is not valued socially.
Access and control over resources. These resources include health services, education, her time, and also the outcome of her work in terms of benefit over which she has no control.

In the third part an image of a tree was used in order to see where our focus lies when we are looking at reproductive health. In this image the leaves represented the condition of women; the trunk represented the institutions (household, community, market, state) consisting of five elements namely: rules/norms, activities, resources, people and power; and the roots the values.

By reflecting where our focus lies we would be looking not only for changes in fertility and contraceptive rates, we will be seeking indicators of change in gender relationships. Change which will be within the institutions because once changes take place within the institutions, that is what will give sustainability for women's improved health.

**Discussion:**
- TFR is going down in Bangladesh but MMR is unchanged;
- Economic Empowerment: Are credit schemes for women actually empowering women?
- The dichotomy of intra - generation and inter-generation values;
- Policies of International agencies (World Bank and IMF) are impacting upon the government and the HHs;
- What roles and norms is the state following?
- Is state surrendering its responsibilities?
- Is gender considered a development issue?

**HEALTH AND NUTRITION PROBLEMS AFFECTING WOMEN DURING THE LIFE CYCLE**

- **Infancy and Childhood**
  - Sex selection
  - Genital mutilation
  - Discriminatory nutrition and health care

- **Postproductive years**
  - Cardiovascular diseases
  - Gynecological cancers
  - Osteoporosis
  - Osteoarthritis
  - Diabetes

- **Adolescence**
  - Early childbearing
  - Unsafe abortion
  - STDs and AIDS
  - Undernutrition

- **Reproductive years**
  - Unplanned pregnancy
  - STDs and AIDS
  - Unsafe abortion
  - Pregnancy complications
  - Malnutrition, especially iron deficiency

SESSION IV - FUTURE ACTIONS
AND RECOMMENDATIONS
SESSION IV -
FUTURE ACTIONS AND RECOMMENDATIONS

Research and its Implementation

Areas of Focus for Research
- Identifying and then filling the gap, need to focus on:
  - Education,
  - Sex,
  - Harassment of women and children
  - Disease, Education
  - Situation of women and children in Sindh
- Need to build capacity of CBOs

Strengths
- Enough educated people in the area of research
- A great deal of baseline data available
- People in general are motivated at grassroots - the problem is with service providers and implementation
- Research on family planning and maternal mortality has been conducted throughout Pakistan

Gaps
- Information not disseminated; lack of media interest
- Ante-natal services poor; 80% of birth attendants are untrained
- People do not have a holistic and comprehensive view of women's health
- There are no nation wide studies of the impact of adolescent sex education, or abortion
- Need to examine RH in light of RR
- Need for advocacy with reference to RH/RR
  - Have to quantify service provision, but qualitative work also important
- People don't like to discuss STDs / RTIs
  - Users of research need to be identified to allow target user-operational research and focus reports
- Need for district wide studies - many exist of villages/groups, but very few larger than this
- Strong need for database showing different research projects, both underway and completed, to allow sharing of information and allow others the benefits of the research and prevent duplication
- Lack of communication amongst NGOs and also between NGOs and the government
- Negative relationship between NGOs and Government means that there is little respect for the research done by either side.
- Need for ethical committee where NGOs can go to get their projects cleared - this would also prevent plagiarising. Individual organisations such as AKU do have them, but they need to be nation wide.
- Politicians, Educationists, Media, NGOs, and religious leaders all need information, otherwise misunderstandings from lack of understanding can lead to problems
- Need more information about HIV/AIDS as
Health Education and Service Delivery

**Strengths**

- NGO approach is far more exploratory in understanding the community
- Good at designing programs to fit the communities' needs

**Gaps**

- Lack of trained personnel and adequate services
- Lack of continued education and training
- No proper training of LHV's in counselling and service delivery
- Lack of awareness
- NGOs send people of differing backgrounds to various communities, leading to incompatibility
- Lack of IEC materials
- Need to raise the issue of including preventive care and safe delivery etc. into the medical school curriculum
- Some GPOs have no accountability, therefore there is no compulsion on them to give preventive health care measures; lacking in awareness
- Curative, not preventive approach
- Need for community participation
- Lack of coordination should be dealt with
- District level personnel should be involved
- Need for capacity building of health care providers
- Need for NGO / government collaboration - NGOs should be involved in policy making

**Recommendations:**

- Health Education and Service Delivery need to be improved in both quality and quantity;
- A Directory of qualified Pakistani researchers should be made in Pakistan;
- Currently available in-country data on STDs/HIV/AIDS, information about abortions needs to be posted on a web-site;
- All research findings should be disseminated to the government for use in policy and planning;
- There should be an ethical committee formed for research work;
- Funding sources for research should be tapped.
Seminar Report Pakistan’s Population Challenge Post - ICPD Review

- Gender disaggregated data should be made widely available;
- Criteria for selection of participants should be well thought out, e.g. unmarried girls cannot be expected to promote FP; and those who
- Health Education should also have religious reference;
- Service Delivery: the official system lacks infrastructure, supplies and equipment
- Service Delivery: NGO programmes are perceived to be relatively better than government programmes;
- Community Oriented Medical Education (COME): the process/programme has no role for NGOs.

Non-Governmental Organisations - Self Reflection

Strengths

- Far more exploratory in understanding the community
- Good at designing programs to fit the communities needs

Gaps & Strategies

a) How to create awareness among the wider public?
   - CBOs should be approached
   - Through media
   - Using local media

b) Misconceptions about NGOs leads to scepticism about working with them
   - strengthening networks
   - creating awareness
   - working for more communication with the government

c) Role of media, both independent media

and government controlled

- training and orientation sessions for journalists on RH
- using local print media
- giving the media/journalist due importance (press releases)
- giving the journalists more responsibility to address the journalist network and interest them in RH issues

d) Need to address patriarchal culture

- street theatre
  - highlight role models
  - review curriculum and give positive images

e) Need for a textbook on RH

- design manuals (like AAHUNG’s manual on Adolescent Sexual Health)
- wider circulation of such manuals; others could then adapt them (dissemination of correct information)
- education needs to bear in mind the sensitivity of the issue
- Sexual health should be dealt with separately
- Need to appeal to literate and illiterate

f) Inadequate data collection

- Need to look at quantitative and qualitative data - sometimes there is duplication
- Training/orientation of data collectors
- NGO could provide assistance to government collecting data
- Need for better communications between various partners
- Involve trained or local people from the community

g) Need to strengthen advocacy

- Different levels of advocacy
- Need to involve cross-section of people such as technocrats, common people etc.
  - Address grass-roots level
• Media can play a positive role
• NGOs should complement each other

Recommendations:

• Media should be used to inform the public regarding the work of NGOs;
• State controlled media cannot be used for promotion of the work of NGOs;
• Print media should be used through associations/networks of journalists;
• Communication between the NGOs, NGOs and the private sector should be improved;
• CBOs should be fully involved;
• Post-ICPD and Post-Beijing recommendations on gender equality and equity should be disseminated;
• NATPOW should be made autonomous.

