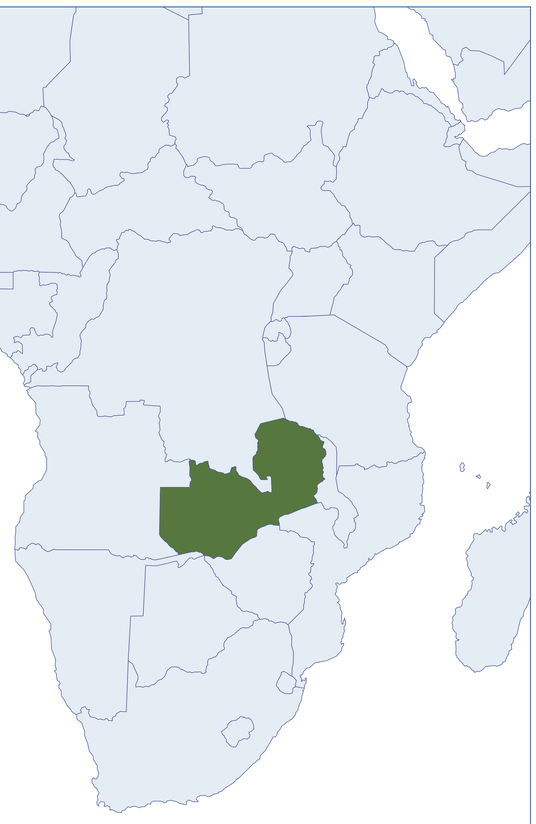
BOOSTING ZAMBIA`S EFFORTS TOWARD COMPREHENSIVE SEXUALITY EDUCATION AND UPTAKE OF HEALTH SERVICES AMONG YOUNG PEOPLE

german cooperation
DEUTSCHE ZUSAMMENARBEIT

BACKGROUND

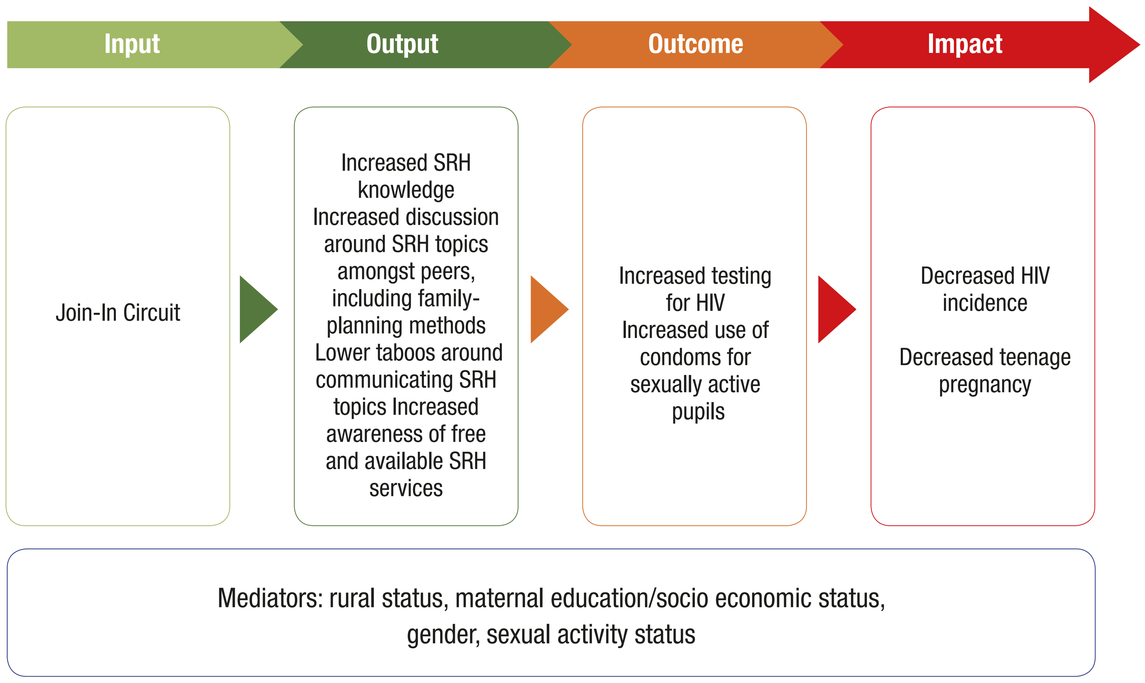


In terms of population dynamics, young people are already a significant determinant of Zambia's economy. Here is why:

1. **15% of Zambia's population is below 15 years old. 28% of people aged 15-19 were in formal employment.**
2. **Every year, more than 15,000 girls and young women drop out of school because they become pregnant during their school years.**
3. **Almost one in five adolescent girls are already married; 60% of girls aged 19 have already started child bearing.**
4. **Zambia has one of the highest HIV rates in the world, with 13% of the workforce infected with HIV.**
5. **Only 40% of people aged 15-19 possess correct and comprehensive knowledge about HIV/AIDS. Only 40% of young Zambians report regular condom use. Overall use of contraception by women is 35%.**

APPROACH

- A behaviour change tool called the Join-In-Circuit (JIC), which aims to improve SRH knowledge to enable participants to make better-informed choices, was used. Thereby, six issues were explored: ways of transmission; sexually transmitted infections; body language; positive living; love, sexuality, and protection from HIV; and contraceptives. Facilitators led the participants through an interactive scenario to help students learn, promote comprehension, and stimulate discussion.
- The following figure depicts our conceptual framework.



PROBLEM

Zambia's economy and population dynamics face a major challenge; all available evidence indicates that there is a significant lack of comprehensive knowledge on HIV prevention and reproductive health among young people and insufficient availability of adolescent responsive health services to cater for a growing demand from young peoples' sexual health needs.

Current approaches to programming and implementation has been fragmented, leading to inefficient use of available resources.

