College of Physicians and Surgeons of Pakistan (CPSP)

Department of Medical Education

MCPS-HCSM **Reproductive Health**

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Contents

Definition of reproductive health

Reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions and system at all stages of life.

The International Conference on Population and Development Program of Action states that "reproductive health ... implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. Reproductive health includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases."

Historical Background

International Conference on Population and Development

The United Nations coordinated in Cairo, Egypt from 5–13 September 1994 an International Conference on Population and Development (ICPD). The ICPD articulated a bold new vision about the relationships between population, development and individual well-being. At the **ICPD** in Cairo, 179 countries adopted a forward-looking, 20-year Program of Action (PoA) that continues to serve as a comprehensive guide to people-centered development progress.[1] the steering document for the United Nations Population Fund (UNFPA).

ICPD-PoA provides a comprehensive framework on issues of interrelationship between population, sustained economic growth and sustainable development, and advances in education, economic status and empowerment of women.

The ICPD's Twenty-Year Goals, 1995-2015

- Provide universal access to a full range of safe and reliable family planning methods and related reproductive health services.
- Reduce infant mortality rates to below 35 infant deaths per 1,000 live births and under-5 mortality rates to below 45 deaths of children under age 5 per 1,000 live births.
- Close the gap in maternal mortality between developing and developed countries. Aim to achieve a maternal mortality rate below 60 deaths per 100,000 live births.
- Increase life expectancy at birth to more than 75 years. In countries with the highest mortality, aim to increase life expectancy at birth to more than 70 years.
- Achieve universal access to and completion of primary education; ensure the widest and earliest possible access by girls and women to secondary and higher levels of education.

[1] *www.unfpa.org/.../international-conference-population-and-development-programme...*

Population and Development – ICPD 10.

June 10-11, 2004, Dakar, Senegal. The ICPD review in 2004 demonstrated that countries had made significant progress in adopting and implementing a reproductive health approach; strengthening efforts to improve gender equality, equity and women's empowerment; addressing adolescent reproductive health; forging new partnerships with civil society and the private sector and promoting integration of population dynamics and trends into development planning and policymaking. However, the outcomes showed that major challenges to the full implementation of the Cairo agenda still remained.

The review process reinforced two important principles: that women's health and rights are central to population and development policies; and that nongovernmental actors play a critical role in local, national, and international deliberations on population issues. Some examples of this progress include:

- *Greater civic participation*. Since the beginning of the 1990s, greater openness in political decision making can be seen at all levels: international, national, and local. NGOs, religious and community leaders, and the private sector (what the UN calls "civil society") are now active partners with governments in deliberations on new policies and programs.
- *Changing laws and policies*. Continuing the momentum that began during the Cairo process, governments around the world have drafted an impressive array of new legislation and strategy documents. The UN reported in 1999 that, since the Cairo conference, more than 40 countries had taken concrete policy actions toward the goal of providing universal access to reproductive health care.
- *Improving reproductive health services*. Improvements in reproductive health services have involved reorganization, resetting priorities, and retraining service providers. Government reports and independent studies conducted for the five-year review of the Cairo PoA provided scores of examples of such improvements. While relatively few, albeit prominent, countries established comprehensive reproductive health policies and programs, many introduced or expanded certain elements of health care.

Importance of Reproductive Health

Reproductive health is a crucial part of general health and a central feature of human development. It is a reflection of health during childhood, and crucial during adolescence and adulthood, sets the stage for health beyond the reproductive years for both women and men, and affects the health of the next generation. The health of the newborn is largely a function of the mother's health and nutrition status and of her access to health care.

Reproductive health is a universal concern, but is of special importance for women particularly during the reproductive years. Although most reproductive health problems arise during the reproductive years, in old age general health continues to reflect earlier reproductive life events. Men too have reproductive health concerns and needs though their general health is affected by reproductive health to a lesser extent than is the case for women. However, men have particular roles and responsibilities in terms of women's reproductive health because of their decision-making powers in reproductive health matters. At each stage of life individual needs differ. However, there is a cumulative effect across the life course þ events at each phase having important implications for future well-

being. Failure to deal with reproductive health problems at any stage in life sets the scene for later health and developmental problems.