Government Policies with Respect to Reproductive Rights and Reproductive Health

Strengths

• New Population and Development Policy aims to provide an enabling environment for bringing about social and demographic change, and improvements in education and status of women
• Emphasis on securing sustained political commitment and mobilising broad based support - but little financial commitment
• Reproductive Health package has been prepared
• At present the Ministries of Health and Population have two committees dealing with RH at various levels; one is the Core Group which worked on the National Reproductive Health Package with members from both the ministries, and the second committee comes under the Planning Commission, carrying a broader mandate
• Elements of the policy have been incorporated into the Ninth Five Year Plan

Gaps

• Although male-to-male communication has been strengthened, it is not an official policy, and forms no part of the Eighth or Ninth Five Year Plans
• Contraception is not available at a nominal price to more than 20% of the population
• Need for collaboration between public and private sectors to deal with population issues is recognised, but not working as a strength
• Training of LHWs less intense in family planning than VBFPW workers, but VBFPW are less intensively trained in maternal health
• Need to strengthen and integrate existing information system of health and family planning services. Training of Health Service Providers in MIS and RH knowledge and skills, especially counselling
• Confusion in collaboration of MoH and MoPW for implementation of functional integration at management and service delivery levels
• Diversion of scarce resources from comprehensive health care
• Missing links of gender equality and reproductive rights
• Need to combine strategic objectives and action plans with present RH package of Ministries of Health and Population
• Need to address needs of men, adolescents and elderly
• Not all sectors of National Plan of Action for Women’s Development, 1998 have been
operationalised

- RH indicators need considerable improvement
- Health care system oriented towards curative tertiary care; as a result, primary and promotive health care have suffered
- Focus on target driven policies for family planning and contraception
- Need to consistently maintain present policies and improve upon them.
- No inclusion of gender issues, especially VAW and RH/RR in population policy and programs

Recommendations:

- Government policy on RR is currently non-existent: Government should repeal discriminatory laws and implement the NPA in totality;
- Parallel structures of MoH and MoPW are causing financial losses, therefore functional integration is not the only answer;
- Government should decentralise MoPW to provincial level;
- Government should not adopt numeric targets for RH (there is evidence of use of performance targets in the government programme);
- Provincial Health Foundations should be made functional.

SESSION V

- CLOSING SESSION

Closing Address: Ms Anita Ghulam Ali, Provincial Minister for Education, Sindh

Ms. Anita Ghulam Ali: The level of program management in the education and health sectors sounds similar - there has been an acute loss of time and funds. The systems lack a mandate and firm accountability. As far as health and reproductive rights are concerned, I am a firm believer that unless women are empowered especially with their rights, we cannot expect any development as far as women are concerned. It is important that educationists and persons working in the field of health come together to achieve this end. We have health, education and social welfare: if we cannot bring these three together in a multi-pronged integrated functional partnership then we cannot expect to have any change. When I say health of the nation, I mean the health of the women of this country. What is going to be the result for the female population in this country if they are not given their due rights? It is the strong women both physically and mentally who will accelerate advancement and give direction and leadership to this country. Although I am not a woman activist, I can say this because I understand the traditional framework that guides the lives of women, and the social fabric of the country.
Evaluation
Evaluation

The evaluation of the seminar was conducted employing two strategies. The first was to hand evaluation forms to the participants at the seminar and have them complete and return the form at the end of each day. The second was evaluation through a focus group discussion that was held in Karachi three weeks after the seminar. The participants of this group were also participants in the seminar who were located in Karachi and had consented to be part of this evaluation/debriefing. Both types of evaluation yielded a very positive and constructive response for the organisers and we the organisers learnt a great deal from the process. Below we have tried to keep the evaluation comments as original as possible with minimal editing.

Evaluation Form

1. To what extent has the seminar updated your knowledge of Pakistan’s actions regarding Reproductive Health post ICPD?
   - I was completely unaware of ICPD and especially Pakistan’s actions in this regard. Now I am clear on Pakistan’s Policies and the nine priority areas of the RH component in the NPA.
   - The seminar was to an extent helpful in giving us information about initiatives taken in the field of Reproductive health and recent developments. It would have been helpful if more written material had been provided.
   - This seminar has updated my knowledge to a great extent. I was not very aware what was included in the ICPD report.
   - Not much more than what I already knew
   - In a general way. In the form of updated statistics, which too were contradictory between speakers. My update was on the front of the higher awareness, involvement and commitment by so many competent people in this important area
   - It updated information about SMP projects in Pakistan, adolescent RH and education, importance and awareness at grass roots level especially in villages. Very informative about social sector development and gender issues, government policies with RH and Rights information
   - Not much, but still very interesting and stimulating to share views
   - Undoubtedly this seminar updated my knowledge because current information and knowledge were given regarding RH Post ICPD with excellent facilitators
   - Seminar certainly updated my information regarding the various RH post ICPD programs but most of the information shared was far too superficial, really not dealing with the root of the problem

2. To what extent has this seminar clarified concepts for you such as RH and RR?
   - Concepts were clarified to a lesser extent than expected especially those relating to reproductive rights.
   - This seminar has broadened my vision about RH - previously our focus has mainly been Family Planning
   - Not much more than what I know already
   - There is always room for refinement. Hearing so many view points adds to ones perspective and therefor knowledge, every time
   - RH is actually RR and very important aspect of Human Rights
   - Ideas have been clarified and re-informed,
especially as the result of knowing about the field work which is going on

- Good observations by the speakers. Practically we do not know what is happening

3. To what extent has this seminar clarified concepts and issues identified as barriers to ICPD implementation for you?

- The barriers were appropriately clarified and defined yet appropriate action to these barriers needs a much greater focus.
- Barriers identified: Role of government, Role of NGOs, Service provision all need to be worked on
- We have not focused on the importance of RR and Women's empowerment and a very persistent approach in which community participation is necessary
- Lack of education, basic education should go side by side with the population challenge to make them aware of all their rights
- The concepts and issues have always been clear. Regarding the barriers, the conference further confirmed that the barriers (e.g., men, religion, the issue of sustainability) still exist and are only indirectly addressed
- Cultural issues still persist
- Some of the concepts have been clarified particularly the non-relationship between the government and NGOs
- I feel the problems related to RH and its concepts and barriers to ICPD implementation are different at rural and urban levels. The seminar dealt with the concept holistically which left many questions unanswered and could be a problem for ICPD implementers in the future as well

- Create awareness about RH - Give facts and figures of population and RH
- I would like to see laws in place regarding reproductive rights of not only women but men and adolescents as well. Also empowering them to ensure their choice of action and safety is key to a higher health status.
- What we need for this program in RH is that we should mobilise all our available resources through motivation and awareness and for the success we should do some thing through the community because community orientated programs run very successfully and are result orientated
- Go to grass roots level and educate men and women
- More efforts for Training Programs including RH especially for TBAs, paramedics and midwives. More research about RH programmes and grass roots.
- Educating the parents on how to deal with sexual education. Secondary education in schools should include sex and contraceptive knowledge. Government needs to work with recognised NGOs
- Intense advocacy and education on the rural level should be started. I feel there are lots of programs dealing with RH particularly for women which need to be run at the community level.
- Network and collaborate
- There needs to be more co-ordination between stake holders and we should avoid reinventing the wheel again and again.
- Better supportive and complementing approach towards CBOs, to ensure clearer concepts about reproductive health as a whole in the community.
- Removing misconceptions about various RH components, and make quality health services more accessible to communities.

4. What future action regarding RH would you like to take after participating in this seminar?
5. Any comments or suggestions for future improvements?

- Enhanced NGO and Government partnerships and coordination in the future
- Improve accessibility of primary health care and improve utilisation of RH and family planning
- Perhaps smaller interactive groups would have been more productive rather than listening to a series of presentations
- Each Participant organisation should be made responsible for a task formulation and implementation of solutions to barriers, community involvement, creating awareness etc. Maybe a task force should be set up to formulate suggestions based on the findings of this seminar as a follow-up strategy
- Each element of reproductive health should have been taken separately and discussed separately. Only then the true and comprehensive understanding of reproductive health would have taken place. Otherwise RH will remain an alternative word for Family Planning because RH centres provide only Family Planning services. There should have been some group discussions, particularly for getting suggestions about future activities by the NGOs present
- Speakers were accurate, brief and clear. Discussions were lively and positive. Topics should have directly been related to objectives of ICPD every time. Instead of general information sharing the presentations should have focused on:

1. Improvement in field activity
2. Co-operation and co-ordination between NGO and government sectors at different levels.