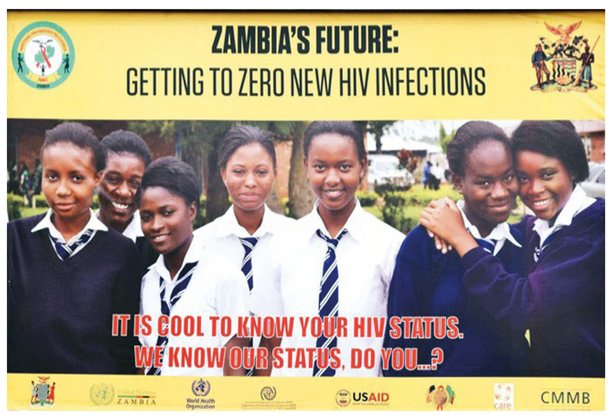
LESSONS LEARNED

The good momentum that has been generated by building on cooperation between health and education sectors needs to move away from the boardrooms towards where it matters most: the young person (i.e. implementation and scaling of existing solutions (such as the JIC) aimed at improving health conditions of the individual young person).

Changing behaviour on sexual and reproductive health is extremely difficult but not impossible – the right mix of Government support, NGO implementation capacity and technical know-how can make it possible.

RESULTS

- This very short, single-dose innovative approach had a major positive impact on behaviour change: It disrupted the status quo. The JIC-tool increased HIV testing rates; the likelihood that students visited a health facility for family planning advice; and whether students were aware of any family planning methods.
- More impact among girls: HIV testing levels increased by 12%; visits to a health facility for family planning advice by 10%; awareness of family planning methods by 6%.
- The JIC-tool improved the knowledge of the younger cohort (average age 12) and the behaviour of the older cohort (average age 17).
- Both students and teachers appreciated that external facilitators led the program, with whom students felt more comfortable asking questions.



CHILD, EARLY AND FORCED MARRIAGE – AMPLIFY EFFORTS TO END EARLY MARRIAGE (AEEM) – ETHIOPIA, AMHARA REGION

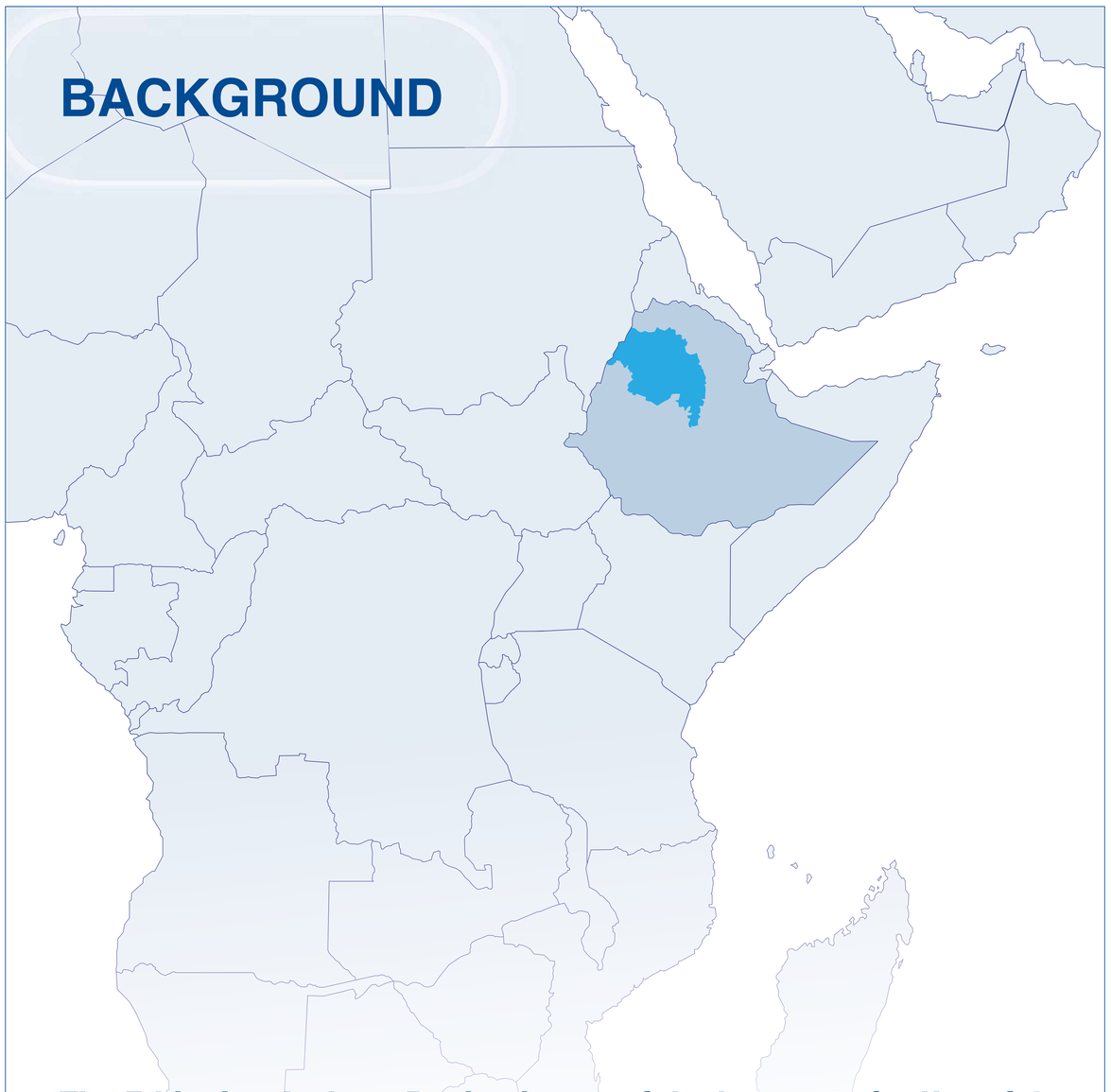
DSW Deutsche Stiftung Weltbevölkerung

youth car

giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

on behalf of the German Federal Ministry for Economic Cooperation and Development

BACKGROUND



The Ethiopian Amhara Region is one of the hot spots for Harmful Traditional Practices (HTPs) such as Female Gentile Mutilation (FGM) and early, child and forced marriage. Nationwide, it has the highest rate of early, child and forced marriage with almost 45% of girls married before turning 18 and the lowest median age of first marriages (14.7 years).