Because reproductive health is such an important component of general health it is a prerequisite for social, economic and human development. The highest attainable level of health is not only a fundamental human right for all, it is also a social and economic imperative because human energy and creativity are the driving forces of development. Such energy and creativity cannot be generated by sick, tired people, and consequently a healthy and active population becomes a prerequisite of social and economic development.

What is new about the concept of reproductive health

Reproductive health does not start out from a list of diseases or problems - sexually transmitted diseases, maternal mortality - or from a list of programs - maternal and child health, safe motherhood, family planning. Reproductive health instead must be understood in the context of relationships: fulfillment and risk; the opportunity to have a desired child or alternatively, to avoid unwanted or unsafe pregnancy. Reproductive health contributes enormously to physical and psychosocial comfort and closeness, and to personal and social maturation. Poor reproductive health is frequently associated with disease, abuse, exploitation, unwanted pregnancy, and death.

The most significant achievement of the Cairo Conference was to place people firmly at the centre of development efforts, as protagonists in their own reproductive health and lives rather than as objects of external interventions. The aim of interventions is to enhance reproductive health and promote reproductive rights rather than population policies and fertility control. This implies the empowerment of women (including through better access to education); the involvement of women and young people in the development and implementation of programs and services; reaching out to the poor, the marginalized and the excluded; and assuming greater responsibility for reproductive health on the part of men.

How this concept of reproductive health differs from existing health programs

Programs dealing with various components of reproductive health exist in some form almost everywhere. But they have usually been delivered in a separate way, unconnected to programs dealing with closely interdependent topics. For example, the objectives, design and evaluation of family planning programs were largely driven by a demographic imperative, without due consideration to related health issues such as maternal health or STD prevention and management. Evaluation was largely in terms of quantity rather than quality - numbers of contraceptive acceptors as opposed to the ability and opportunity to make informed decisions about reproductive health issues. In general, such programs exclusively targeted women, taking little account of the social, cultural and intimate realities of their reproductive lives and decision-making powers. They tended to serve only married people, excluding, in particular, young people. Services were rarely designed to serve men even though they have reproductive health concerns of their own, particularly with regard to sexually transmitted diseases. Moreover, the involvement of men in reproductive health

is important because they have an important role to play as family decision-makers with regard to family size, family planning and use of health services.

A reproductive health approach would differ from a narrow family planning approach in several ways. It would aim to build upon what exists and at the same time to modify current narrow, vertical programs to ones in which every opportunity is taken to offer women and men a full range of reproductive health services in a linked way. The underlying assumption is that people with a need in one particular area - say treatment of a sexually transmitted diseases - also have needs in other areas - family planning or antenatal/postpartum care. Such programs would recognize that dealing with one aspect of reproductive health can have synergistic effects in dealing with others. For example, management of infertility is difficult and expensive but it can be largely prevented through appropriate care during and after delivery and prevention and management of STDs. Promotion of breast-feeding has an impact on reproductive health in many ways - it helps prevent certain postpartum problems, delays the return to fertility, may help prevent ovarian and breast cancer, and improves neonatal health.

Another important difference between existing programs and those developed to respond to the new concept of reproductive health is the way in which people - particularly women and young people who are the most affected by reproductive health concerns - are involved in program development, implementation and evaluation. When women become more involved in programs it becomes clearer that they have health concerns beyond motherhood and also that dealing with reproductive health involves a profound rethinking of the behavioral, social, gender and cultural dimensions of decision-making which affect women's reproductive lives.

What Reproductive Health Services include

The precise configuration of reproductive health needs and concerns, and the programs and policies to address them, will vary from country to country and will depend on an assessment of each country's situation and the availability of appropriate interventions. Globally, however, both the epidemiological data and the expressed wishes of diverse constituencies indicate that reproductive health interventions are most likely to include attention to the issues of family planning, STD prevention and management and prevention of maternal and perinatal mortality and morbidity. Reproductive health should also address issues such as harmful practices, unwanted pregnancy, unsafe abortion, reproductive tract infections including sexually transmitted diseases and HIV/AIDS, gender-based violence, infertility, malnutrition and anemia, and reproductive tract cancers. Appropriate services must be accessible and include information, education, counseling, prevention, detection and management of health problems, care and rehabilitation.

