World Population Day
11th July 2008

SACHET - Pakistan

If you are worried about population shift your concern to people!

آئیے آبادی نہیں لوگوں کے متعلق فکر کریں!

We shall live to see

We shall live to see,
so it is write,
We shall live to see,
the day that's been promised,
the day that's been ordained;
The day when the mountains of oppression
Will blow away like wisps of cotton;
When the earth will dance
Beneath the feet of the once enslaved;
And heavens'll shake with thunder
Over the heads of tyrants;
And the idols in the House of God
Will be thrown out;
We the rejects of the earth,
Will be raised to a place of honour,
All crowns'll be tossed in the air,
All thrones'll be smashed,
And God's word will prevail.
He who is both present and absent
He who's beheld and is the beholder,
And truth shall ring in every ear,
Truth which is your and I..
We, the people will rule the earth
which means I, which means you.

(Faiz- translated by Khalid Hassan)

ہم دیکھیں گے

ہم دیکھیں گے
لازم ہے کہ ہم بھی دیکھیں گے
وہ دن کہ جس کا وعدہ ہے
جو لوحِ ازل میں لکھا ہے
جب ظلم و ستم کے کوہ گراں
روئی کی طرح اُڑ جائیں گے
ہم محکوموں کے پاؤں تلے
جب دھرتی دھڑ دھڑ دھڑکے گی
اور اہلِ حکم کے سر اُوپر
جب بجلی کڑ کڑ کڑکے گی
جب ارضِ خُدا کے کعبے سے
سب بُت اُٹھوائے جائیں گے
ہم اہلِ صفا، مردودِ حرم
مسند پہ بٹھائے جائیں گے
سب تاج اُچھالے جائیں گے
سب تخت گرائے جائیں گے
بس نام رہے گا اللہ کا
جو غائب بھی ہے حاضر بھی
جو منظر بھی ہے ناظر بھی
اور راج کرے گی خلقِ خدا
جو میں بھی ہوں اور تم بھی ہو

(فیض احمد فیض)

Launched under "Alternative perspectives on Population & Health - Initiative 2008"

SACHET operates on the deep conviction that it is here to give optimism to the dispossessed in society. Therefore Faiz's stirring; epic salute to the socially marginalized has served as a appropriate vision statement for our organization since its inception in 1999.

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Alternative Perspectives on Health and Population - Policy Dialogue Initiative 2008 AGEHI Resource Centre SACHET- Pakistan

Alternative Perspectives on Health and Population Policy Dialogue Initiative 2008

Recommendations for the policy makers by the development practitioners

By

AGEHI Resource Centre SACHET- Pakistan

11th July 2008, Islamabad

Associates of Gender Education & Health Information
AGEHI Resource Centre
SACHET - Pakistan

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Disclaimer

The views expressed in this report are those of the presenters/participants and do not necessarily reflect the policy/practices of SACHET-Pakistan.

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Acronyms & Abbreviations

AGEHI	Advocates of Gender, Education and Health Information
ARH	Adolescent Reproductive Health
ASRH	Adolescent Sexual and Reproductive Health
BCC	Behavior Change Communication
CBO	Community Based Organization
CEDAW	Convention for Eliminating All forms of Discriminations Against Women
CHPS	Center for Health and Population Studies
CSO	Civil Society Organization
FP	Family Planning
GSSMP	Greenstar Social Marketing Pakistan
ICPD	International Conference on Population Development
ICT 4 D	Information Communication Technology for Development
I T	Information Technology
LDM	Leadership Development Mechanism
PoA	Program of Action
PRHN	Pakistan Reproductive Health Network
RH	Reproductive Health
RHIA	Reproductive Health Initiative with Adolescent
SACHET	Society for the Advancement of Community Health Education &Training
SMP	Social Marketing Pakistan
SRH	Sexual and Reproductive Health
UNFPA	United Nations Fund for Population Association
UNRCO	United Nations Resident Coordination Office
UNDP	United Nations Development Program
VAW	Violence Against Women
VBO	Village Based Organization

PAKISTAN

Progress	Setbacks
Health	
• Overall life expectancy has increased from 62 years in 1993 to 63 years in 2004. • Infant mortality rate has declined from 95 per 1000 live births in 1994 to 80 per 1000 live births in 2004. • Births attended by skilled health personnel has increased from 19 per cent during 1990-92 to 23 per cent during 2000-04. • Child immunisation rates against major diseases such as measles and DPT have gone up significantly. • The percentage of population with access to safe water has increased significantly from 60 per cent in 1995 to 91 per cent in 2005.	• Progress in life expectancy during ten years is the slowest in the region. • Percentage of malnourished children under 5 years of age remains more or less stagnant at 38 per cent compared to 40 per cent in 1994. • Maternal mortality rate per 100,000 live births has increased significantly from 340 deaths in 1993 to 500 deaths in 2000. • Incidence of tuberculosis per 100,000 population has increased from 150 in 1995 to 181 in 2004. • Public spending on health as percentage of GDP has gone down from 0.8 per cent in 1995 to 0.4 per cent in 2004.
Education	
• Adult literacy rate has improved from 36 per cent in 1993 to 50 per cent in 2004. • Net primary enrolment has gone up from 42 per cent in 1995 to 68 per cent in 2005. • The percentage of children reaching grade 5 have increased from 48 per cent to 70 per cent.	• Half of the adult population is still illiterate. • Presently, 6.5 millions children are out of school; second highest rank in the world. • Pupil-teacher ratio at primary level has increased from 32 in 1998 to 37 in 2004. • Percentage of trained teachers has declined from 82 per cent in 1995 to 78 per cent in 2004. • Public expenditure on education has declined from 2.7 per cent of GDP in 1992 to 2 per cent of GDP during 2002-04.
Poverty	
• Per capita GDP has increased from US$430 in 1993 as compared to US$632 in 2004. • Level of inequality has declined as the income share of richest 20 per cent to poorest 20 per cent has decreased from 4.7 to 4.3.	• 73.6 per cent of population still lives below US$2 a day classification. • Percentage of rural poor has increased from 31 per cent in 1990 to 35.9 per cent in 2004.
Gender disparities	
• Human development in terms of gender disparities has improved as GDI is 0.513 in 2004 as compared to 0.383 in 1993. • Gender empowerment measure (GEM) has shown improvement as GEM values 0.377 in 2004 as compared to 0.165 in 1993. • Female literacy rate has improved from 23 per cent in 1993 to 36 per cent in 2004. • Economic activity rate for females as percentage of males has improved from 16 per cent in 1994 to 38 per cent in 2004. • Combined enrolments for females has improved from 47 per cent in 1994 to 58 per cent in 2004. • Share of females in parliament has increased from 1.6 per cent in 1994 to 20.4 per cent in 2006.	• Share of females in the labour force has declined from 27 per cent in 1994 to 26.5 per cent in 2004. • Unpaid female family workers are 46.9 per cent of female employment as compared to male unpaid workers which are 16.4 per cent of male employment. • Female life expectancy has gone down from 103 in 1995 to 101 in 2005.