INTERVENTION STRATEGIES

- Establish/strengthen girls clubs and anti-early marriage committees
- Capacity building of girls' communication, decision making and leadership skills
- Use of mini-media and parent-teacher committees to mobilize the school community and target adolescents
- Networking and partnership with local structures
- Advocacy campaigns and workshops
- Men engagement
- Tailored Information IEC (Information Education Communication)/ BCC (Behaviour Change Communication) materials

RESULTS

- 1,500 girls' communication, negotiation, decision making and leadership skills built to actively say 'no to early, child and forced marriage'
- Early, child and forced marriage in 28 schools reduced by up to 80%
- Capacities and engagement of anti-early marriage committees and stakeholders enhanced in 28 communities
- 70,423 community members became aware of negative consequences of early, child and forced marriage
- 659 children proposed for marriage carried out age examination
- 113 early, child and forced marriage proposals canceled

PROBLEM

- Girls lack the ability to protect and defend their rights
- Deep rooted socio-cultural values and positive attitudes towards early, child and forced marriage and early pregnancy
- Local actors and stake-holders are less conscious about the consequences of early, child and forced marriage and have limited participation and engage-ment to eliminate it.

INTERVENTION PROGRAM

- Capacity building of adolescent girls, enabling them to promote and protect their rights against early, child and forced marriage
- Improve community awareness and knowledge on gender equality; early, child and forced marriage and other HTPs
- Strengthen local structures capacity and engagement in promoting gender equality and combating HTPS

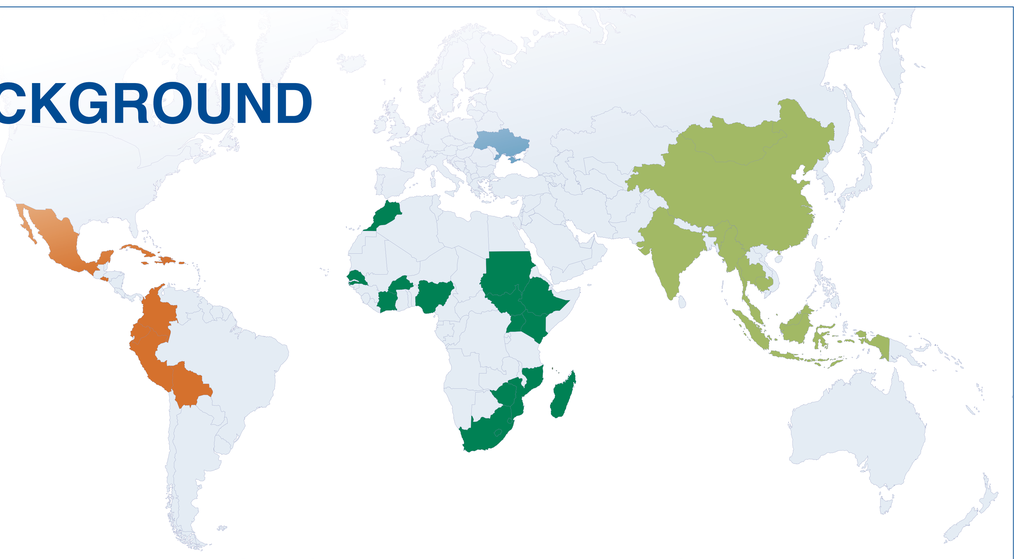
LESSONS LEARNED

- Engagement of religious and community leaders is key
- Maintaining girls at schools delays their marriage
- Girls empowerment and parents' behavioral change play key role
- Partnership and networking with local structure sustain changes

DISCRIMINATION DUE TO SEXUAL ORIENTATION AND/OR GENDER IDENTITY

International HIV/AIDS Alliance
Together to end AIDS

BACKGROUND



The International HIV/AIDS Alliance has Linking Organisations in over 30 countries

Men who have sex with men (MSM) are **24 times**, and transgender people **49 times**, more likely to acquire HIV compared to the general population. The increased vulnerability of lesbian, gay, bisexual, transgender and intersex individuals (LGBTQI) and MSM to sexual and reproductive ill-health – including these high rates of HIV – is directly linked to the social exclusion, stigma and discrimination, abuse, violence, criminalisation and other rights violations they experience. The same populations who are at high risk for HIV acquisition are also at risk for other sexually transmitted infections (STIs), which increase susceptibility to HIV.

© Syed Latif Hossain
Hares (left) with his friend, Shameem, at Laldighi Park, Bangladesh

© Peter Caton
Peer Educator Mark Tuhaise 23, performs a condom demonstration to young men at Kajjansi, Kampala, Uganda.

APPROACH

- Peer educators provide health education and counselling on SRHR, HIV, SGBV; referring and accompanying clients to LGBTQI-friendly services; including accompaniment
- Community mobilization to build support for SRHR of LGBTQI persons
- Training of service providers in public health facilities; LGBTQI clients engaged in clinical quality assurance
- Address rights violations through monitoring and reporting; and emergency response grants
- Address structural barriers – decriminalization of same-sex relationships and strategic litigation

RESULTS

- Over 7,500 men who have with men (MSM) reached with HIV Voluntary Counselling and Testing; over 3,300 MSM received STI services
- 60,151 MSM and 4,177 transgender people age 10-24 accessed community-based integrated HIV/SRHR services; 20,635 young MSM and transgender received HIV/SRHR services in clinical settings; and 3,493 service providers were trained in over 928 sites
- $1.6M+ granted directly to LGBTQI organisations in 20 countries to respond crisis that impact access to HIV services –nearly 10,000 beneficiaries

PROBLEM

- Harmful social norms and structural barriers like criminalisation of homosexuality legitimise prejudice and expose people to violence and abuse
- There are limited or no targeted health care services for LGBTQI people, making them more vulnerable to acquiring STIs, including HIV
- As a result, LGBTQI people often hide their sexual orientation and/or gender identity, making them less likely to access the limited SRH services available to them. Living with HIV exacerbates violence and mental health issues for LGBTQI people