Reproductive health strategies should be founded first and foremost on the health of individuals and families. In the operationalization of the strategies all reproductive health services must assume their responsibility to offer accessible and quality care, while ensuring respect for the individual, freedom of choice, informed consent, confidentiality and privacy

in all reproductive matters. They should focus special attention on meeting the reproductive health needs of adolescents.

Components of reproductive health

There are ten main components of reproductive health and healthcare:

Parental care. Despite what you might think, many months of carrying a baby is not the hardest part of pregnancy and future motherhood. There are several years of growing teeth, tantrums, poop and fevers ahead of you. And half of the time you will require additional hands and medical assistance. That is why reproductive health includes facilities and services for safe motherhood. This component is meant to monitor the pregnancy itself all the way to delivering a baby, as well as neonatal, perinatal and postnatal periods, and breastfeeding.

Family planning. At the centers for family planning, people can usually find information on different kinds of contraception and the actual contraceptives. Even though it is called 'family planning', people who do not plan to start a family any time soon (or ever) can also use the functionality of these centers. In addition, people can receive help on deciding how many children they want to have, what are the best ways of achieving it and how far apart the pregnancies should be. They can also decide to not have children altogether and choose to become permanently infertile. For that, family planning centers offer sterilization procedures.

Dealing with sexual dysfunctions and infertility. While some people are trying not to have children, others are struggling to conceive. Reproductive health care helps people that want to become parents with providing information, medicine, treatment and alternative ways of reproduction.

Services for providing safe abortions. There are many reasons why people consider getting an abortion: unplanned pregnancy, health complications, pregnancy from a sexual assault (rape), etc. It is important that there are services available that could facilitate the process of pregnancy termination.

Management of complicated abortions. If you somehow do not know, many countries prohibit abortions, mostly on religious grounds. In those countries, abortion is akin to murder. What they do not take into account is that abortions will not go anywhere, even when made illegal. However, these illegal abortions are often harmful for the pregnant person, and they lead to many unnecessary complications. Even in countries where abortions are legal, some might cause unexpected health problems. Which is why reproductive health concerns itself with not only abortions, but also their aftermath.

Treatment and prevention of STIs. STIs can happen to anyone who has an active sex life. Most of them are relatively harmless and short, and reproductive health centres are equipped with dealing with them. However, some diseases are more severe, like HIV/AIDS. As they are untreatable, the centres can provide information on how to deal with them on a

daily basis. This includes taking special medicine at the given times, learning how to deal with your positive status and fighting the stigma around this disease.

Treatment of non-infectious diseases connected to reproduction. Apart from the STIs, various non-transmittable diseases can damage the reproductive system. These include various types of cancers and other illnesses that might negatively affect the reproduction. Reproductive health centres deal with them as well.

Sexual education. Adolescents and other people that reached the age of sexual maturity should be taught about 'what is reproduction', 'what is safe sex', 'why contraception is important' and so many other things. Because of religious views or other reasons, many try to ‘protect’ their children from knowing about these things. However, instead of protecting kids from depravity, parents, teachers and guardians put the children at risk. As they know nothing about sex and reproduction, kids might engage in unsafe practices without even knowing it, which usually cause problems for both them and their parental figures. That is why at least basic sex ed is necessary for reproductive health.

Dealing with harmful practices. Despite the fact that we live in the 21st century, many countries still have weird and dangerous traditions and laws. For example, in some African countries, the concept of female genital mutilation is a reality and not a scary story from the past. There are also instances of premature marriages and violence against women not punishable by law. Reproductive health is meant to prevent such practices from happening and to remedy the damage that has already been done through mental and physical therapy.