Source:
Human Development in South Asia 2007. A Ten-year Review. published by Mahbub-ul-Haq Human Development Centre. Oxford University Press 2008.

1. The Context:

Alternative Perspectives on Health and Population policy Dialogue Initiative 2008

The development landscape of Pakistan today is characterized by a mushrooming NGO sector and an emerging trend of public private partnerships. A number of interventions are taking place to address different issues related to human development paradigm. Whereas there is no reason to question the sincerity of such efforts and seriousness of planning, an ordinary student of development sometimes becomes baffled by the dearth of human factor within development initiatives and increasing pace of isolation among the key actors. One notices, many times, duplication of initiatives, short-term initiatives for deep rooted issues and ceremonial gestures instead of strategic planning, management and realistic resource (including time) allocation to genuine needs of the community.

CSOs/NGOs do most of the activities under a project-a funded project. Driven by numerical targets and frazzled by pre-determined objectives they seldom have the space and opportunity to think and link beyond the technical frameworks of any particular project. Similarly policy makers and all those who can make a difference at the decision making level rarely have the opportunity of directly connecting with the grass roots and ground realities. The logical result is a policy, sometimes half-cooked that is unlikely to see an effective implementation and is embedded with urban and elitist biases.

AGEHI has taken this **Alternative Perspectives Initiative** as a passion with the hope to receive intellectual and moral support of active development players to offer alternative perspectives at one forum on matters that directly influence the health and happiness of our society and country. As AGEHI SACHET we strongly believe and try our utmost to practice culturally appropriate communication that is socially accepted, scientifically exact and gender sensitive too. Obviously this is a tall order. One of our biggest challenges is to choose between the right answers and honest answers. It is hoped that this very initiative would initiate a series of dialogues among all those who matter and who can make a difference by giving them the courage to articulate empathetic alternative choices for the communities who need easy to access information and services in the areas of health and population.

By
Dr.Rakhshinda Perveen
Founder AGEHI Resource Center
SACHET-Pakistan
17th June 2008

Islamabad, Pakistan

2. Introduction & overview

A first round of Policy Dialogue: "Alternative Perspectives- Initiative 2008" was held on February 12, 2008 at SACHET- Gallery, First Floor, Al-Baber Center, Park Road, F-8 Markaz Islamabad.

AGEHI Resource Centre –SACHET Pakistan organized its first policy dialogue on Health & Population under the specific theme "Understanding Adolescent and youth RH issues in Pakistani Context; perspectives from the advocates, activists, academicians, scholars and practitioners" on 12th February 2008 at SACHET Gallery, first floor, Al-Baber Centre, Park Road,F-8 Markaz,Islamabad. The objective of this meeting was to bring together the diverse but matching perspectives that may demystify the complex issues of RH in relation to Adolescents and Youth in Pakistan. This endeavor assisted not only many CSOs like ours working at grassroots to assess their interventions and strategies but also offered an opportunity to the policy planners to receive direct views from the implementers , that in turn may be considered for future policy and planning. ***(See annex 1& 2 for panelists and participants of first policy dialogue)***

Following recommendations came were the outcome of the first round of policy dialogue: "Understanding Adolescent and youth RH issues in Pakistani Context; perspectives from the advocates, activists, academicians, scholars and practitioners" on 12th February 2008

- Create awareness through active advocacy for youth on RH issues
- Provide quality services to youth
  Ideas and ways to address youth related problems should match with local context and environment
- State should devise an effective policy on youth empowerment & education on RH related issues
- A holistic approach should be adopted to address the youth RH issues
- There should be a proper counseling and follow up to get exact statistics on whether the girl (victim) was killed or survived
- Reforms in the system are required
- Behavioral Change Communication is the most powerful tool in addressing youth RH problems
- Media's role is very crucial and central to youth related issues
- Funds and allocations should be utilized properly and honestly
- Allocations for social marketing should be done because market is quiet competitive
- Incorporation of RH issues in the curricula is a must
- Civil society organization could prove to be a great help to address youth RH problems

- Ministry of Youth Affairs should devise a youth policy immediately
- Government should provide youth friendly services in poor and backward areas
- Media can play a vital role in addressing youth RH related problems

- Communication is the key to social change
- Government should do age specific and need oriented planning for adolescents' reproductive health
- Media should be consistent particularly in highlighting youth related issues i.e. sexual and reproductive health of youth.
- We should adopt a sensitive approach towards adolescent and youth reproductive health issues and our attitudes in this regards need to be changed
- Children and youth should be provided with correct information on sexual and reproductive health issues
- This issues can be addressed by involving enlightened and educated political leaders
- Advocacy through media could yield positive results regarding youth reproductive health.
- There should be some other mechanisms, for example youth help lines systems etc
- Media needs to be sensitized because it portrays RH issues and HIV very insensitively.
- There should be some sort of coordination between NGOs to work as collaborative networks and it would have a positive impact on policy making regarding youth affairs
- NGOs/ CSOs should work with District Education Departments and put pressure on the departments to incorporate useful information about reproductive health in the syllabus
- Teachers should also be given training on RH, so that they could disseminate RH information among their students.
- Education is a key to motivate youth to make healthy choices for their reproductive health issues
- Youth friendly projects should be developed and involvement of youth in designing and implementation of these projects
- Training of teachers on reproductive health issues of adolescent
- Involvement of community members in health training programs and counseling
- Empowerment and education of girls on reproductive health issues and sexual violence
- Girl- friendly clinics and services should be set up in communities
- Special information on reproductive health care in schools and colleges
- Special programs for creating awareness among young boys and girls on HIV/ AIDS

Why we did the second round?

The second round was in connection with the World Population day 2008 (11th July) and the forthcoming new Health policy. The idea was to collate some concrete recommendations for the Ministries of Population and Health primarily and other interested stakeholders, besides information dissemination, learning, inspiring and exchange of views. The proceedings of the dialogue have been shared with PRHN[1] (Pakistan Reproductive Health Network) for receiving inputs from its members across the country. The report is posted on our web site as well for wider dissemination.

3. Policy Dialogue Proceedings

(A) Inaugural Session

The formal session started with a recitation from Quranic Verses by Ms.Zartash Moomi (Executive HR SACHET-Pakistan) and a brief welcome note by Dr. Rakhshinda Perveen, Executive Vice President SACHET-Pakistan and founder Director AGEHI (see Annex 3 for program & agenda). She shared the objectives of the second policy dialogue with participants. Representing a number of national and international organizations, participants came from a diverse range of fields including Ministry of Health, civil society organizations, academia, media representatives, youth and representatives from international agencies.