- Regular and accountable funding for such projects
- Design operations research projects to assess viable, sustainable and applicable RH and FP models
- Family Oriented contraceptive programs, assignment of supplies and services
- Initiative to make "Health Insurance" Scheme compulsory for every citizen of Pakistan under legal cover
- Do make possible some essential Nutrition Package Subsidy for pregnant mothers with the co-ordination of government and private sectors and some foreign donations and its distribution with a transparent approach and accountability
- Instead of seminars there should be more field workshops involving the community people
- Group work and general discussions help to clear confusion so more time should be allotted to them.
- Need an RH web site, and a directory of RH NGOs
- Action plans must be prepared

Evaluation from Debriefing Session on ICPD

- The term ICPD still needs further clarification. The only people who were clear on its objectives were those who attended the ICPD in 1994 or those who had followed-up on its recommendation and action strategies. The Shirkat Gah Seminar served to give some orientation towards ICPD and its components, especially to those who knew little about ICPD.
- It seems that social scientists are more aware than medical practitioners about
what the term Reproductive Health encompasses; Many see the term “Reproductive Health” as referring to reproductive organs alone. Despite the fact that many people are confused about what the term Reproductive Health covers and what ICPD is, they are actually implementing what ICPD promises. This underlines the fact that awareness regarding ICPD in Pakistan has been minimal and as such has not influenced the work of NGOs, (NGOs are continuing to respond to the needs of the people)

- The holistic definition of ICPD does not appear to have been nationally accepted. Reproductive health is seen in a fragmented form e.g. MCH and FP, not as a comprehensive package. If we can bring closer the service delivery and advocacy oriented approaches, together the package will be more comprehensive. There are different aspects of Reproductive health and we need to clarify what comes under the Reproductive Health umbrella. We need to bring about a change at the policy level and also in the values of the society simultaneously. Some people assume that Reproductive Health is a woman’s issue and do not include men in this picture. RH is a partnership of both men and women. The term RH not only deals with the physical aspect of the male/female relationship but also their mental, social, and psychological well being. The sociological influences on women's health need due emphasis.

- We need to incorporate gender concerns in service delivery.
- It is also extremely important to raise awareness regarding sexual rights, but with due cultural sensitivity.
- How many people/organisations are really aware about the ICPD Plan of Action (PoA), and how many of them are implementing it? Does the National Plan of Action (NPA) cover all the areas addressed in the ICPD Plan of Action? If it does not then we need to study the NPA and fill in the gaps and add some more information to the same document for our use. The National PoA should be implemented and NGO groups have to identify what they have to do.

**ICPD + 5 Review and Gender**

The 1994 International Conference on Population and Development made gender equality and women’s empowerment central goals of a 20 year Programme of Action aimed at meeting individual needs and helping countries achieve sustainable development.

Among key gender-related actions recommended by the ICPD+5 review were:

- Establishing mechanisms to promote women’s equal representation at all levels of the political process and public life;
- Promoting the rights of adolescents, including married girls, to reproductive health education, information and care;
- Ensuring universal access to appropriate, affordable and quality health care for women throughout their life cycle;
- Meeting men’s reproductive and sexual health needs without prejudicing reproductive and sexual health services for women;
- Removing gender inequalities in the labour market, and instituting

and enforcing laws ensuring equal pay for equal work or for work for equal value;

- Monitoring the different impact on women and men of economic globalization and privatization of basic social services, particularly reproductive health services;
- Fostering zero tolerance for harmful attitudes like son preference, which can result in prenatal sex selection, discrimination and violence against women, including female genital mutilation, rape, incest, trafficking, sexual violence and exploitation;
- Promoting girls’ access to health, nutrition, education and life opportunities;
- Supporting parents’ role in strengthening girls’ self-image, self-esteem and status;
- Promoting positive male role models so boys will become adults who respect women’s reproductive health and rights.

Appendices
Draft Agenda
“Pakistan’s Population Challenge”
Post ICPD
Karachi
16-17 February, 2000

16 February, 2000

The ICPD Challenge
Chief Guest: Dr. Abdul Malik Kasi Federal Minister of Health and Population Welfare
Keynote : Dr. G.M. Samdani Former Federal Secretary, Ministry of Population Welfare
Moderator: Dr. Mehtab Karim Professor, The Aga Khan University

• “Population Issues in Pakistan & the ICPD Plan of Action - the country situation”
  Dr. G.M. Samdani, Former Federal Secretary, Ministry of Population Welfare

• Reproductive Health
  *Tahira Abdullah, UNFPA

• Reproductive Rights
  *Hina Jilani HRCP, AGHS, Legal Aid Cell

Govt. Action Plans, Policies and Barriers - Panel Discussion
Moderator: *Dr. Zeba Sathar Deputy Country Representative, Population Council

• Eight and Ninth Five Year Plans with emphasis on the Reproductive Health Package
  Dr. Mushtaq Khan, Chief Health and Population, Planning Commission

• Role of Community Workers of the Public Sector
  Mr. Mahboob Ahmed, Head, Technical Support Unit, UNFPA

• Social Sector Development and Gender Issues
  Ms. Kausar S. Khan, Associate Professor, Aga Khan University

• Resource Mobilisation for ICPD Implementation
  Dr. Sartaraz, Executive Director, Pakistan Institute for Developmental Economics

*Apologies were received from these people for not attending the meeting.
17th February, 2000

NGO Programmes and Implementation Barriers - Panel Discussion

Chief Guest: Prof. Anita Ghulam Ali  Minister of Education, Government of Sindh
Moderator: Dr. Habiba Hasan  Amnesty International

- Non-Governmental Organisation’s (NGOs)
  - AAHUNG - Shazia Premjee
  - Social Marketing Programme - Dr. Laila Gardezi,
  - Family Planning Association Pakistan - Ms. Suraiya Jabeen, Chief Operations Officer
  - Marie Stopes Society - Dr. Mohsina Bilgarami, Executive Director

Future Actions and Recommendations

Moderator: Sadiqa Salahuddin

- Working Groups (to discuss and list barriers and recommend how to overcome them)
  - Research and Implementation
    - Health provision and delivery in the public sector
    - Non-Governmental Organisations (NGOs)
    - Government Policies with respect to Reproductive Rights and Reproductive Health
    - Future Actions and Recommendations - Presentations
### FINAL AGENDA

"Pakistan's Population Challenge"

Post ICPD

16-17 February, 2000

Hotel Metropole, Karachi

*Actual Programme*

#### DAY 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 - 9:30</td>
<td>Registration</td>
</tr>
<tr>
<td>9:30 - 10:00</td>
<td><strong>Opening Session</strong></td>
</tr>
<tr>
<td></td>
<td>Tilawat Welcome Address</td>
</tr>
<tr>
<td></td>
<td><strong>Hilda Saeed</strong>, Shirkat Gah</td>
</tr>
<tr>
<td></td>
<td>Address by Chief Guest</td>
</tr>
<tr>
<td></td>
<td><strong>Dr. Abdul Malik Kasi</strong>, Federal Minister of Health and Population Welfare</td>
</tr>
</tbody>
</table>