Sexual health. Apart from being a tool for reproducing, sex is also a great stress relief, endorphin booster and a generally pleasurable activity (if it is consensual). Reproductive health teaches people how to engage in sexual activities that not only result in children, but also in mutual satisfaction and in strengthening of a bond between two people. And that is all on the components of reproductive health! We hope that now you are a little bit wiser on the topic. It is never too late to learn something new, especially about things that affect your health. We wish you to have immediate access to reproductive health facilities whenever you need it and to stay healthy

Factors affecting Reproductive Health

Reproductive health affects, and is affected by, the broader context of people's lives, including their economic circumstances, education, employment, living conditions and family environment, social and gender relationships, and the traditional and legal structures within which they live. Sexual and reproductive behaviors are governed by complex biological, cultural and psychosocial factors. Therefore, the attainment of reproductive health is not limited to interventions by the health sector alone. Nonetheless, most reproductive health problems cannot be significantly addressed in the absence of health services and medical knowledge and skills.

The status of girls and women in society, and how they are treated or mistreated, is a crucial determinant of their reproductive health. Educational opportunities for girls and women powerfully affect their status and the control they have over their own lives and their health and fertility. The empowerment of women is therefore an essential element for health.

Who is most affected by Reproductive Health Problems

Women bear by far the greatest burden of reproductive health problems. Women are at risk of complications from pregnancy and childbirth; they also face risks in preventing unwanted pregnancy, suffer the complications of unsafe abortion, bear most of the burden of contraception, and are more exposed to contracting, and suffering the complications of reproductive tract infections, particularly sexually transmitted diseases (STDs). Among women of reproductive age, 36% of all healthy years of life lost is due to reproductive health problems such as unregulated fertility, maternal mortality and morbidity and sexually transmitted diseases including HIV/AIDS. By contrast, the equivalent figure for men is 12%.

Biological factors alone do not explain women's disparate burden. Their social, economic and political disadvantages have a detrimental impact on their reproductive health. Young people of both sexes are also particularly vulnerable to reproductive health problems because of a lack of information and access to services.

Reproductive Health needs and priorities

The identification of reproductive health needs, the determination of priorities and the development of programmatic responses to those needs should be conducted through an inclusive process, soliciting the perspectives of a range of groups concerned with reproductive health including, for example, women's health advocates, youth groups, health care providers at the periphery as well as at the central level, health planners, researchers, and non-governmental organizations.

Several instruments have already been developed for situation analysis and needs assessment in different components of reproductive health, for example, family planning and safe motherhood. However, in the context of the new approach to reproductive health it is necessary to ensure that assessment and prioritization reflect people's concerns as agreed at national and local levels and not the priorities of agencies or donors. It is important to avoid duplication and to develop tools that are appropriate for countries themselves. A number of such instruments already exist and are widely used. However, it is important to ensure compatibility and consistency among the various instruments currently available. Similar considerations apply to the selection of priorities for action in reproductive health. Criteria for identification of priority problems should include not only importance - prevalence, severity, public concern, government commitment, impact on family, community and development - but also the feasibility of addressing them - known interventions, cost-effectiveness, availability of financing, human resources and adequate equipment and supplies.

Human Resources for Reproductive Health

The operationalization of the new concept of reproductive health will mean changes in skills, knowledge, attitudes and management. People will have to work together in new ways. Health care providers will have to collaborate with others, including NGOs, women's health advocates, and young people. Managerial and administrative changes will also be needed because integrated services can impose, at least initially, greater burdens on already over-stretched staff and require attention to planning and logistics in order to ensure availability and continuity of services.

Training for reproductive health workers will need to focus on improving both technical and interpersonal skills. Additional training, particularly in counseling skills and in ways of reaching out to under-served groups will be essential elements of such training. The back-up and support of functioning referral systems will be essential elements if the full range of reproductive health concerns is to be adequately addressed.