Following the round of introductions, a brief five- minute documentary film on SACHET's work and level of activity was shown.

Context setting

Dr. Rakhshinda Perveen shared her thoughts about the initiating this policy dialogue (see context). She said SACHET-Pakistan being a small player finds itself surrounded by odds of different forms and intensities. She said policy dialogue on population and health is a question of priorities and sharing of new innovative ideas which may not necessarily confronting, clashing or unrealistic. At the end of her presentation she shared a new poster which SACHET-Pakistan has launched in connection with World Population Day, July 11,

A brief 11- minute documentary film titled: “Rhythm of Life” a joint effort of Plan and SACHET-Pakistan was shown, in which, issues of reproductive health are discussed with Pakistani youth.

[1]PHRN (Pakistan Reproductive Health Network was formed in 1995 to address issues related to gender and reproductive health. PRHN has seven local focal points Karachi, Naushahro Feroze, Peshawar, Lahore, Quetta, Haripur, Abbottabad and Islamabad). SACHET – Pakistan was elected as the focal point for Islamabad chapter of Pakistan Reproductive Health Network PRHN.

(B) Presentations followed by question & answers session

Panelists included: (see annex 5 for personal & organizational profiles)

1. Dr. Irfan Ahmed, Health Advisor (Plan-Pakistan)
2. Dr. Saman Yazdani Khan, Founder & Director (Center for Health and Population Studies)
3. Mr. Fayyaz Baqir, Senior Advisor (UNRCO)
4. Mr. Minhajul Haque Senior Researcher (Population Council Pakistan)
5. Dr. Sania Nishtar (SI), President (Heartfile)
6. Dr. Haris Ahmed, Senior Program Manager (Green Star Social Marketing)
7. Mr. Muazzam Shah, DG Social Marketing (Ministry of Population & Welfare)

Dr. Muhammad Nizamuddin (Vice Chancellor, University of Gujrat) chaired the policy dialogue

Dr. Rakhshinda Perveen facilitated the policy dialogue and Ms.Mirrat Khalid did the session reporting.

(1) Presentation: Recommendations for Policy Advocacy on ASRH By Dr. Irfan Ahmed, Plan- Pakistan

Dr. Irfan Ahmed gave a brief background of how Plan – Pakistan initiated a study on ASRH (Adolescent Sexual & Reproductive Health) in 2005-06. He told after conducting a research study on ASRH, a pilot project was designed in collaboration with SACHET-Pakistan called Reproductive Health Initiative for Adolescents (RHIA) which consisted of two parts:

- Implementation or demonstration part
- Advocacy & Research Part

Dr. Irfan was of the view that almost sixty percent of Pakistan's population is <25 and half the country's population is not even twenty years old and there is a clear impending danger if appropriate measures are not planned for our young Population. He said it is rare in our society for parents to discuss sexual and reproductive health issues with their children, although the potential need for ASRH education and services is great.

(2) Alternative Perspectives: Using Information Technology for Health & Population
By: Dr. Saman Yazdani Khan, Center for Health and Population Studies (CHPS)

In her presentation, Dr. Saman Yazdani stressed the need to evolve innovative strategies for the country like Pakistan. She said Pakistan is a huge country with Multitude of geographical terrain. She said we need to look beyond the conventional methods to achieve our targets. IT (Information Technology) could be a viable source in imparting education to youth on reproductive health. She was of the view that Pakistani initiative are visibly missing from recent global IT initiatives. She mentioned of many recent global IT initiatives in health and development. The most prominent of these global initiatives is Stockholm Challenge which is Promoting Information Technology Projects globally. She also mentioned of other challenges for instance:

Info Dev: infoDev is a global grant program managed by the World Bank to promote innovative projects on the use of Information and Communication Technologies for Development (ICT4D)

Global Knowledge Partnership Is the world's first (1997) multi-stakeholder network in the area of ICT for development, its activities and programs foster the innovative application of knowledge and technology to address and solve development issues.

EpiSurveyor Project software allows the average person with basic computer skills to very easily create and deploy both simple and complex forms on mobile devices, collect the data in the field or clinic, and then aggregate and analyze the collected data on their desktop or laptop computer.

Reach Out Central (ROC) combines evidence-based mental health content with engaging design and online gaming technology to create an interactive environment that enables young people to identify and work through issues such as depression, anger and anxiety, increasing their ability to cope with mental health difficulties.

Dr. Saman was of the view that Pakistan should also learn from these initiative to involve the youth in innovative activities.

(3) Alternative Perspectives
By: Mr. Fayyaz Baqir (UNRCO)

Mr. Fayyaz Baqir said that Pakistani society has three types of institutional infrastructures:

1. Political
2. Administrative
3. Social

All these three infrastructures are not functioning properly. On political front, political will is required to provide health facilities to people. He said administrative infrastructure is very weak; hospitals and schools are there but they lack doctors, attendants and medicines. Social infrastructure lacks accountability and transparency. Health issues are more focused on curative side rather providing / giving education about the diseases. Mr. Baqir was of the view it is wrong to think that religious leaders are stopping people to get knowledge about population and reproductive health issues. He said resources are there and we need to utilize those resources.

(4) Presentation: Harnessing youth Potential
By: Mr. Minhajul Haque (Population Council Pakistan)

Mr. Minhajul Haque said youth comprise more than 60 percent population of the country. The country can benefit from the youth till 2040 as afterwards they will grow old and will not be able to contribute actively. He said that it is wrongly perceived that young women do not want to contribute to the development of the country; a survey conducted by population council indicates that 83 percent women are willing to work but they do not get support and mobilization. Mr. Haque was of the view that poverty and social sanctions are main constraints faced by our youth today. He told that rural girls are more marginalized and gender gap in education at primary level is more pronounced.

(5) Alternative Perspective
By: Dr. Sania Nishtar (Heartfile)

Dr. Sania Nishtar was of the view that Pakistani political system is very fragile which leads to discontinuity and bad governance and it also affects policies and their implementation. We face systemic problems while handling administrative issues. The over-arching issue of governance is very critical to address the issues of population and health. She said 50 percent of money/ funds never get utilized because of the inefficiency of the system. She was of the view that what prevails now is a public system which is under funded and which can not sustain salaries of professionals and experts. She said 90 percent out of 100 are private sector providers.