LESSONS LEARNED

- Engaging LGBTQI communities through-out the project from inception to service delivery and programme review and re-vision is central to ensuring high-quality and acceptable services
- Partnerships with service providers, especially health facilities within the public health system ensure long-term sustainability
- Addressing structural barriers must be an integral component for long-term impact and SRHR realisation, including truly ‘leaving no one behind’ in order to reach the SDGs

FUTURE DIRECTIONS

- Continue to strengthen HIV and SRHR programme and policy linkages, including key partnerships with SRHR organisations and mechanisms
- Enhance LGBTQI leadership capacity building within HIV and SRHR programmes
- Consolidate HIV and SRHR programming learning and contribute to the know-ledge base on increasing access to quality SRHR services, including HIV prevention, treatment and care for LGBTQI persons

LEGAL AND SOCIAL NORM CHANGE FOR THE REALISATION OF WOMEN AND GIRLS' RIGHTS IN SRHR: ACHIEVEMENTS AND UNFINISHED BUSINESS IN AFRICA.

PERSPECTIVES FROM THE STATE OF AFRICAN WOMEN REPORT (2018)*

RIGHT BY HER — WHERE DO YOU STAND?

BACKGROUND

15th anniversary of the AU Maputo Protocol

- Comprehensive understanding of **women and girls' rights in SRHR** in 32 articles; explicit on discrimination
- Extensive provisions on the eradication of gender-based violence against women (GVAW) and harmful practices (HP)
- Explicit reference to **marginalised groups**

Progress made with regard to national level domestication on GVAW

Legend

- Legislation on domestic violence, sexual harassment and criminalisation on marital rape.
- Only legislation on domestic violence and sexual harassment. Marital rape not criminalised.
- Only legislation on domestic violence. No legislation on sexual harassment and marital rape not criminalised, or missing data.
- Only legislation on sexual harassment. No legislation on domestic violence and marital rape not criminalised.
- No legislation on domestic violence nor on sexual harassment. Marital rape is not criminalised
- Marital rape is criminalised and legislation on sexual harassment. No legislation on domestic violence.
- Data not available.

Legal frameworks on child marriage

Legend

- Legal age of marriage set at 18, with full and free consent, applying to all marriages. Action/strategic plan or campaign to end child marriage in place.
- Legal age of marriage set at 18, with full and free consent, applying to all marriages. No action/strategic plan or campaign to end child marriage in place (or missing data).
- Legal age of marriage set at 18 but presence of legal loopholes (either or both: no full and free consent and/or not applying to all marriages, or missing data).
- Legal age of marriage not set at 18 or missing data. Action/strategic plan or campaign to end child marriage in place.
- Legal age of marriage not set at 18 and no action/strategic plan or campaign to end child marriage in place.
- No data avilable.

APPROACH AND RESULTS

Strategies for legal and social norm change

Approach	Results
Court case for rape, abduction and forced marriage (Ethiopia). CSOs file a complaint at the ACHPR who rules in favour of the girl	Strengthened accountability standards and reform of law that allows a rapist to escape charges if he marries his victim
Adressing legal pluralism with respect to child marriage (SADC region). A regional multi-stakeholder dialogue leads to a draft model law that is reviewed by CSOs	Model law that serves as a reference document to facilitate countries to develop their own child marriage related laws
ECOWAS Court making first judgment on Maputo protocol on state accountability for failing to protect women's right (Nigeria)	Compensation of victims; request to strengthen GVAW prevention and response system
Distribution of guidelines among church leaders condemning child marriage and FGM and promoting girls' education and engagement of boys (Kenya)	Emerging social norms change among church members and in communities
Safe ride Campaign on sexual violence in public transport. Public sensitization and education and engagement with the taxi industry (SA)	Social norm change among taxi drivers, leadership and public transport companies
Stop Child Marriage campaign. Training of girls to lobby traditional chiefs who adopted a declaration calling for age at marriage to be set at 18 (Malawi)	Local by-laws to sanction child marriage and annulation of child marriages

PROBLEM

- Lack of comprehensive legal frameworks
- Legal loopholes regarding legal age of marriage at 18
- Contradictions between codified and customary law; gender norms and attitudes
- Limited translation into action plans and weak law enforcement; financial and human resource constraints
- Focus has been on legal norm change

LESSONS LEARNED

- Legal reforms come about in response to different strategies
- Intersections between GVAW, HP, sexual rights and reproductive health and HIV and AIDS require simultaneous action in all areas & both legal and social norm change
- Training of legal and health professionals is key to the translation of legal and policy frameworks into practice

FUTURE DIRECTIONS

- Further support continental, regional and national campaigns
- Raise awareness on, and further the use of, the Maputo protocol
- Strengthen learning and collaboration across and between the RECs; support and use regional gender infrastructure and courts
- Strengthen collaboration and coordination with traditional authorities and customary courts
- Support women and girls' rights organisations

* The State of African Women report is published in the EU funded State of African Women Campaign (SOAWC) project, whose overall objective is to contribute to securing, realising and extending women's rights enshrined in African Union (AU) policies in African countries. The project is being implemented by a consortium of eight organisations, under the lead of the International Planned Parenthood Federation Africa Region (IPPF AR). More about this campaign can be found on www.rightbyher.org.

A project implemented by

LESSONS FROM INTEGRATING CERVICAL CANCER SCREENING AND PREVENTATIVE THERAPY INTO EXISTING REPRODUCTIVE HEALTH PLATFORMS

MARIE STOPES INTERNATIONAL
Children by choice, not chance

BACKGROUND

Reproductive cancers

Cervical cancer is the leading cause of death from cancer among women in developing countries, where over 80% of global deaths from cervical cancer occur. There were an estimated 266,000 deaths from cervical cancer worldwide in 2012. Cervical cancer amongst women of reproductive age can be prevented through access to screening and treatment of pre-cancerous lesions.