**Session I**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 - 10:30</td>
<td><strong>The ICPD Challenge</strong></td>
</tr>
<tr>
<td></td>
<td>Moderator: <strong>Dr. Mehtab Karim</strong>, Associate Professor, The Aga Khan University</td>
</tr>
<tr>
<td></td>
<td>Keynote &quot;Population Issues in Pakistan &amp; the ICPD Plan of Action - the Country Situation&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;<strong>Dr. G.M. Samdani</strong>, Former Federal Secretary Population Welfare</td>
</tr>
<tr>
<td>10:30 - 11:00</td>
<td>Tea</td>
</tr>
<tr>
<td>11:00 - 11:30</td>
<td><strong>Reproductive Health and Reproductive Rights</strong> <strong>Hilda Saeed</strong>, Shirkat Gah</td>
</tr>
<tr>
<td>11:30 - 12:30</td>
<td>Discussion and wrap-up</td>
</tr>
<tr>
<td>12:30 - 1:30</td>
<td>Lunch</td>
</tr>
</tbody>
</table>

**Session II**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:30 - 2:00</td>
<td><strong>Initiatives and Barriers on Reproductive Health</strong></td>
</tr>
<tr>
<td></td>
<td>Moderator: <strong>Dr. Habiba Hassan</strong>, Amnesty International</td>
</tr>
<tr>
<td></td>
<td>Prime Minister’s Program for Family Planning &amp; Primary Health Care</td>
</tr>
<tr>
<td></td>
<td><strong>Dr. G.M. Samdani</strong>, Former Federal Secretary Population Welfare</td>
</tr>
<tr>
<td>2:00 - 2:30</td>
<td>Integration of Information Systems for Reproductive Health</td>
</tr>
<tr>
<td></td>
<td><strong>Asifa Khanum</strong>, The Aga Khan University</td>
</tr>
<tr>
<td>2:30 - 3:00</td>
<td>Tea</td>
</tr>
<tr>
<td>3:00 - 3:30</td>
<td><strong>International Initiatives on Reproductive Health</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Leyla Gulcur</strong>, International Women’s Health Coalition</td>
</tr>
<tr>
<td>3:30 - 4:30</td>
<td>Discussion and Wrap-up</td>
</tr>
</tbody>
</table>
**Day 2**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 - 9:30</td>
<td>Registration</td>
</tr>
<tr>
<td>9:30 - 10:00</td>
<td><strong>Session III</strong> - NGO Programs and Implementation Barriers</td>
</tr>
<tr>
<td></td>
<td>Moderator: <strong>Dr. Sher Shah Syed</strong>, Convenor National Forum on Women's Health</td>
</tr>
<tr>
<td></td>
<td><em>Adolescent Reproductive Health</em> <strong>Shazia Premjee</strong>, AAHUNG</td>
</tr>
<tr>
<td>10:00 - 10:30</td>
<td><strong>Social Marketing Programme the Private Sector Initiatives</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Dr. Laila Gardezi</strong>, Regional Field Operations Manager, Social Marketing Pakistan</td>
</tr>
<tr>
<td>10:30 - 10:50</td>
<td>Tea</td>
</tr>
<tr>
<td>10:50 - 11:20</td>
<td><strong>Gender Assessment Study</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Dr. Mohsina Bilgarami</strong>, Executive Director, Marie Stopes Society</td>
</tr>
<tr>
<td>11:20 - 11:50</td>
<td><strong>Social Sector Development and Gender Issues</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Kausar S. Khan</strong>, Associate Professor, Community Health Sciences The Aga Khan University</td>
</tr>
<tr>
<td>11:50 - 12:30</td>
<td>Discussion &amp; Wrap-up</td>
</tr>
<tr>
<td>12:30 - 1:30</td>
<td>Lunch</td>
</tr>
<tr>
<td></td>
<td><strong>Session IV</strong> - Working Groups - Future Actions and Recommendation &amp; Tea</td>
</tr>
<tr>
<td>1:30 - 3:30</td>
<td>Moderator: <strong>Dr. Saman Yazdani</strong></td>
</tr>
<tr>
<td></td>
<td>1. Research and its Implementation</td>
</tr>
<tr>
<td></td>
<td>2. Health Education &amp; Service Delivery - Public Sector</td>
</tr>
<tr>
<td></td>
<td>3. Non-Governmental Organisations - Self Reflection(NGOs)</td>
</tr>
<tr>
<td></td>
<td>4. Government Policies with Respect to Reproductive Rights and Reproductive Health</td>
</tr>
<tr>
<td>3:00</td>
<td><strong>Working tea served</strong></td>
</tr>
<tr>
<td>3:30 - 4:30</td>
<td>Presentation of Recommendations and Discussion</td>
</tr>
<tr>
<td>4:30 - 5:00</td>
<td><strong>Closing Session</strong></td>
</tr>
<tr>
<td></td>
<td>Presided Over by <strong>Ms. Anita Ghulam Ali</strong>, Minister for Education, Government of Sindh</td>
</tr>
<tr>
<td></td>
<td>Wrap-up</td>
</tr>
<tr>
<td></td>
<td>Vote of Thanks</td>
</tr>
<tr>
<td></td>
<td><strong>Meher Marker Nosherwani</strong>, Shirkat Gah</td>
</tr>
</tbody>
</table>
"Pakistan's Population Challenge"
Post ICPD Review
16 - 17 February, 2000
Hotel Metropole, Karachi

Evaluation Form

Attended Day 1 □ Day 2 □

1. To what extent has the seminar updated your knowledge of Pakistan's actions regarding Reproductive Health/ Post -ICPD?

2. To what extent has this seminar clarified concepts for you such as Reproductive Health and Reproductive Rights?

3. To what extent has this seminar clarified concepts and issues identified as barriers to ICPD implementation for you?

4. What future action regarding Reproductive Health would you like to take after participating in his seminar?

5. Any comments or suggestions for future improvements
IPPF Charter on Sexual and Reproductive Rights

In 1995 the International Planned Parenthood Federation and its 127 member associations approved a Charter on Sexual and Reproductive Rights, based on international human rights instruments. A summary is as follows:

1. The **right to life** should be invoked to protect women whose lives are currently endangered by pregnancy.

2. The **right to liberty** and security of the person should be invoked to protect women currently at risk from genital mutilation, or subject to forced pregnancy, sterilisation or abortion.

3. The **right to equality and to be free from all forms of discrimination** should be invoked to protect the right of all people, regardless of race, colour, sex, sexual orientation, marital status, family position, age, language, religion, political or other opinion, national or social origin, property, birth or other status, to equal access to information, education and services related to development and sexual and reproductive health.

4. The **right to freedom of privacy** should be invoked to protect the right of all clients of sexual and reproductive health care information, education and services to a degree of privacy, and to confidentiality with regard to personal information given to service providers.

5. The **right to freedom of thought** should be invoked to protect the right of all persons to access to education and information related to their sexual and reproductive health free from restrictions on grounds of thought, conscience and religion.

6. The **right to information and education** should be invoked to protect the rights of all persons to access to full information on the benefits, risks and effectiveness of all methods of fertility regulation, in order that any decisions they take on such matters are made with full, free and informed consent.

7. The **right to choose whether or not to marry and to found and plan a family** should be invoked to protect all persons against any marriage entered into without the full, free and informed consent of both partners.

8. The **right to decide whether or not to have children** should be invoked to protect the right of all persons to reproductive health care services which offer the widest possible range of safe, effective and acceptable methods of fertility regulation, and are accessible, affordable,
acceptable and convenient for all users.

9. The **right to health care and health protection** should be invoked to protect the right of all persons to the highest possible quality of health care, and the right to be free from traditional practices which are harmful to health.

10. The **right to the benefits of scientific progress** should be invoked to protect the right of all persons to access to available reproductive health care technology which studies have shown to have acceptable risk/benefit profile, and where to withhold such technology would have harmful effects on health and well-being.

11. The **right to freedom of assembly and political participation** should be invoked to protect the right to form association which aims to promote sexual and reproductive health and rights.