(6) Presentation: Harnessing the Private Sector for a Healthier Pakistan
By: Dr. Harris Ahmed (Greenstar Social Marketing)

Dr. Harris Ahmed gave a presentation on the work and focus of Greenstar, Social Marketing. He told that Greenstar Social Marketing is working since 1995 and providing a wide range of services to people that include: Maternal & child health, STI & HIV/AIDS, Malaria, TB, nutrition and safe water etc. he said that Greenstar Social Marketing is imparting medical education to people that includes: Family Planning, Voluntary Surgical Contraception, STI Management,Maternal, Neonatal & Child Health, TB-DOTS Improved business practices, Early pregnancy, bleeding management etc. he told that the impact of Greenstar Social Marketing is great; Greenstar family planning products or services protect 1 out of every four married couples who use modern methods.

(7) Alternative Perspective
By Mr. Muazzam Shah (Ministry of Population & Welfare)

Mr. Muazzam Shah was of the view that ICPD (International Conference on Population Development) was a great revolutionary conference and things in Pakistan have been changed after that conference. He said the government has given attention to this serious issue of population by giving effective media messages on breast feeding, spacing, inter-spousal relationships and parental responsibility towards child. He was of the view that a lot more is required to bring about positive change in health sector.

(C)Concluding session

Concluding remarks by the chair: Professor Dr. Muhammad Nizamuddin Vice- Chancellor, University of Gujrat

Professor Dr. Muhammad Nizamuddin, a renowned demographer and Vice Chancellor of University of Gujrat concluded the dialogue; he thanked SACHET-Pakistan for inviting him to chair the policy dialogue. He stressed the need to develop an alternative program strategy to address the issues of population and health. He said policies are made but these policies do not get implemented.

Concluding remarks was followed by distribution of souvenirs. The representative of Packard Foundation appreciated the policy dialogue, and found it very interactive and stimulating.

Dr. Rakhshinda Perveen, Executive Vice President SACHET-Pakistan delivered her vote of thanks to the speakers, participants and all her team members.

4.Recommendations

A. Recommendations by the panelists

The policy dialogue resulted in following consolidated recommendations

- Educational opportunities for girls to discourage early marriage and childbirth
- Reviewing abortion law
- Reduction of harmful traditional practices and high risk sexual behavior
- Increasing availability of contraceptives to young people
- Peer education and counseling
- Media and social marketing
- Life skills education for in-school and out-of-school young people
- Participatory social change campaigns
- And mainstreaming HIV prevention campaigns
- Create supportive community and political environments, through policy and advocacy activities at all levels
- Mass media campaigns
- Inclusion of youth representatives in the in the Planning, Designing and Implementation of the efforts on SRH issues at all levels etc.

(Plan-Pakistan ,Dr. Irfan Ahmed)

- IT (Information Technology) can be used in imparting knowledge to youth on reproductive health issues

(Center for Health and Population Studies. Dr. Saman Yazdani Khan)

- Policies should be implemented properly and there should be sustainability in policies.
- Overhauling of political, social and administrative structures is required.
- There should be strong political will to spread knowledge and medical facilities to masses.

(UNRCO. Mr. Fayyaz Baqir)

- The government should devise a strategy to benefit from youth potential.
- The government should free youth from barriers of taboos linked with them which hinder their progress and development.
- There should be open discussions on the issues of family planning and reproductive health.
- Ministry must consult youth before formulating any youth policy.
- Young girls need constant encouragement and mobilization to contribute in development of the country
- Involvement of youth in leisure activities is must.
- Begin an informed debate to identify needs and necessary steps for developing policy and programs.
- Convince various ministries to program for youth in a multisectoral framework.
- Expand the scope of youth policy to incorporate different categories of young persons (in/out of school, urban/ rural, single/ married, etc.)

(Population Council Pakistan Minhajul Haque)

- Institutions need transparent environments.
- Structural changes are required to bridge the gaps in governance and transparency.
- Technology is a key to minimize the leakages in the system.

(Heartfile Dr. Sania Nishtar)

- Effective use of media is crucial for more awareness.
- Innovative Public private partnerships to address the issues of health.
- State to ensure commodity security for implementing partners in the private sector.

(Greenstar Social Marketing Pakistan. Dr. Harris Ahmed)

- Government and NGOs should work together because no body can achieve development in isolation.
- Linkage of demographic transition with micro/macro level planning is crucial.
- Media messages on reproductive health and family planning need to be more fine- tuned.
- BCC (Behavior Change Communication) is a key to change mindsets of educated people.
- Good governance and transparency are required in our political system.
- Government policies should be persistent.

(Ministry of Population & Welfare. Mr. Muazzam Shah)

- Involvement of private sector in health is need of the hour because the have flexibility to operate.
- Public funds should be utilized properly.
- Policy dialogues on resources mobilization should be organized and we should focus on these areas to find ways of replication.
- We should have an operational map of Pakistan to identify gaps in health sectors.
- We should find ways to reach disadvantaged women in far- flung areas to address their health related problems.

(University of Gujrat Dr. Muhammad Nizamuddin, Demographer)

B. Recommendations by the AGEHI Resource Center SACHET-Pakistan

- Create a socially acceptable, scientifically exact, culturally aware, gender sensitive and ethically just model of communication.
- Various youth issues including RH (Reproductive Health) should incorporated indigenous culture and local perspectives.
- If we are worried about growing population shift we must shift our concern to people.
- Needs (health including SRH) of special/disabled/special abilities people must be identified and addressed through realistic approaches.
- GBV is a public health issue. GBV including Dowry Violence must be identified with veracity and programs must be able to address it.
- Medical curriculum must be revisited.
- There must be an ethical binding on all strong and powerful state and non-state actors to initiate long-term programs instead of short-term projects or activities aimed at changing centuries old health behaviors of the communities.
- Sustainability should not be restricted to mere fiscal one. It should encompass institutional, technical and social sustainability. Policy, programs and practices must reflect ethical values. Smaller CBO/VBO/NGO must not be deprived of their trained human resource. Capacity building must be accompanied by capacity retention.