PROBLEM

Currently less than 5% of women in developing countries have access to cervical cancer screening. Tools for the prevention of cervical cancer are in place, yet sadly every two minutes a woman dies of this disease. Most cervical cancer deaths occur in Low-and-Middle-Income Countries where advanced cancer care is severely limited.

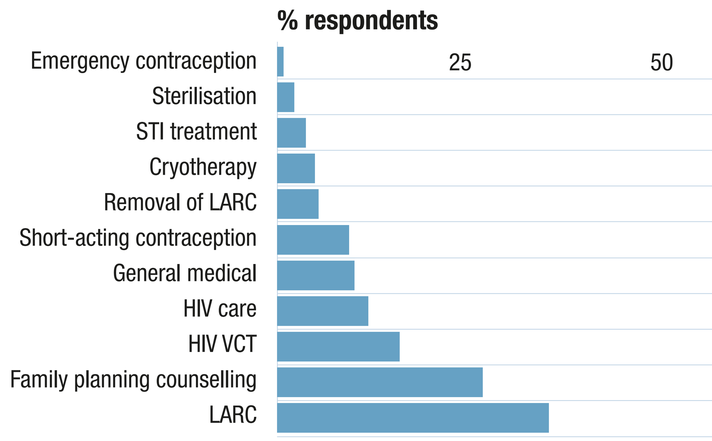
LESSONS LEARNED

- It is feasible for reproductive health organisations to integrate CCS&PT within their basket of services.
- Cervical cancer screening provided to women aged 30-49 years and delivered in a screen and treat model results in a high treatment rate.
- CCS&PT services provide an effective entry point to family planning and lead to an increase in FP uptake, especially IUDs.

APPROACH

- Marie Stopes International (MSI) formed the Cervical Cancer Screening & Preventative Therapy (CCS&PT) partnership to integrate cervical cancer screenings and cryotherapy treatments within their existing sexual and reproductive health (SRH) platforms.
- Services were provided using varied models and channels.
- Three main channels of service delivery were used to provide services: urban static centres, rural mobile outreaches and social franchises.

CCS provision increases uptake of other services



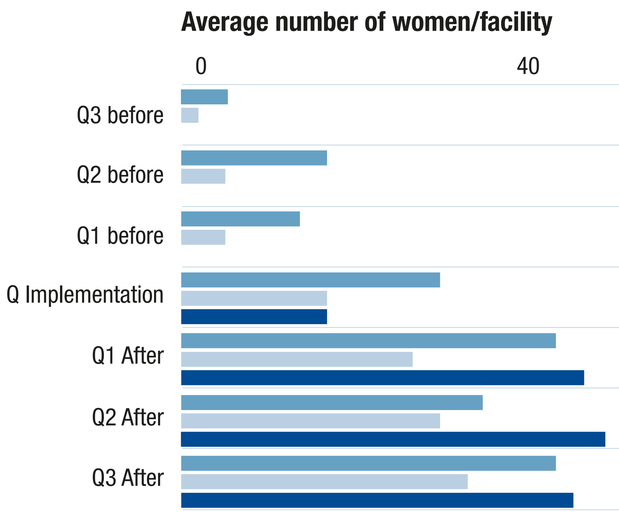
68 %

68 % of clients interviewed in Uganda said CCS was their primary reason for attending the facility.

77 %

77% of clients interviewed in Uganda accessed other services in addition to CCS&PT.

LARC provision increases markedly after CCS&PT is introduced



£0,42

Low additional costs of providing CCS along with an IUD

Additional direct cost (lab + commodities) of providing screening when inserting an IUD

RESULTS

From November 2012 to October 2017, the initiative provided 2.1 million screenings and 34,000 treatments. Programme data also indicated an increase in family planning service uptake with the introduction of CCS&PT. Women who received a screening were 33% more likely to receive an IUD.

FUTURE DIRECTION

Currently MSI provides CCS&PT services in 18 countries. In the future MSI aims to integrate CCS&PT within its basket of services across all countries in the partnership.

MSI will continue to play an important global advocacy role for cervical cancer, for example as an integral service in UHC packages.

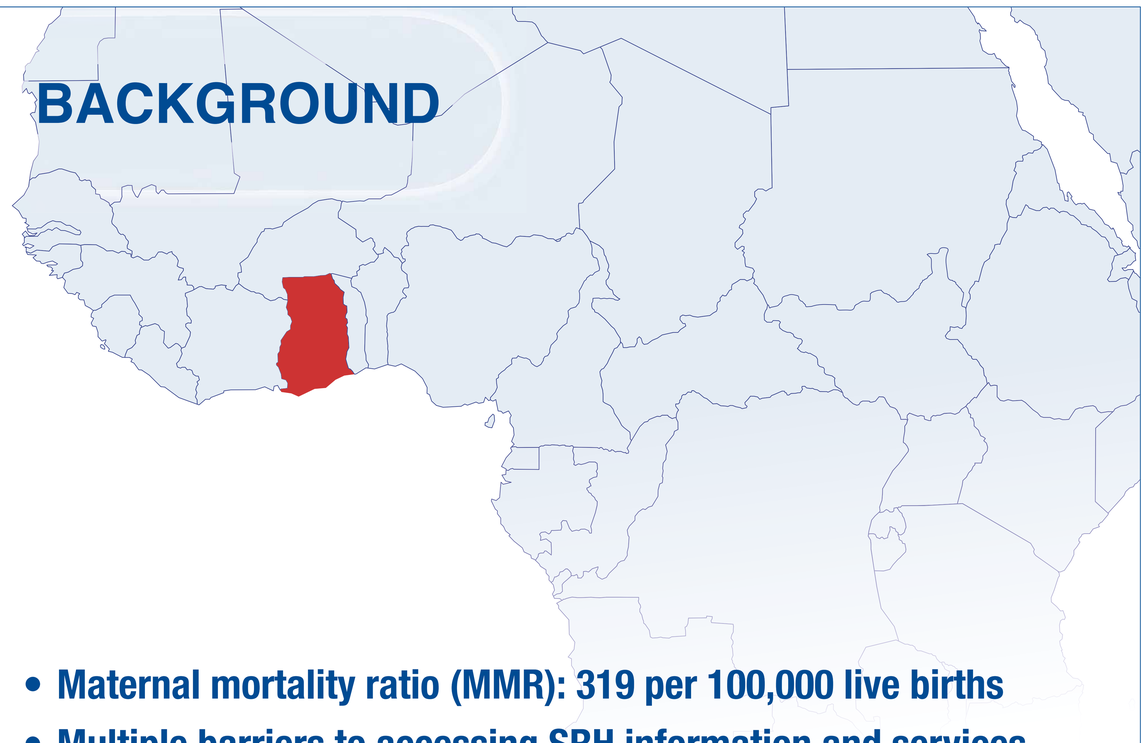
MSI will also continue to help build a body of evidence in support of integrated SRH service delivery.