12. The **right to be free from torture and ill treatment** should be invoked to protect children, women and men from all forms of sexual violence, exploitation and abuse.


---

**Universal Declaration of Human Rights**

*Articles of the Universal Declaration of Human Rights that are relevant to the discussion of Reproductive Rights include:*

**Article 1:**
“All human beings are born free and equal in dignity and rights”

**Article 3:**
“Everyone has the right to life, liberty and security of person”

**Article 7:**
“All are equal before the law and are entitled without any discrimination to equal protection of the law”

**Article 12:**
“No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, not to attacks upon his honour and reputation”

**Article 16:**
“Men and Women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. The are entitled to equal rights as to marriage, during marriage and at its dissolution. Marriage shall be entered into only with the free and full consent of the intending spouses. The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.”

**Article 25:**
“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services...Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.”

The Cairo platform integrated a rights approach into health issues, but many countries have yet to adopt this proposition. The human rights of women include their right to have control over and decide freely and responsibly about issues relating to reproductive health.

Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have information and means to do so, and the right to attain the highest standard of sexual and reproductive health... the right to make decisions concerning reproduction free of discrimination, coercion, and violence...

The 1994 International Conference on Population and Development (ICPD) recognized the urgency to implement crucial changes in global developmental policies that were both initiated and supported by women and would work in women's interests. Previous population conferences had generated widespread dialogue at Bucharest in 1974 and Mexico City in 1984 but it was at Cairo that a huge public debate ensued resulting in the ICPD Programme of Action that stressed positive developmental change. The latter was deemed as necessary but only when other sociological aspects were painstakingly reviewed as the basic requirement of reproductive health and reproductive rights including the stipulations of family planning and reproductive health care services, information on fundamental health care and contraception, counselling and treatment for RTIs, STDs and sex education for both men, women and youth about responsible sexual behaviour.

It has been estimated that, in developing countries and countries with economies in transition, the implementation of programmes in the area of reproductive health, including those relat...
ed to family planning, maternal health and prevention of sexually transmitted diseases, as well as the collection of population data, will cost $17.0 billion in 2000, $18.5 billion in 2005, $20.5 billion in 2010 and $21.7 billion in 2015. These cost estimates are instructive particularly in reference to the costs of implementing reproductive health service delivery but six years after the ICPD conference much has been accomplished in many countries.

The situation in Pakistan, when compared to the rest of the developing world, Pakistan's population programme began with family planning projects in the 1970s. But significant political commitment to the programme as well as two lengthy periods of military dictatorship and discriminatory legislation in the '80s, added to the lack of sustained policy and programme objectives. Obstacles in this area abound, though many are common to all developing countries. The focus on population control through family planning fails at times to recognize the importance of reproductive health and women's empowerment; the ineffective support of civil society despite the agreements reached in the ICPD Programme of Action; the persistence in the early days of primary health care and quality and the emphasis on user charges, cost effectiveness and privatization in health sector reforms resulting in high costs and reduced access for women and girls and the discriminatory policies and legislation that governs certain countries which adversely affect environments, human rights and labour standards.

The 1998 census estimates that the present population of Pakistan is approximately 130 million and will increase at the rate 2.3 per cent per annum. The contraceptive prevalence rate is 23.5 per cent which may be higher than ever before, the total fertility rate is at 4.2 but mortality rates are still tragically high to make Pakistan meet the ICPD Plan of Action in 1994 but has not been fully successful in implementing many of the issues. Before this conference, the situation with respect to reproductive health care and reproductive rights was dealt with by the Population Welfare programme which suffered from weak political commitment, lack of adequate resources, low budgetary allocations for the social sector and continuous shifts in policy. The latter caused a complete deadlock coupled with sociological problems, discriminatory legislation, feudalism and tribalism, low levels of literacy and skill development and overriding poverty. This, in turn gave rise to gender inequalities and violence against women that systematically erodes the socio-cultural fabric of society. Therefore, despite the considerable impetus from Cairo and Beijing, the ICPD Programme of Action was not completely accepted by Pakistan's conservative sectors also because of the 'abortion debate' that has not been addressed.

Misinformation about family planning exacerbated by social conservatism has led to a confused approach towards reproductive health. The end result is being the high degree of maternal mortality in women and children and infant morbidity and mortality. Visible changes since 1997 have been minute but the infrastructure for family planning has become more efficient in that people from within the government, and NGOs related to this field have shown greater commitment. NGOs have become more clearer in their objectives and strategies, and their work methods have been streamlined to use professional expertise.

At a recent post-ICPD seminar it was established that Pakistan's health care system has always been geared towards tertiary medical care and that primary care had been shored up in the background until recently. What is crucial is the missing link between reproductive health care and rights: gender equality and reproductive rights that are integral to human rights and the enhancement of women's empowerment and achievements of efficient sexual and reproductive health services. Action needs to be focused in some Pakistani areas that include quality primary health care as well as effective referral systems to higher level care. Skilled professionals need to be able to educate and provide information and services to women as well as men.

In her analysis of the situation with respect to reproductive health, Hilda Saeed from Shirkat Gah discussed consistent government efforts to initiate a structural framework in the Ninth Five Year Plan spanning 1999-2003. The components of this plan include the training of village based health and family planning workers and lady health workers so they may provide door-to-door facilities. Women from remote rural villages are not permitted to step out of their homes unescorted by menfolk or for any relevant purpose, as visiting healthcare counsellors for advice or medical services. They remain uneducated about safe contraceptive choices and methods; about skilled care during pregnancy, delivery and post-partum care; about safe abortion and about the prevention and management of reproductive infections and other gynaecological problems. Many state economic problems as the main reason why they resort to aborting unwanted pregnancies with the help of traditional birth attendants who use unsafe methods. The lack of awareness and services regarding safe abortion does not imply that women do not resort to using this as a means of family planning. They do so because family planning methods have not only failed in most cases but that they are unaware of the choices available to them.

Dr G M Samdani, the former federal secretary of population and family welfare who was asked about the illegality of abortion in Pakistan refused to comment during the course of the seminar despite the fact that aberration in induced and clandestine abortions using ironies, herb potions, knitting needles, pins, cock hangers and gunpowder. The widespread reality is that women in Pakistan are resorting to unsafe methods to terminate unwanted pregnancies resulting in high maternal mortality rates. Women's reproductive healthcare has been shadowed by restrictive laws and by ignorance and prejudice.

Abortion is permitted by law in many countries at least to save the life of the woman and in cases of rape or incest. In Pakistan, 40 percent of all women resorting to illegal abortion die. We cannot simply shy away from this issue which glares society in the face. The subject of casual sexual contact which does exist in Pakistan as well results in abortion and HIV with under 25 year olds constituting a high-risk group.

While defining and understanding human rights, there must be a recognition of women's rights as human rights, including women's right to control their sexuality and life, their ability to reproduce or not, their right to health, and other sexual and reproductive rights. Recommendations that emerged during the seminar include the role of parents and the importance of sexual education at private and public schools. Also, in many cases there is no stress on the healthcare of the woman who must have a huge family to appease her spouse and in-laws in this society. There is hardly any form of informed consent between partners despite the fact that it is about collective responsibility.