C. Recommendations from PRHN (Pakistan Reproductive Health Network)

- **Maternal mortality ratios** have been more or less consistent for more than two to three decades, needs serious attention. Barriers/factors that come in the way of strong policy/implementation mechanisms need to be identified and addressed, both from supply (accessible, affordable and adequate services including EmOC and appropriate transport, health care staff and medicine availability) as well as demand side (adequate information regarding danger signs, knowledge of appropriate service for specific health need, etc.)
- **Health schemes** for provision of health care facilities should be made available esp. for the poor and marginalized (Zakat has failed to deliver)
- **Declining CPR** needs strong attention. There is a need to strictly monitor the contraceptive supply and follow-up, women's ability to exercise choice and their need to be informed.
- Given the high abortion related deaths ensure provision of **Safe Abortion services** and **Post Abortion Care** including post abortion family planning counseling and wider use of emergency contraception.
- Addressing the **health and education needs of young people (married and unmarried), including life skills and family life education** should be a priority as Pakistan has a large youth population and so far no serious thought is given to this section of the population.
- **Nutrition of women and children** should be given special attention (malnutrition in under 3 population affects brain development and thereby cognitive abilities).
- The **linkages between VAW and Health** should be given special attention because many studies have shown a close association of violence and its impact on women's health and it has also been reported as a contributing factor towards abortion and other maternal mortalities and morbidities.
- **The MoH and MoPW should be merged** for more efficient and holistic delivery of healthcare; fragmentation does not help
- Emphasis should be given to fixing the relationship between the provincial health departments and federal government's parallel health programmes
- **Budgetary allocations for SRHR** should be increased
- The **Lady Health Workers Program** to be expanded for a wider and more efficient coverage of the population
- **Female education** should be given high priority.
- **Health promotion and Rehabilitation** should be undertaken.
- **Mental Health** to be integrated in the PHC program and referrals developed.
- **Health information management system** should be put in place
- **Inequities within districts and between districts and provinces** should be strictly monitored

- **Health Research** should be a special focus area. Strengthen the Pakistan Medical and Research Council (PMRC) and Research Ethics guidelines to be developed and promoted.
- Poverty has a direct adverse affect on women's health and given the current food and price crisis safety measures should be put in place on an emergency basis.
- **Hold public consultations on health** to make the process more participatory and generating a wider perspective

The Pakistan Reproductive Health Network would like to extend its support and technical inputs/advice to the task force in taking the process forward.

Rationale for Priority Issues:

Maternal health indicators in Pakistan over the years still remain poor, for example the maternal mortality ratio has persisted at 300-700 deaths per 100,000 live births, for over a decade, with 30,000 women dying each year from pregnancy and child birth related complications. Studies have shown that most of these deaths are due to direct obstetric causes, which are preventable. Estimates also show that for every woman who dies, approximately 30 are left with temporary or chronic post pregnancy illness. Two out of five pregnant women are anemic and four out of five deliveries are not assisted by trained health care providers. Almost 77% women deliver at home, 11% deliveries take place at public health care facilities and 11% at private facilities. Moreover 11% of maternal deaths are due to unsafe abortion.[2]

Our experience and research has clearly shown that health is not only a medical problem but also a socio economic one. The low socio economic status of women in Pakistan is noted to be a significant cause of maternal mortality. Gender discrimination is reproduced through families and communities. Different rules and resources exist for sons and daughters, for men and women in the household and the community. The cycle of inequity begins with low nutritional status, limited access to educations of girl-child, and peaks with early and frequent child bearing compounded with poverty, heavy workload and vulnerability to violence.

Cultural restrictions hinder the mobility of women to access reproductive health care and other services. The women have little control over family resources, and are excluded from key decisions concerning their welfare, by family and state alike. They are less likely to assert their rights, whether at home, at work, or in the community. In a context that constraints their ability to exercise their rights women are less likely to make their own decisions about seeking reproductive health care, or place priority on their health needs within the meager resources available to them. Finally, poor women and their families often face discrimination from health workers.

Source: Input from the Pakistan Reproductive Health Network for Consideration by the Health Policy Task Force
Islamabad, May 9, 2008

[2] Population Council study 2003 and ICPD Pakistan Report 2004 by Khawar Mumtaz

D. Recommendations by PRHN & LDM

1. **Principles to guide a national health policy**
   - 1.1 Quality care should be on the basis of need, and not on ability to pay.
   - 1.2 Emergency Obstetric Care to be available within two hours to all women.
   - 1.3 Reduce health inequities using class, geographical remoteness, and minority status as stratifies of equity
   - 1.4 Take a life cycle approach in planning services and resource allocation
   - 1.5 Develop and maintain a robust health information system
   - 1.6 District and Provincial Health Reports to be presented to provincial and national assembles on a yearly basis
   - 1.7 Health sector to play a leadership role by collaborating with other relevant sectors like education, food, transport.
   - 1.8 Violence against women and mental health are public health issues.
   - 1.9 Out of pocket expenses should not exceed 1% of a person's salary.
   - 1.10 De-medicalize health sector by strengthening health promotion and role of nurses and paramedics
   - 1.11 Strengthen PHC within the district health system.
   - 1.12 An integrated health care system at the district level, instead of vertical programmes coming from the federal level.
   - 1.13 Community participation, and especially women's participation is an imperative.

> Health is a fundamental human right that must be protected and promoted by the State.

2. **Health Services**
   - 2.1 Reproductive health package to be available to all women in need
   - 2.2 Health care to be provided with respect and care of those seeking it
   - 2.3 The Reproductive Health package to be included in the national health policy.
3. **Social determinants of health – ensure minimal quality of life.**
   - 3.1 Appropriate and adequate food to be ensured to all women in different stages of their life.
   - 3.2 Clean drinking water to all
   - 3.3 Sustainable livelihood
   - 3.4 Housing
   - 3.5 Affordable public transport to be ensured.
4. **Human Resources**
   - 4.1 Until such time that literacy levels increase in Pakistan, class eight graduates should be inducted as paramedics within the PHC system; their training should include matriculation.
   - 4.2 Innovative approaches to preparing midwives to be adopted.
5. **Recommendation to the Task Force**
   - 5.1 Priority to be given to making the given district health system and not to rewriting the Health Policy.
   - 5.2 Ask for allocation of 1% of GDP in the June 2008 budget, and for its increase every year.
   - 5.3 Plan for a merger of the Ministry of Health and Population Welfare within a year.
   - 5.4 Plan for transfer of all federal programs to the provinces within one year.
   - 5.5 Integrate all health programs in a district into one district heath system under the EDO Health, who should present a report annually to the District Council

Source:
Recommendations to the Health Task Force from PRHN and LDM Network 2008.