Speaker Contact Details: Raveena Chowdhury (Marie Stopes International)- raveena.chowdhury@mariestopes.org

SEXUAL PLEASURE AND WELLBEING: QUALITY SRHR INFORMATION AND SERVICES FOR YOUTH IN GHANA

PPAG
Sexual Health For Quality Life

BACKGROUND



- **Maternal mortality ratio (MMR): 319 per 100,000 live births**
- **Multiple barriers to accessing SRH information and services, especially for young people**
- **21% of women aged 20 – 24 married before 18, 5% before 15**
- **17% women aged 20 – 24 gave birth before 18, 2% before 15**
- **43% of girls between 15 – 19 have had sex**

APPROACH

- Get Up, Speak Out (GUSO) project goal is for all young people to fully enjoy their SRHR in a productive, equal and healthy society
- Aims to improve access to information, CSE and quality services with an emphasis on wellbeing
- Social media platforms (WhatsApp, Twitter, Facebook, etc) to facilitate access to CSE and referrals to other critical services
- Create space for young people to own and plan the process, and be part of implementation team.
- Address myths about SRHR and mobilize community support for young people's access to SRHR education/ information and services
- Interventions focused in one district each selected from the Northern and Upper East regions

RESULTS

- GUSO shows that young people can successfully educate their peers and refer them to services.
- More than 2,500 young people reached with SRHR information and CSE through moderated WhatsApp platforms and social media with referrals to Planned Parenthood Association of Ghana (PPAG) clinics for quality SRHR services
- 25 CSE facilitators trained and linked to schools and social centers (to reach in and out of school youth) visited regularly for SRHR sessions
- PPAG Facebook & Twitter handles have become source of information and a help line for adolescents who have questions on SRHR
- Other districts have asked to take part in project in order to reach more young people

PROBLEM

- Young people in Northen and Upper East regions of Ghana lack access to sexual reproductive health and rights (SRHR) information and services
- Quality Comprehensive Sexuality Education (CSE) not yet incorporated into the school curriculum
- Inaccurate information often obtained from unreliable sources (friends, internet etc)
- Young women especially reluctant to engage in discussions around sex and sexuality

LESSONS LEARNED

- Inclusion of young people essential in the development and implementation of projects that are designed for them.
- Young people come on board with creative and innovative ideas and when guided, can help the project achieve its objectives and beyond
- Social media can be a great way to reach out to youth using innovative means such as videos, pictures, infographics, discussions etc

FUTURE DIRECTIONS

- The project which is still being implemented is expected to reach out to more youth in many more districts in the two regions.
- Based on availability of funding, the project can be extended to the remaining 8 regions of Ghana to ensure that the majority of Ghanaian youth can access quality SRHR information and services to enjoy a safe and fulfilling sex life.

MEN AND BOYS ARE PARTNERS TO STOP CHILD MARRIAGE

SERAC-Bangladesh
(A youth led law and development organization)

BACKGROUND

UNICEF reports* high rates of child marriage in Bangladesh: 66% of girls are being married off before reaching the age of 18. In the area of Mymensingh where the project takes place, SERAC is active, numerous cases of child marriage are being recorded while many additional unrecorded cases are happening as well.

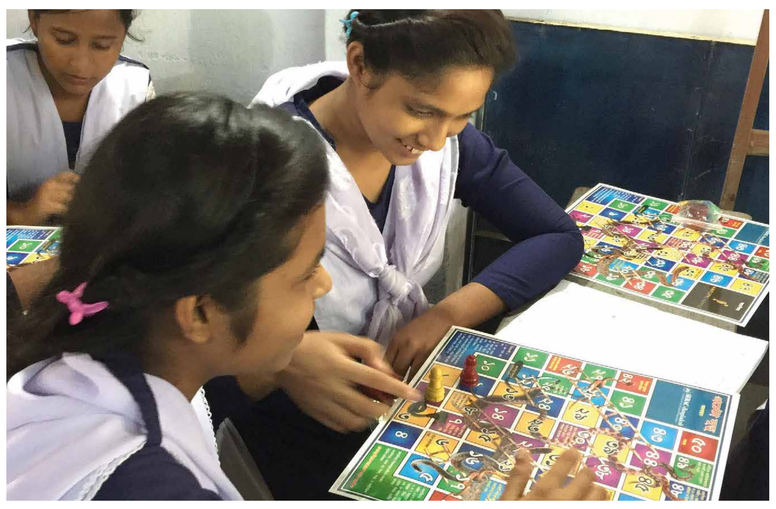
* https://www.unicef.org/bangladesh/children_4866.html