Leyla Gulec, another speaker at the seminar works with Women for Women's Human Rights, an Istanbul based women's NGO which has highlighted violence against women by raising public consciousness and facilitating the extension of the movement into the legal arena. Her focus was on women's sexual and reproductive health and rights. She highlighted a rights-based approach and discussed an assessment conducted in three countries — Uzbekistan, Bangladesh and Turkey — all Muslim countries where women have gained sufficient rights to self-empowerment. Despite the fact that the Cairo platform integrated the rights approach into health issues, many countries have not yet adopted this propo-
The empowerment and the autonomy of women and the betterment of their political, social, economic and health status is highly important and essential for a country’s sustainable development. The government is apprehensive about implementing clear cut population policies due to the control of the fundamentalist lobby. Political parties never include population policies in their manifestos. Since 1964, the training of health officials and providers in gender related perspectives and comprehending women’s rights has yielded slow but promising response. However, the need to change the mindset is still very much there despite the fact that people have begun to accept a more holistic approach to health.

The relationship between the government and NGOs involved with reproductive health and rights has never been smooth sailing where consensus is not debated. Dr Samadir referred to this partnership when he spoke of the functional integration of services provided by the ministry of population welfare and that of health. This partnership ensures that NGOs assist the government programme by lending their professional expertise, generation awareness in rural/urban communities on gender concerns and focusing on adolescents as a target group to disseminate information on reproductive health issues. Two NGOs that work extensively in this area are SMP and Key Social marketing that have trained practitioners providing family planning facilities. Another important aspect is the role of the clergy as advocates for family planning which has successfully been implemented in certain Muslim countries as Bangladesh and Malaysia.

Pakistan’s population policy now includes six components for reproductive health, including family planning counseling, pre and post natal care, prevention and treatment of infertility and the prevention and management of abortion. The National Plan of Action for Women’s Development has adopted the recommendations of the World Conference on Women in Beijing was adopted by the government in August 1998 but much has still to be achieved. The strength of the obscurantist lobby has always hampered women’s rights and efforts to attain the objectives of the ICPD Programme of Action. Discriminatory laws as the zina ordinance have not been reviewed. Therefore, violence against women continues unabated in all sections of society: some with legal sanction.

A Commission of Inquiry on the Status of Women established in 1996 and headed by a Supreme Court judge recommended amongst many pointers that the education and health needs of women should be given top priority; that all government programmes must be geared towards removing gender disparities in education facilities; that allocations to health and population sectors should be gradually increased to 6 percent of the GDP; that women’s right to obtain an abortion by choice within the first 120 days of pregnancy should be unambiguously declared an absolute legal right; that a woman’s right to obtain an abortion beyond 120 days be made permissible if she has been raped or there is a health risk involved; that family planning programmes should target men as well as women and for awareness raising and that tax rebates or other incentives for families with three or less children be considered.

The 1999 report The Dimensions of Violence by HRCP states that the increasing violence against women has not ceased. Between January and November 1999, 675 women were murdered, 272 suffered burn injuries, 597 were raped and 713 kidnapped. The press managed to report a mere 41 cases of custodial violence and 148 women reported sexual harassment. More than one thousand women are killed each year in the name of honour and many more are victims of domestic violence. We live in a society which will progress to grant women autonomy but not before hundreds have sacrificed their body and soul in the fight for equal human rights.
Participants List

ARROW Invitees Information

Dr. Abdul Bari
Save the Children, USA
Project Manager, Monitoring, Evaluation and Research
House No. 191-B
Street No 10
Sector E/7
Islamabad
HARIPUR
(h): (w): (f):
(w): (f):
(e): abdulbari99@hotmail.com;
schrp@atb.hazara.net.pk

Mr. Abdul Sattar Shahwani
Population Welfare
Tehsil Population Welfare Officer
C-54 Railway Housing Society
Joint Road
QUETTA
(w): (f):
(w): (f):
(e): welcome@IDSPqta.sdnpk.unep.org;

Dr. Ahsanullah
HOPE
Cantt Bazzar
Drigh Road
KARACHI
(w): (f):
(w): (f):
(e): spdc@cyber.net.pk;

Ms. Aisha Ghaus Pasha
Social Policy and Development Centre (SPDC)
Deputy Managing Director
15, Maqbool Co-operative Housing Society
Block 7 & 8

PO. Box 13037
KARACHI
(e): (w):
(w); (f): (e): wpf@isb.comsat.net.pk;

Ms. Anne Zeindl-Cronin
World Population Foundation (WPF)
Project Advisor
House. 15, Street 7
Sector F-8/3
ISLAMABAD
(w); (f):
(w); (f):
(e): wpf@isb.comsat.net.pk;

Mr. Aquil Hussain
HOPE
Cantt Bazzar
Drigh Road
KARACHI
(w):
(w):
(e): welcome@ISDPqta.sdnpk.unep.org;

Dr. Asif Aslam
United Nations International
Children's Educational Fund
(UNICEF)
Programme Officer
Plot No. 84, Block 7/8
Alhamra Cooperative Housing Society
KARACHI
(w): (f):
(w): (f):
(e): spdc@cyber.net.pk;

Prof. Donald Hillman
CESO
Professors of Paediatric and Public Health
C/o The Guest House
Aga Khan University
KARACHI
Seminar Report Pakistan’s Population Challenge Post - ICPD Review

Dr. Elizabeth Hillman
CIDA
Professors of Paediatric and Public Health
C/o Guest House
Aga Khan University
KARACHI

Dr. Farhat Ajmal Husain
Behbud Association
Co-Chairperson, T.B. Clinic
11-D/6
PECHS
KARACHI
(h): (02-21) 452-7204
(w): (02-21) 576-906; (02-21) 586-2093
(f): (02-21) 586-2093
(e): behbuah@super.net.pk;

Mrs. Farida Shafiq Mian
Behbud Association
Chairperson, Mother and Child Clinic
Street 9, Block 1
KDA Scheme 5
Kehkashan, Clifton
KARACHI
(w): (02-21) 576-906; (02-21) 586-2093
(f): (02-21) 586-2093
(e): behbuah@super.net.pk;

Ms. Farrah Naz
OXFAM
Programme Coordinator
House No 109
Street 60, Sector 1 - 8/3
ISLAMABAD
(w): (02-51) 449-791;
(f): (02-51) 449-790

(e): oxfam@compel.com;
oxfam@isb.compol.com

Ms. Farzana Bari
Women’s Studies Centre/ Pattan
Director
House # 125C, Street 19
Sector F11/2
ISLAMABAD
(w): (02-51) 299-505; (02-51) 290-494
(f): (02-51) 291-547
(e): farzana@isb.comsats.net.pk;

Ms. Fauzia Rauf
Shirkat Gah
Senior Programme Officer
08 Tipu Block
New Garden Town
LAHORE
(w): (02-42) 583-2448; (02-42) 583-6554
(f): (02-42) 586-0185
(e): sgah@hr.comsats.net.pk;
sgah@sgah.brain.net.pk

Dr. Fayaz Ali Laghari
Sindh Aids Control Program
I/C Surveillance
Services Hospital
Sindh Aids Control Programme
KARACHI
(w): (02-21) 777-1753; (02-21) 777-8059
(e): lagharifa@yahoo.com;

Ms. Fouzia Rahman
Consultant Health/Population
F71/4, Block 8
Clifton
KARACHI
(h): (02-21) 583-8796
(e): fouzia@khi.fascom.com;
Mr. G.M. Samdani  
Former Secretary Population and Welfare  
House #19, Street 13  
Sector I 8/1  
ISLAMABAD  
(h): (92-51)446-654  
(@): mail@spo-khi.khi.sndpk.undp.org;

Mr. Gul Mastoi  
Strengthening Participatory Organization (SPO)  
Regional Director  
House # A-31, Block-1,  
Phase-1, Qasimabad  
HYDERABAD  
(w): (92-22)654-725; (92-22)617-529  
(f): (92-22)652-126

Ms. Gulrang  
Human Rights Commission of Pakistan  
Volunteer Member  
1/1-C, Block 6  
P.E.C.H.S.  
KARACHI  
(w): (92-21)453-2458;  
(f): (92-21)453-2459  
(@): hrcc@cyber.net.pk;