Annexure

Annexure 1

Panelists of the first policy dialogue

1. Dr. Sania Nishtar SI,
   President (Heartfile)
2. Dr. Syeda Batool Mazhar,
   Incharge Gynecology (PIMS)
3. Mr. Muhammad Mushtaque,
   (Ministry of Health),
4. Dr. Tariq Rahim,
   (RH-AID)
5. Dr.Qamar Siddique,
   (Ministry of Health GoP)
6. Mr. Muazzam Shah
   (Ministry of Population & Welfare, GoP)
7. Ms.Aliya Perveen
   (Representative DoSTI YAN, Chakwal Chapter-SACHET- Pakistan)
8. Dr. Feroza Ahmed
   (Dean Social Sciences, Preston University)
9. Dr. Sohail Rabbani
   (Contech International)
10. Dr. Hans Frey
    (Baltistan Health and Education Foundation)
11. Ms.Anna Fumorola
    (UNIFEM)
12. Dr. Sabeeha Hafeez
    (Director APWA)
13. Ms. Arifa Shamsa
    (Retired Senior Officer Ministry of Population & Welfare, GoP)

Annex 2

Participants of the first policy dialogue

Serial	Name	Organization
1	Ms. Adeela Khan	RH AID
2	Dr. Saba Amjad	Heartfile
3	Ms. Sehar Tanveer	Sahil
4	Mr. Masood	UNAIDS
5	Mr. Siraj Ahmed	Research Founation
6	Ms. Afshan .S.Khan	The News International
7	Ms. Perveen Shahida	Sahil
8	Ms. Hya Khawar	Freelance Journalist
9	Mr. Zulqarnain	Rozan
10	Dr. Ms Rashda	Sahil
11	Ms. Anila	Daily AajKal
12	Ms. Aliya Perveen	Daily AajKal
13	Dr. Sajjid Hameed	SACHET-Pakistan
14	Dr. Irum Usman	SACHET-Pakistan
15	Mr. Khalid Nadeem	SACHET-Pakistan
16	Mr. Zahoor Aftab Sadiq	SACHET-Pakistan
17	Ms. Noor Afshan	SACHET-Pakistan
18	Ms. Mirat Khalid	SACHET-Pakistan
19	Ms. Zartash Moomi	SACHET-Pakistan
20	Mr. Kashif Nazir	SACHET-Pakistan

Annexure 3

Program & Agenda

Second Policy Dialogue
Venue: SACHET GALLERY
Date: 24th June 2008

Alternative Perspectives on Health and Population Policy Dialogue Initiative 2008

S#	Activity	Timings
1	Registration & Arrival Tea	09:30AM – 10:00 AM
2	Recitation	10:05 AM
3	Welcome note and context setting by Dr.Rakhshinda Perveen (Executive Vice President ,SACHET)	10:15
4	Documentary screening on an ARH project	10:30
5	***Remarks/presentations by the panelists*** 1. Dr. Irfan Ahmed (Health Advisor, Plan Pakistan) 2. Dr. Saman Yazdani (Founder, CHPS, Lahore) 3. Mr. Fayyaz Baqir (Senior Advisor, UNRCO) 4. Mr. Minhajul Haque (Senior Researcher & Program Manager, Population Council Pakistan)	10:45 AM-11:50
6	***Remarks/presentations by the panelists*** 1. Dr.Sania Nishtar -S(Founder President, Heart File) 2. Dr. Harris Ahmed (Senior Advisor Green star social Marketing, Pakistan) 3. Mr. Muazzam Shah (Director General, Social Marketing, Ministry of Population,GoP) 4. Dr.Yasmin Qazi (Country Director, The David & Lucile Packard Foundation Pakistan)	12:20- 1:00 PM
7	Concluding remarks by the Chair- Prof. Dr. Muhammad Nizamuddin, Vice Chancellor, University of Gujrat, Pakistan	1:30-2:00 PM
8	Vote of thanks followed by Lunch	

*** Sessions were moderated by Dr. Rakhshinda Perveen, Executive Vice President SACHET-Pakistan**
*** Sessions were reported by Ms. Mirrat Khalid- SACHET-Pakistan**

Annexure 4

Participants of the second round of policy dialogue

Sr.#	Name of participant	Organization
1	Dr.Ali Mir	Population Council - Islamabad
2	Ms.Huma Khawar	Free Lance Journalist-Islamabad
3	Dr.Raana Zahid	Public Health Specialist-Islamabad
4	Mr.Sohail Rabbani	Epidemiologist-Islamabad
5	Ms.Shahida Perveen	Psychologist SAHIL-Islamabad
6	Ms.Rabia M.Khan	Coordinator ROZAN-Islamabad
7	Mrs.Zaman Islam	APWA-Islamabad
8	Dr.Iftikhar Ahmed	PACKARD Foundation- Karachi
9	Mr.Abdul Wadooed Qureshi	Journalist- Islamabad
10	Ms.Arifa Shamsa	Free lance Journalist/ Social Worker-Islamabad
11	Dr.Syeda Batool Mazhar	Gynecologist PIMS-Islamabad
12	Mr.Tanveer ul Islam	Institute of Education Development Chakwal
13	Ms.Sadia Atta Mehmood	UNFPA Islamabad
14	Mr.Manan Rana	UNICEF-Islamabad
15	Dr.Samia Hashim	UNAIDS-Islamabad
16	Mr.Sohail Choudhry	Reporter Daily Times-Islamabad
17	Ms.Myra Imran	Journalist The News-Islamabad
18	Mr.Waseem Ahmed	Reporter Daily AajKal-Islamabad
19	Ms.Sidra Bukhari	Journalist-APP-Islamabad
20	Mr.Irfan Ahmed	WAQT TV –Islamabad
21	Mr. Touqir Abbasi	Programs Manager SACHET-Pakistan
22	Mr. Amin Muhammad	Executive MiRAS SACHET-Pakistan
23	Ms. Zartash Moomi	Executive HR SACHET-Pakistan
24	Mr. Muhammad Maroof	Project Coordinator SACHET-Pakistan
25	Ms. Nadia Malik	Intern SACHET-Pakistan
26	Mr. Abdul Qadir	Intern SACHET-Pakistan
27	Mr. Shiraz Uppal	Intern SACHET-Pakistan
28	Mr. Munir Ahmed	Communication Consultant

Annexure 5

Personal Profiles of panelists (in alphabetical order)

Mr. Fayyaz Baqir
Mr. Fayyaz Baqir works for UN Resident Coordinator's Office. He is Senior Advisor on Civil Society. He has more than 15 years of working experience in UN agencies.

Dr. Haris Ahmed (Senior Advisor, Greenstar Social Marketing)
Dr Haris Ahmed is a Fellow of Royal Institute of Public Health UK, with a Master in Public Health from Malaysia. He has more than 18 years of public health experience to his credit working in different Government and Private Institutes. For the last two years Dr Haris has been involved with the MNCH projects of Greenstar. Dr Haris has initiated new interventions to increase awareness for MNCH services, including initiating Voucher for Health Pilot at D G Khan, Provision of Midwifery Homes for newly trained community midwifes in rural areas and Birth Preparedness Campaign.

Dr. Irfan Ahmed (Public Health Specialist) is a Medical Graduate of Nishtar Medical College, Multan and a Public Health Specialist with more than sixteen years experience. Currently he is working as a Country Health Advisor with **Plan International.**

Mr. Minhaj ul Haque (Researcher) Minhaj ul Haque joined Population Council in 1992 and have participated actively in research, evaluation and capacity building programs of council. Currently, he is working as Program Manager, Poverty Gender and Youth (PGY) program of Council. Besides research, he also teaches "Population Economics" at Quaid-i-Azam University, Islamabad.