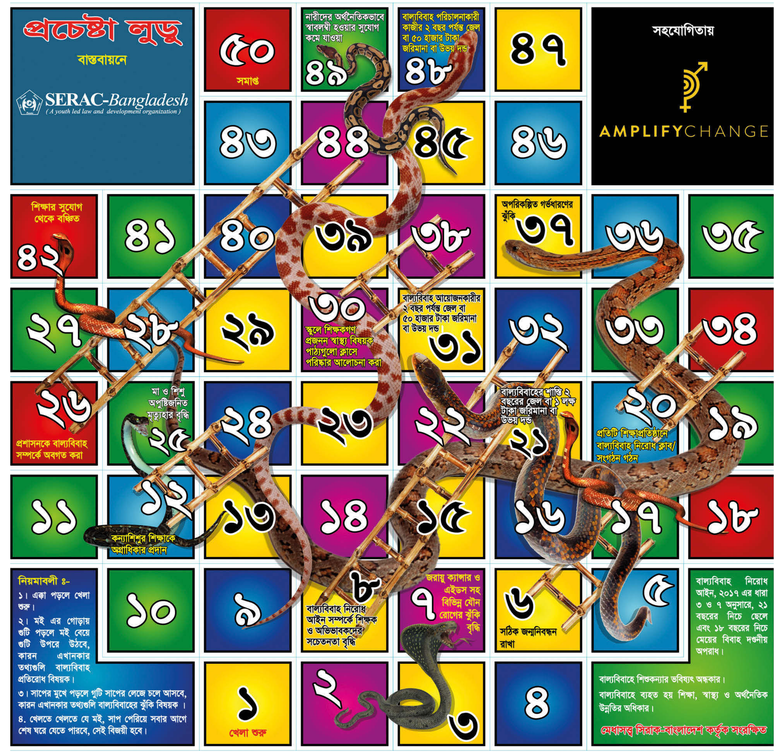
APPROACH

- The Prochestha project reached 500 adolescents age 13-15 attending 20 secondary level schools and madrasahs (92.8% female and 7.2% male)
- Educating male students on friendly behavior and team work with a focus on sharing leadership with girls
- Empowering male students with information and tools to combat child marriage (see snakes and ladders below)

RESULTS

Case studies from this project show that three cases of child marriage were successfully prevented by the male students involved. No sign of uncomfortable behavior was reported by the male students since the project has been initiated. 99.4% of the participants reported the information received useful and were able to encourage their peers to take action on child marriage.





PROBLEM

In Bangladeshi context, multiple factors influence child marriage, including:

- Seeking a girl's consent for marriage is not common
- Lack of recognition of men's positive participation in combating child marriage
- Lack of knowledge around sexual and reproductive health
- Harmful concepts of masculinity
- Absence of comprehensive sexuality education
- Hesitation to seek legal support

LESSONS LEARNED

- If empowered and recognized, men and boys can play a vital role in combating child and forced marriage through engaging peers and taking concrete action
- To allow progress of sexual and reproductive health of girls and women, collective programs improving perceptions among men and about men must be introduced
- Innovation in learning attracts youth

FUTURE DIRECTIONS

- Development of integrated clubs for adolescents on comprehensive sexuality education
- Integration of school-based innovative and attractive programs to promote sexual reproductive health among adolescents
- Planned engagement of more boys through action lab training and events to share learnings

SM Shaikat, Executive Director, SERAC-Bangladesh, www.serac-bd.org

ADVOCACY ON SRHR ISSUES IN REMOVING BARRIERS TO SEXUAL AND REPRODUCTIVE HEALTH AND REPRODUCTIVE RIGHT OF WOMEN IN NEPAL

BACKGROUND

Total population: 31 million, women consist of 51.5%

Indicators	2006	2011	2016
Maternal Mortality Ratio (per 100.000 live births)	281	-	239
Modern CPR	44 %	43 %	43 %
Knowledge on Contraceptives among women(at least one method)	99.8 %	99.9 %	99.9 %
Unintended pregnancy	-	25 %	19 %
Unmet need of Family planning	24 %	27 %	24 %
Incidence of Unsafe abortion	-	-	58 %

Source: Nepal Demographic Health Survey
1 Government of Nepal, National Planning Commission Secretariat, Central Bureau of Statistics, 2012.
National Population and Housing Census 2011 (National Report). National Planning Commission Secretariat, Central Bureau of Statistics. Kathmandu, Nepal.

APPROACH

Building awareness in the communities through CHES

- Sensitization of the media on Reproductive Health Right bill
- Dialogue and interaction with different authorities and stakeholders
- Lobby and advocacy by engaging actively in the Reproductive Health Right Working Group (RHRWG)
- Support in filing case in the Supreme Court on challenging discriminatory policies of National Family Planning Policy, 2068 and demanding access to full range of contraception for all women

RESULTS

- The House of Representatives approved Safe Motherhood and Reproductive Health Rights Bills on August 15, 2018.
- The Supreme Court issued an order of mandamus on 8th August, 2017 in favor of case filed against Discriminatory policies of National Family Planning Policy.
- Indicator on Reproductive Rights awareness included in SDG-5.6 national indicator.
- Increased awareness on abortion stigma.
- The Supreme Court also issued an order to manage necessary human resource, budget, program and laws/ policies and its effective implementation in order to establish accessibility of full range of contraceptives.

PROBLEM

- Lack of comprehensive reproductive health rights act (RHR)
- High prevalence of abortion stigma[2]
- Exclusion of Safe Abortion Service in the basic health service package
- Discriminatory policies of National Family Planning Policy, 2068

2 Beyond Beijing Committee. Abortion Stigma and its Effect on Women in Nepal. Buddhanagar, Kathmandu, Nepal. June 2016

SOLUTION

- Passing reproductive health right bill
- De-stigmatization of abortion through education
- Advocacy for inclusion of SAS in basic health services package
- Filing case against discriminatory policy

LESSONS LEARNED

- Timely, united and proactive advocacy in unison is key to success
- Awareness building at all levels is pre-requisite for gaining public support
- Working with public, parliamentarians and technocrats simultaneously are essential for successful advocacy
- Evidence based advocacy is imperative for change

FUTURE DIRECTIONS

- Advocacy for enactment of Act and execution of the Supreme Court‘s order and inclusion of Safe abortion service in the basic health service package
- Develop Information Education Communication materials
- Link with Sustainable Development Goal 5.6
- Conduct educational sessions

HUMAN RIGHTS-BASED STRATEGIES FOR REMOVING LEGAL BARRIERS TO ABORTION

BACKGROUND

Where Ipas Works

El Salvador, pop. 6.1 million, is one of few countries that totally ban abortion and where women are imprisoned for abortion.