Dr Habiba Hassan  
Amnesty International  
SD-49  
Askari III Apts.  
KARACHI  
(h): (92-21)263-6088  
(w): (92-21)493-1666; (92-21)263-6089

Ms. Hilda Saeed  
Shirkat Gah  
Coordinator  
F25/A, Block 9  
Clifton  
KARACHI

Mrs. Imtiaz Kamal  
Rahnuma Reproductive Health Consultants  
40/1 KHE Hafiz  
DHA Phase 5  
KARACHI  
(w): (92-21)585-4332; (92-21)587-0577  
(f): (92-21)583-7397  
(@): itka@xicex.com;

Mr. John Davies  
Consultant  
D-280  
KDA-1A  
KARACHI  
(w): (92-21)492-3010;  
(@): JDAVIES@ALEPHX.COM;  
(@): kamran@smp.foscom.com;

Dr. Kamran Mashhadi  
Social Marketing Pakistan  
Regional Manager  
D-29, Block-2  
KDA Scheme #5  
KARACHI  
(w): (92-21)583-8841-47;  
(f): (92-21)5877397 (f):

Ms. Kamila Marvi  
Aahung  
F 32/1, Block 8  
Clifton  
KARACHI  
(w): (92-21)584-0244; (92-21)5871043  
(f): (92-21)587-1043  
(@): kmt-aahung@cyber.net.pk;

Mrs. Khadijah Manzur  
Behbud Association
Seminar Report Pakistan's Population Challenge Post - ICPD Review

Senior Vice President
St. 9 Block 1
KDA Scheme 5
Kehkashan, Clifton
KARACHI
(w): (92-21) 576-906; (92-21) 586-2093
(f): (92-21) 586-2093
(e): behbood@super.net.pk;

Dr. Khalid Javed Jan
Community Support Concern
319-4-D/I
New Township
LAHORE
(w): (92-42) 343-406; (92-42) 512-0410
(f): (92-42) 511-6343
(e): cscp@brain.net.pk;

Dr. Laila Gardezi
Social Marketing Pakistan
Regional Field Operations Manager
101 Meera Khan Road
St. John's Park
Cantt.
LAHORE
(w): (92-42) 666-4536-7; (92-42) 666-7813
(f): (92-42) 666-7534
(e): lailagz@brain.net.pk;

Dr Laura Reichenbach
Population Council
Consultant
House No. 7, Street 62
Sector F-6/3
ISLAMABAD
(w): (92-51) 277439;
(f): (92-51) 2821401 (f): (92-572) 2779
(e): laura@glt.comsats.net.pk;
lreichenbach@pcpak.org

Ms. Madeline Wright
Rural Social Development Programme

Programme Coordinator
Programme Coordination Office
H # 196-A, Street 36, Sector F-10/1
ISLAMABAD
(w): (92-51) 212-970; (92-51) 214-126
(f): (92-51) 212-970 (f):
(e): rsdp@isb.comsats.net.pk;
mandy@mail.comsats.net.pk

Ms. Mahpara Sadaqat
Applied Economics Research Centre (AERC)
Staff Economist
Karachi University
University Road
KARACHI
(w): (92-21) 496-4284; (92-21) 496-2084
(f): (92-21) 496-9729
(e): mah@aerc.its.super.net.pk;

Mrs. Margaret Majeed
Behbud Association
Chairperson, Mother and Child Clinic,
Clifton Centre
Population Welfare and Reproductive Health
Street 9, Block 1
KDA Scheme 5
Kehkashan, Clifton
KARACHI
(w): (92-21) 576-906;
(f): (92-21) 586-2093
(e): behbood@super.net.pk;

Mrs. Meher Kermani
All Pakistan Women's Association (APWA)
Vice President
67/B
Garden Road
KARACHI
(w): (92-21) 722-5854; (92-21) 721-2991
(f): (92-21) 722-1965
(e): apwa@pienet.net.pk;
kermn@apwa.khi.sdnpk.undp.org
Ms. Mehnaz Rahman
Aurat Foundation (AF)
Political Education Coordinator
F-5/1 Block 7
KDA Scheme 5
Clifton
KARACHI
(w): (92-21) 586-7814;
(f): (92-21) 586-7814
(@): rami@global.net.pk;

Dr. Mehtab Karim
Aga Khan University-Dept. of Community Health Sciences
Head, Reproductive Health
P.O. Box 3500
Stadium Road
KARACHI
(w): (92-21) 483-0051;

Mr. Moazzam Ali
Human Rights Commission of Pakistan (HRCP)
Coordinator
1/IC, Block-6
P.E.C.H.S.
KARACHI
(w): (92-21) 453-2459;
(f): (92-21) 453-2459
(@): hrcp@cyber.net.pk;

Dr. Mohammad S. Butt
Applied Economics Research Centre (AERC)
Senior Research Economist
P.O. Box 8403
University of Karachi
KARACHI
(h): (92-21) 474-384
(w): (92-21) 474-749; (92-21) 496-4284
(f): (92-21) 496-9729
(@): sabih@aerc.its.super.net.pk;

Dr. Mohsin Saeed Khan
EU/RSDP (Sex Development Management)
Health Management Specialist
C/o Programme Coordination Office
House No. 196-A
Street 36
Sector F10/1
ISLAMABAD
(h): (92-51) 435-8558
(w): (92-51) 212-970; (92-51) 214-126
(f): (92-51) 212-970
(@): msk65@yahoo.com;
rsdp@isb.comsats.net.pk

Dr. Mohsina Bilgrami
Marie Stopes Society
Executive Director
1, 6-C Commercial Area
Sunset Boulevard
DHA, Phase 2
KARACHI
(w): (92-21) 580-2361-2;
(f): (92-21) 588-6471
(@): mbmss@cyber.net.pk;
msmss@cyber.net.pk

Dr. Musina Agboatwalla
HOPE
President
5 Amir Khusro Road
Block 7&8
Overseas Cooperative Society
KARACHI
(w): (92-21) 453-9393;
(@): agboat@gerrys.net;

Ms. Naya A. Burney
Marie Stopes Society
Gender Trainer
1, 21- C Commercial Area
Sunset Boulevard
DHA, Phase 2
KARACHI
(l): (02-21) 4961331
(w): (02-21) 5808262; (0) 5889876
(f): (02-21) 588-6471
(e): nbmss@cyber.net.pk

Ms. Nighat Saeed Khan
National Committee of Maternal Health
(NCMH)
National Coordinator
3-C Commercial Lane 2
Zamzama Clifton
KARACHI
(l): (02-21) 5843078
(w): (02-21) 587-0577; (02-21) 583-7397
(f): (02-21) 583-7397
(e): ncmh@xiber.com; ncmns@cyber.net.pk

Mr. Noor Elahi Arain
Family Planning Association of Pakistan
(FPAP)
Regional Director
131-Britto Road
Purani Numaish
KARACHI
(w): (02-21) 721-2045;
(f): (02-21) 722-2580

Ms. Noureen Bano Lehri
IDSP Pakistan
Research and Teaching Fellow
C-54 Railway Housing Society
Joint Road
QUETTA
(w): (02-81) 446-862;
(e): welcome@IDSPqta.slnpk.undp.org;
(e): ngorc@aol.net.pk;

Mr. Qadeer Baig
NGO Resource Centre (NGORC)
Programme Manager
D-114, Block 5

Kehkashan
Clifton
KARACHI
(w): (02-21) 586-5501-2;
(f): (02-21) 586-5503

Ms. Razeshta Sethna
DAWN, Daily Newspaper
Sub-Editor
27 Old Clifton
KARACHI
(l): (02-21) 583-8584
(w): (02-21) 583-8282;