Dr. Muhammad Nizamuddin (MS& Ph.D) a renowned demographer is currently the Vice Chancellor, **University of Gujrat**. He has authored over two dozen technical papers, guided research and publication of several books and UN reports, given lectures, presentations, and conducted seminars and conferences around the world. This has provided him wide ranging experience and expertise in human resources management. He has some innovative ideas to organize and structure University's academic and outreach programs that would meet the emerging challenges of industry, globalizing markets and human resources requirements of Pakistani society in the wake of rapid demographic changes in the country.

Dr. Rakhshinda Perveen, MBBS (Punjab, Pakistan), MPH(KIT, Amsterdam, The Netherlands), She has over 15 years diverse experience in Documentary film making, training, action research, development management and advocacy on issues of public health, gender and social communication. She co-founded SACHET-Pakistan (www.sachet.org.pk) in 1998 and later set up a resource centre AGEHI. She has the honor of producing 'Gender watch' an award winning national TV programme that pioneered BCC in Pakistan. She has led five country teams as the gender advisor, South Asia for CIDA. She was elected as an Ashoka fellow in 2005 in acknowledgment of her pioneering work on raising awareness on dowry violence in Pakistan through legislation, media and youth.

Dr. Saman Yazdani Khan (MBBS & MSc) obtained her MBBS degree from University of the Punjab. She did her MPH from Baqai Medical University, Karachi and M.Sc. in Community Health from Trinity College, Dublin, Ireland. Currently she is working as a Director of **Center for Health and Population Studies (CHPS).**

Dr. Sania Nishtar (SI,MBBS, MRCP (UK),PhD (UK). A leading name in health sector, Dr. Sania worked briefly as a cardiologist and then left a lucrative career as a cardiologist to set up the NGO think tank **Heartfile**, which today is the most powerful health policy voice in Pakistan and is valued as a model for replication in other developing countries. As the founder president of the NGO, she contributes a significant amount of her time voluntarily, on a pro bono basis, to catalyze change and institutionalize innovative solutions to improve Pakistan's health systems. Her main focus is on health and social policy reform

Dr. Yasmin Sabeeh Qazi (Public Health specialist). She has management qualifications from the U.S, Germany, and Australia. She is a well known Reproductive Health expert in the country and has remained an active advocate for women's health issues through her association with civil societies for more than 18 years. Currently she is working as a Country Advisor of **The David and Lucile Packard Foundation**.

Organizational Profile

CHPS is a post-graduate public health and social sciences research and training institute in the private sector.

Greenstar Social Marketing Pakistan (GSSMP) is Pakistan's largest family planning provider after the Government. It works in the areas of family planning services and product provision, maternal and neonatal health and child health, and control of infectious diseases. Green Star develops and implements national scale mass media and interpersonal health communications to increase knowledge and demand for these health product and services. Green Star measures the extent of its health impact through national research studies, couple of years of protections (CYPs), and disability adjusted life years (DALY) calculations.

Heartfile is the most powerful health policy voice in Pakistan and is valued as a model for replication in other developing countries.

Plan International is one of world's largest community development organizations committed to ending child poverty.

Population Council Pakistan is an international, nonprofit, nongovernmental organization seeks to improve the well-being and reproductive health of current and future generations around the world. The Population Council, an international, nonprofit, nongovernmental organization, seeks to improve the well-being and reproductive health of current and future generations around the world and to help achieve a humane, equitable, and sustainable balance between people and resources.

SACHET-Pakistan

SACHET started working as a registered not for profit voluntary organization in May 1999. That was the time when Beijing platform for Action were gaining new attentions in many CSOs in South Asia including Pakistan. Launching another CSO with the mission to promote human development of the disadvantaged communities with gender perspectives and an undivided focus on RH issues especially ARH was very challenging SACHET-Pakistan undertook this task by struggling to create a socially acceptable, scientifically exact, culturally aware, gender sensitive and ethically just model of communication.

The David and Lucile Packard Foundation was created in 1964 by David Packard (1912–1996), the co-founder of the Hewlett-Packard Company, and Lucile Salter Packard (1914–1987). Throughout their lives in business and philanthropy, the Packards sought to use private funds for the public good, giving back to a society which enabled them to prosper.

Annexure 6(A)

Print Media Coverage

Daily Times
Wednesday, June 25, 2008

'Alternative Perspective-Policy Dialogue 2008'

Govt urged to make youth aware of reproductive health issues

Staff Report

ISLAMABAD: The government should play an active role to create awareness among youths of reproductive health and enhance collaboration among the respective ministries in this regard, said speakers while addressing a policy dialogue here on Tuesday.

The Society for Advancement of Community, Health, Education and Training (SACHET) organised the dialogue titled "Alternative Perspective-Policy Dialogue 2008" at its offices here.

The speakers said Pakistani youths needed proper guidance to help them in critical situations of their adolescence. They said youths faced multiple changes in their bodies while reaching the puberty age, which was a major challenge to them.

They said the Ministry of Health in collaboration with other ministries should make them aware of reproductive health issues.

Minhajul Haq from Population Council said there must be open discussions on population and reproductive health issues and the ministry must consult the youth representatives before formulating any policy.

"Youths comprise more than 60 percent population of the country and the government should devise a strategy to benefit from their potential," said Haq. The country can benefit from the youths till 2040 as afterwards they will grow old and will not be able to contribute actively, he added.

> *It is wrong to perceive that young women do not want to contribute to development of the society. A survey reveals that 83 percent women are willing to work but they need moral support to mobilise them*
>
> *— Speaker*

Haq said the government should free the youths from the clutches of social taboos, which were hindering their progress.

He said it was a wrong perception that young women did not want to contribute to development of the society. "A survey revealed that 83 percent women were willing to work but they needed moral support to mobilise them," said Haq.

Dr Saman Yazdani from Centre for Health and Population Studies said information technology (IT) could be very helpful in imparting education to youths on reproductive health as they were attached to IT in one way or the other. "We need to look beyond the conventional methods for achieving the target," she said, adding, Pakistan is a complex and big country with multitude of geographic terrains.

Fayyaz Baqar from UNDP said there had been many policies but unfortunately they were not implemented in letter and spirit. He said political will was required to create awareness and provide medical facilities to masses.

He said local and national languages should be used as a medium of interaction with the youth during the awareness campaigns.

He said it was wrong that religious leaders were hampering the activities related to population and reproductive health awareness.

Dr Irfan Khan said the education system should be improved and equipped with the information on reproductive health. He stressed the need for strengthening institutions to increase their capacity to plan and initiate the projects for the welfare of youths.