The abortion law of Pakistan, pop. 200 million, is unclear. Therefore, the majority of the 2.2 million abortions that take place yearly are performed by unskilled providers, contributing to maternal mortality and morbidity.

PROBLEM

Women seeking abortion face barriers when political will is lacking, in all legal settings:

- In El Salvador, health care providers report women to police when treating them for abortion complications or miscarriage.
- In Pakistan, a range of stakeholders – including women, health workers, and government officials – lack understanding of the law.

LESSONS LEARNED

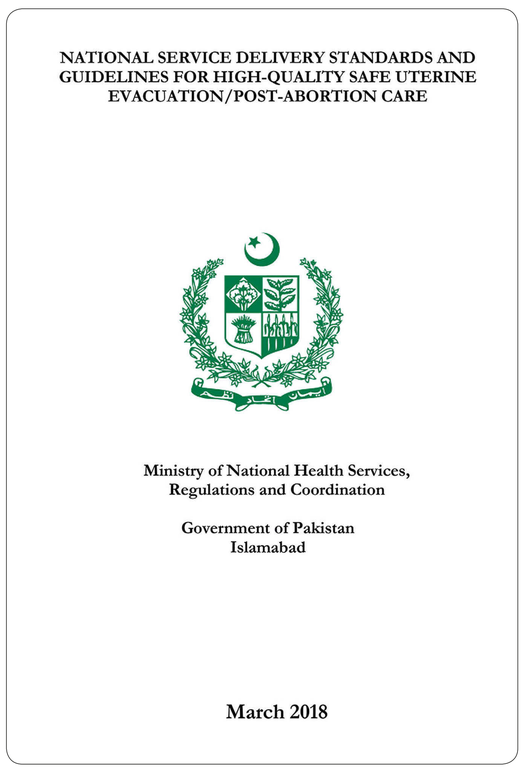
- In all legal contexts, we must build political will at all levels to improve access to abortion.
- We must engage a range of decision-makers—from community groups to front-line health providers to government officials—and continually cultivate their support for abortion care.
- UN human rights process are tools to influence policy change.

APPROACH

- Ipas takes a comprehensive approach to improving access to high-quality induced abortion and postabortion care, including health system strengthening, community engagement, policy/advocacy and evidence generation. Here we focus on our policy and advocacy approaches.
- Ipas builds political will at all levels to expand abortion access in varied legal settings.
- In El Salvador, health professionals formed safe abortion networks to increase political will for abortion access and human rights.
- Ipas Pakistan engaged policymakers to build support for the roll-out of WHO-approved methods of uterine evacuation throughout the health system.
- Ipas gives input into UN human rights process.

RESULTS

- El Salvador: a 50-member union of doctors provide abortion and speak out on the need to legalize.
- Pakistan National Standards and Guidelines on Uterine Evacuation approved after endorsement by key stakeholders in all provinces and regions.
- Government must broaden abortion law' said human rights treaty experts: Convention on Elimination of All Forms of Discrimination against Women (CEDAW) to El Salvador and Commitee on Economic, Social and Cultural Rights (CESCR) to Pakistan.



NATIONAL SERVICE DELIVERY STANDARDS AND GUIDELINES FOR HIGH-QUALITY SAFE UTERINE EVACUATION/POST-ABORTION CARE

Ministry of National Health Services, Regulations and Coordination

Government of Pakistan
Islamabad

March 2018

US edition

The Guardian

Support building for landmark move to overturn El Salvador's anti-abortion law

Parliamentary bill proposing to loosen draconian restrictions on abortion finds favour after religious groups, doctors and others voice public support

▲ Protests in San Salvador on International Women's Day. A bill proposing to allow abortion has sparked open debate on the subject in El Salvador for the first time. Photograph: Marlon Gomez/LatinContent/Getty Images

El Salvador's controversial law banning abortion in all circumstances, which has provoked ruthless miscarriages of justice, could be overturned in what has been described as a historic move.

FUTURE DIRECTIONS

Ipas will continue to build political will to remove barriers to abortion until everyone can control their own sexuality, fertility, health, and well-being.

HARD TO REACH – IMPROVING YOUNG REFUGEES' KNOWLEDGE ON SRHR

BACKGROUND

- Population 80.8 million; 23% young people between 10 and 24
- 3.5 million refugees; 70% are women and children.
- 38% of women faced physical and/or sexual Intimate Partner Violence
- One of the highest rates of child marriage in Europe: 15% of girls married before the age of 18

APPROACH

Young Refugee Support Project:

- Project aims to strengthen young Syrian refugees aged between 18-30 in 4 centres in Kirikhan-Hatay, Diyarbakir, Ankara and Izmir
- Reach young people with peer education, adaptation events, awareness raising around child marriages
- Training for service providers in youth friendly approaches
- Centres provide psychologists, health personnel, guidance counselling and referral to secondary healthcare services, awareness-raising seminars, birth follow-up and neonatal information services

RESULTS

- In 2017, 3500 young people were reached with peer information and education.
- 75 young peer educators took part in Training of Trainers to provide SRHR information.
- Menstruation calendars were produced for women and 3500 of them distributed in Ankara, Diyarbakır, Kırıkhan and Izmir.
- In 2018, 205 young women and 111 young men reached by SRH sessions.

PROBLEM

- Lack of social policy towards immigrants and asylum seekers.
- Stigma and discrimination affecting young refugees' access to SRHR.
- Numerous challenges in accessing social services
- Child marriage and early pregnancy common for young refugees

LESSONS LEARNED

- Essential to train young refugees as peer educators, project leaders and advocates: overcome language barriers; empower young people; achieve sustainable results

FUTURE DIRECTIONS

- Strengthen network as the only NGO working on young people's SRHR
- Invest in empowering refugee youth
- Advocate for SRHR especially for young refugee populations