Mrs. Rehana Rashdi
Pakistan Voluntary Health and Nutrition
Association (PAVHNA)
Project Director
45-C 14th Commercial Street
Phase II Extension D10A
KARACHI
(w): (02-21) 580-1401; (02-21) 580-1403
(f): (02-21) 588-7850
(e): pavhna@global.net.pk;

Dr. Saddar Bakhtiar Khan
Sung Development Foundation
Principal Program Coordinator, Health and
Sanitation
1748/C, Civil Lines
ABBOTTABAD
(w): (02-992) 333-414; (02-992) 334-750
(f): (02-992) 331-726
(e): mbackhtiar@hotmail.com;
mbk12000@yahoo.com

Ms. Sadia Ahmed
Canadian High Commission
Programme Officer
Diplomatic Enclave, Ramna 5
P.O. Box 1042
ISLAMABAD
Seminar Report Pakistan's Population Challenge Post-ICPD Review

Mrs. Sadiqa Salahuddin
Indus Resource Center
Executive Director
TP3, 2 floor
Block B, Phase V
Mall Square, DHA
KARACHI
(w):(02-21)586-0485;
(e): sadiqas@super.net.pk;
(e): idsp@qta.paknet.com.pk;
    idsp@paknet.com

Ms. Saima Gul
Institute for Development Studies and Practices (IDSP)
Research and Teaching Coordinator
C-11 Railway Housing Society
Joint Road
PO. Box 85
GPO - Quetta
QUETTA
(w):(02-81)448775;

Dr. Sajida Samad
College for Physicians and Surgeons Pakistan
RH Advisor
7th Central Street
DHA Phase II
KARACHI
(w):(02-21)589-2801-10;
(f):(02-21)588-7513
(e): sajidamasad@yahoo.com;

Dr. Saleem Abbas Malik
Sungi Development Foundation
Assistant Coordinator Health and Sanitation
1748/C, Civil Lines
ABBOTTABAD
(w):(02-992)333-414; (02-992)334-750
(f):(02-992)331-726
(e): drsaleem65@hotmail.com;

Dr. Sarfaraz K. Qureshi
Pakistan Institute for Development Economics (PIDE)
Quaid-e-Azam University Campus
ISLAMABAD
(t):(02-21)921-0886
(w):(02-21)580-1401; (02-21)580-1403

Ms. Seema Tahir
Pakistan Voluntary Health and Nutrition Association (PAVHNA)
Programme Officer
45-C 14th Commercial Street
Phase II Extension
DHA
KARACHI
(b):(02-51)293-069
(w):(02-51)926-610-20; (02-51)921-7879

Ms. Seema Sharif
Shirkat Gah
Senior Programme Officer,
Reproductive Health
F-25/A, Block 9
Clifton
KARACHI
(w):(02-21)570-619; (02-21)570-211
(f):(02-21)583-2754
(e): sggh@cyberaccess.com.pk;
    shirkat@cyber.net.pk

Ms. Seema Liaquat
Home School Teachers Welfare Organisation (HSTWO)
Project Incharge
1728/364, Juna Garh Muhallah
Baldua Town
KARACHI
Seminar Report Pakistan's Population Challenge Post - ICPD Review

Mr. Shahid Mahmood
Community Action Programme (CAP)
Executive Director (Hon)
B-15 Commercial Centre
Gulistan no 2
Ayesha Chowk
FAISALABAD
(h): (92-41)751-637
(w): (92-41)781-377
(f): (92-41)617-940
(e): sandal@paknet4.ptc.pk;

Mrs. Shaista Khalid Jan
Community Support Concern
Chief Executive Officer
319-4-D/1
New Township
LAHORE
(w): (92-42)843-190;  (92-42)512-0410
(f): (92-42)511-6343
(e): escpk@brain.net.pk;

Ms. Shama Dossa
Shirkat Gah
Assistant Programme Officer
F-25/A, Block 9
Clifton
KARACHI
(w): (92-21)570-619;  (92-21)579-211
(f): (92-21)583-2754
(e): shirkat@cyber.net.pk;
(f): (92-21)666-5696
(e): opprti@idgicom.net.pk;

Dr. Shamim Zainuddin Khan
Khazda Orangi Pilot Project (OPP)
Director Khazda OPP
Khasda OPP RTI
Plot No. ST-4, Sector 5/A
Qasba Colony
Manghopir Road
KARACHI
(w): (92-21)723-1534;

Dr. Sharaf Ali Shah
Sindh AIDS Control Programme
Project Director
Sindh Services Hospital
M.A Jinnah Road
KARACHI
(w): (92-21)777-5959;
(e): saicop@biruni. erum.com.pk;
    shrafshah@cyber.net.pk

Ms. Shazia Nizamani
OXFAM
Women Project Officer
A-57 Muslim Cooperative Housing Society
Opposite Sindh Museum
HYDERABAD
(w): (92-221)650-583;
(f): (92-221)650-583
(e): oxfamsnd@hyd.compol.comp;

Ms. Shazia Premjee
Aahung
F 32/1, Block 8
Clifton
KARACHI
(w): (92-21)587-0244;  (92-21)587-1043
(f): (f):
(e): khrp@cyber.net.pk;
(f): (92-21)723-1534

Dr. Sher Shah Syed
National Forum on Women's Health
Convener
P.O. Box 7267,
PMA House,
Garden Road 3
KARACHI
(w): (92-21)723-1534;
Mrs. Shireen Naqvi
KZR - AMAL
Senior Associate
9C, 6th Commercial Lane
Off Zamzama Boulevard
Clifton
KARACHI
(w): (92-21) 583-3686; (92-21) 571-771
(f): (92-21) 586-2050
(e): kzr@kzr.khi.sdnpk.undp.org

Mr. Shuja-ul-din Qureshi
Associated Press of Pakistan
Mushoor Mahal Building
I.I. Chundrigar Road
KARACHI
(w): 462-3695;

Ms. Sofia Tabassum
Citizen's Commission for Human Development
Project Officer
12-16 Gulshan Colony
Opp. Packages Gate #3
Aitchison Commission for Human Development
LAHORE
(w): (92-42) 582-5242; (92-42) 583-2255
(f): (92-42) 582-5242

Dr. Talat Rizvi
National Committee on Maternal Health
(NCMH)
House No. C-12
Block 4
Clifton
KARACHI
(w): (92-21) 583-8717;
(e): TRIZVI@yahoo.com

Dr. Tufail Mohammad
Pakistan Paediatric Association (PPA)
Chairman

C/o Regional Training Institute
40/B-1, Phase 5
Hayatabad
PESHAWAR
(w): (92-91) 9217105; (92-91) 814-176
(f): (92-91) 273-439
(e): tufailm@brain.net.pk

Dr. Zahid Saddar
Sindh Agricultural & Forestry Workers
Coordinating
Organisation (SAFWCO)
Coordinator Health Services
House # 248/49 Cooperative Housing Society
Shahdadpur
SHAHDADPUR
(w): (92-233) 2-41242;
(f): (92-233) 2-41445
(e): safwco@hyd.compol.com

Dr. Zahida Bhombal
Behbud Association
Chairperson
Street 9, Block 1,
KDA Scheme 5
Kehkashan, Clifton
KARACHI
(w): (92-21) 576-906; (92-21) 586-2083
(f): (92-21) 586-2093
(e): behood@super.net.pk

Ms. Zarina Syed
IDSP - Pakistan
Finance Coordinator
C-54 Railway Housing Society
Joint Road
QUETTA
(w): (92-81) 446-852;
(e): welcome@IDSPqta.sdnpk.undp.org