Annexure 6 (B)

Print Media Coverage

Daily Aaj Kal
روزنامہ آج کل

اسلام آباد

www.Aajkal.com.pk
بدھ 25 جون 2008ء

پاکستان میں زچگی کے دوران اموات کی تعداد تشویشناک

ساشے کے زیر اہتمام سیمینار میں بہبود آبادی اور صحت سے متعلقہ ماہرین کی گفتگو

اسلام آباد: وفاقی دارلحکومت اسلام آباد میں فلاحی اور سماجی کام کرنے والی ایک غیر سرکاری تنظیم ساشے کے زیر اہتمام منگل کے روز ایک سیمینار یونیورسٹی آف گجرات کے وائس چانسلر ڈاکٹر معظم الدین کی زیر صدارت منعقد ہوا۔ سیمینار میں ہیلتھ ایڈوائزر پلان پاکستان ڈاکٹر عرفان احمد، صائمہ یزدانی فاؤنڈر سی ایچ پی ایس، منہاج الحق سینئر محقق پاپولیشن کونسل پاکستان، فیاز باقر سینئر ایڈوائزر ریوائن آر سی او، معظم شاہ ڈائریکٹر جنرل فشری آف پاپولیشن، حارث احمد سینئر ایڈوائزر گرین سٹار مارکیٹنگ اور ڈاکٹر ثانیہ نشتر صدر پارٹ فائل سمیت وفاقی دارلحکومت اسلام آباد کی مختلف فلاحی اور سماجی تنظیموں کے نمائندوں نے شرکت کی اور پاکستان میں محکمہ بہبود آبادی پر اپنے اپنے خیالات کا اظہار کیا۔ اس موقع پر اقوام متحدہ کے ایڈوائزر فیاز باقر نے کہا کہ پاکستان کا المیہ یہ ہے کہ یہاں پہلے تو بہبود آبادی کے دفاتر کھولنا انتہائی مشکل عمل تھا تاہم اب جب کہ ملک کے بہت سارے علاقوں میں دفاتر کھولے جا رہے ہیں۔ انہوں نے بتایا کہ یونین کونسل کی سطح پر ایسے سینٹرز کا آغاز ایک اچھی ابتداء ہے مگر اس حوالے سے عوام میں باقاعدہ شعور بھی بیدار کرنا ہوگا۔ تاکہ ان دور افتادہ علاقوں میں مقیم لوگ وہاں پرانے خیالات لئے موجود ملاؤں سے بچ سکیں۔ انہوں نے بتایا کہ ملک میں اس وقت لاکھوں کی تعداد میں بچے دوران زچگی کی ہلاک ہوجاتے ہیں۔ اسکی بڑی وجہ عطائی دائیاں ہیں۔ اس موقع پر منہاج الحق سینئر محقق پاپولیشن کونسل پاکستان نے ایک الیکٹرانک پرزنٹیشن پیش کرتے ہوئے بتایا کہ ملک میں اس وقت 50% نوجوان ہیں۔ جسکی وجہ سے پاکستان کی لیبر فورس مضبوط ترین ہے اور اگر پاکستان میں اسی طرح منصوبہ بندی کی جاتی رہی تو آئندہ 30 سے 40 سالوں میں پاکستان لیبر فورس کے حوالے سے ایک غریب ترین ملک بن جائے گا۔ انہوں نے کہا کہ ہمیں پاپولیشن کنٹرول کرنے کیلئے لاکھوں کروڑوں روپے صرف نہیں کرنے چاہئیں۔ کیونکہ پاپولیشن کو کسی طرح سے نہیں روکا جاسکتا ہے اس میں مذہب اور دیگر پرانی روایات کا گہرا عمل دخل ہے۔ (نمائندہ خصوصی)

Annexure 6(C)

Print Media Coverage

THE NEWS

SACHET DIALOGUE

Awareness about complex issues of reproductive health stressed

Afshan S. Khan
Islamabad

Participants of a seminar have stressed on the need for creating awareness about complex issues of reproductive health in relation to youth in Pakistan.

This was discussed in a dialogue on 'Understanding Adolescence and Youth Reproductive Health Issues in Pakistani Context' by Advocates of Gender Sensitisation, Education and Health Information (AGEHI) Resource Centre — SACHET, actively participated by advocates, activists, academicians, scholars and practitioners' here on Tuesday.

While talking to 'The News', SACHET Executive Vice President Dr Rakshanda Perveen said that the main objective of this dialogue was to bring together the diverse but matching perspectives that may demystify the complex issues of reproductive health in relation to adolescence and youth in Pakistan. "People working at grassroots level would benefit from the discussion and it would also provide an opportunity to the policy makers to future planning," she added.

Dr Rakshanda Perveen said in our society empowerment is a misunderstood word that is actually the empowerment of the women within the boundaries of a house. Another most important thing that hampers our adolescent health, she said is early as well as child marriages. "Its time that we should go beyond rhetoric, take decisions and start discussion on the tabooed issues in our society," she said.

Health expert Dr Tariq Rahim said that our youth population is the largest chunk in the history of Pakistan. They have existing problems but after 20-25 years they would be shifting towards elderly slot. "Our major drawback is that policies are made but when the victim goes for services he/she lands up nowhere. We should stress more on service within our own parameters," he said. In charge Gynaecology PIMS Professor Dr Batool Mazhar said that we face a lot of health issues regarding adolescent health among which ambiguous development (problem in gender identification), lack of counselling, pregnancies in unmarried girls and abnormal uterine bleeding are most common. "It is just the tip of the ice-berg that we see, we need to address this issue with a holistic approach. There is no follow up in our society, whether the girl was killed or survived we do not know the statistics," she said. President Heart File and Cardiologist Dr Sania Nishtar said that it is an uphill task and we need to know that number one killer of today is tobacco. How it's spoiling our youth, another major problem that we are facing nowadays is obsession with fast food. "We need to stress on behavioural changes and how it's effecting our adolescents in their reproductive health, she said and added as media is the most powerful we cannot deny the importance of utilising the channels. Allocation for social marketing should be done because market is quite competitive.

DG Program Ministry of Population Moazzam Shah that 43 per cent population of Pakistan is under the age of 50 years. We need to segment it and give training or sensitising religious experts so that they provide information to their students and to masses.

CITY NEWS

AGEHI Resource Centre

Engendering Development

AGEHI (Advocates of Gender Education & Health Information) itself is an Urdu word bearing meanings like Knowledge, Awareness, Perception and Insight. The objective of AGEHI is to advocate for Gender Sensitization, Education and Health promotion by disseminating information. AGEHI supports policy and social communication and advocacy on gender issues through a broad range of activities. AGEHI provides technical assistance to programs of SACHET besides managing SACHET's official website, AGEHI theatre group, FADAN (Fight against Dowry Advocacy Network) and Dosti Youth Advocacy Network.