1947 – Nurse/Midwife

1947- Pupil Midwife/Midwife

1951 - Lady health Visitor

1977- Health Technician – Male/Female

2006- Community Midwives (CMWs)

Monitoring and evaluation

Monitoring and evaluation of reproductive health takes place at different levels the Community, health facility, district, province, country, region and the global level. Globally, the international community has already defined a number of indicators relevant to reproductive health, including:

- Maternal Mortality Ratio
- Neonatal Mortality Rate
- Under 5 Mortality Rate
- Infant Mortality Rate
- % pregnant women who have at least one Antenatal visit
- % pregnant women who have recommended 8 Antenatal visit
- % of pregnant women who have a Skilled birth attendant at delivery
- % of pregnant women delivering at health facility
- % of pregnant women immunized against tetanus
- % of CBAs immunized against tetanus
- CPR by type
- Total Fertility Rate
- % of infants weighing less than 2500g at
- Prevalence of Stunting
- Prevalence of Wasting
- Prevalence of micronutrient deficiencies in:
  - Under 5 children
  - Women CBA/PLW
- EmONC health Facility status

To address a comprehensive integrated MIS system is required at national level contrary Pakistan has multiple MIS systems:

- ✓ DHIS
- ✓ NMIS
- ✓ LHW-MIS
- ✓ Malaria-MIS
- ✓ TB-MIS
- ✓ Pop. Welfare MIS

Key actions to improve reproductive health

- Advocate for the concept of reproductive and sexual health
- Promote multisectoral action
- Stimulate adherence to essential principles
- Foster national ownership: increased resource mobilization and expedited disbursement, in order to adequately fund jointly determined agendas
- Ensure consistency and complementarily
- Coordinate agency, regional, bilateral and NGO activities with public sector
- Assist in the identification of reproductive health needs
- Support national planning, particularly development of joint work plans
- Promote integrated approaches: increased inclusion of all partner organizations, including civil society, throughout the agenda-setting and work plan development.
- Support monitoring and evaluation: strengthened monitoring and evaluation, documentation and dissemination of best practices and lessons learnt
- Continued improvement of coordination,;
- Supported scale-up of successful policies and programs in order to achieve adequate reach and coverage.

- ❖ Incorporate reproductive health and life skills training in specific recommendations with regard to policy areas school curricula at secondary and higher levels; highlighted in the brief.
- ❖ End gender stereotyping in school curricula and teaching methods.
- ❖ Incrementally increase the health budget from the current level of less than 1 percent of GDP to at least 5 percent of GDP;
- ❖ The federal government should work with provinces and districts to develop mechanisms so that a certain percentage of development expenditures in the districts are spent on the delivery of health, particularly reproductive health;
- ❖ Encourage greater openness in parliamentary debates issues related to sexual and reproductive health; Audit all reproductive health and family planning programs and plans with a view to ensuring targeted coverage of high-risk groups, such as street children, adolescent girls and boys, prisoners, commercial sex works, injecting drug users (IDUs) and truckers; sale of contraceptives;
- ❖ Introduce a comprehensive anti-discriminatory Remove legislation to end discrimination in employment access to public services on the basis of pregnancy, marital status or HIV/AIDS status
- ❖ Ensure inter-departmental coordination at federal, provincial and district levels to ensure linkages between all social sector policies;
- ❖ Revitalize the Standing Committees on Health and Population Control in the Federal Parliament and
- ❖ Provincial Assemblies with personnel support for sector facilities to provide safe abortion services to research provided.

Continuum of Care

The "Continuum of Care" for reproductive, maternal, newborn and child health (RMNCH) includes integrated service delivery for mothers and children from pre-pregnancy to delivery, the immediate postnatal period, and childhood. Such care is provided by families and communities, through outpatient services, clinics and other health facilities.

The Continuum of Care recognizes that safe childbirth is critical to the health of both the woman and the newborn child—and that a healthy start in life is an essential step towards a sound childhood and a productive life.

What are the dimensions and importance of the Continuum of Care

The first dimension of the Continuum of Care is time - from pre-pregnancy, through pregnancy, childbirth, and the early days and years of life

Figure1. Connecting care giving across the Continuum for maternal, newborn and child health

The second dimension of the Continuum of Care is place - linking the various levels of home, community, and health facilities

Figure 2. Connecting care giving between households and health facilities to reduce maternal, newborn, and child deaths

Linking interventions in this way is important because it can reduce costs by allowing greater efficiency, increase uptake and provide opportunities for promoting related healthcare elements (e.g. postpartum/postnatal and newborn care).

Where are the current gaps in the Continuum of Care

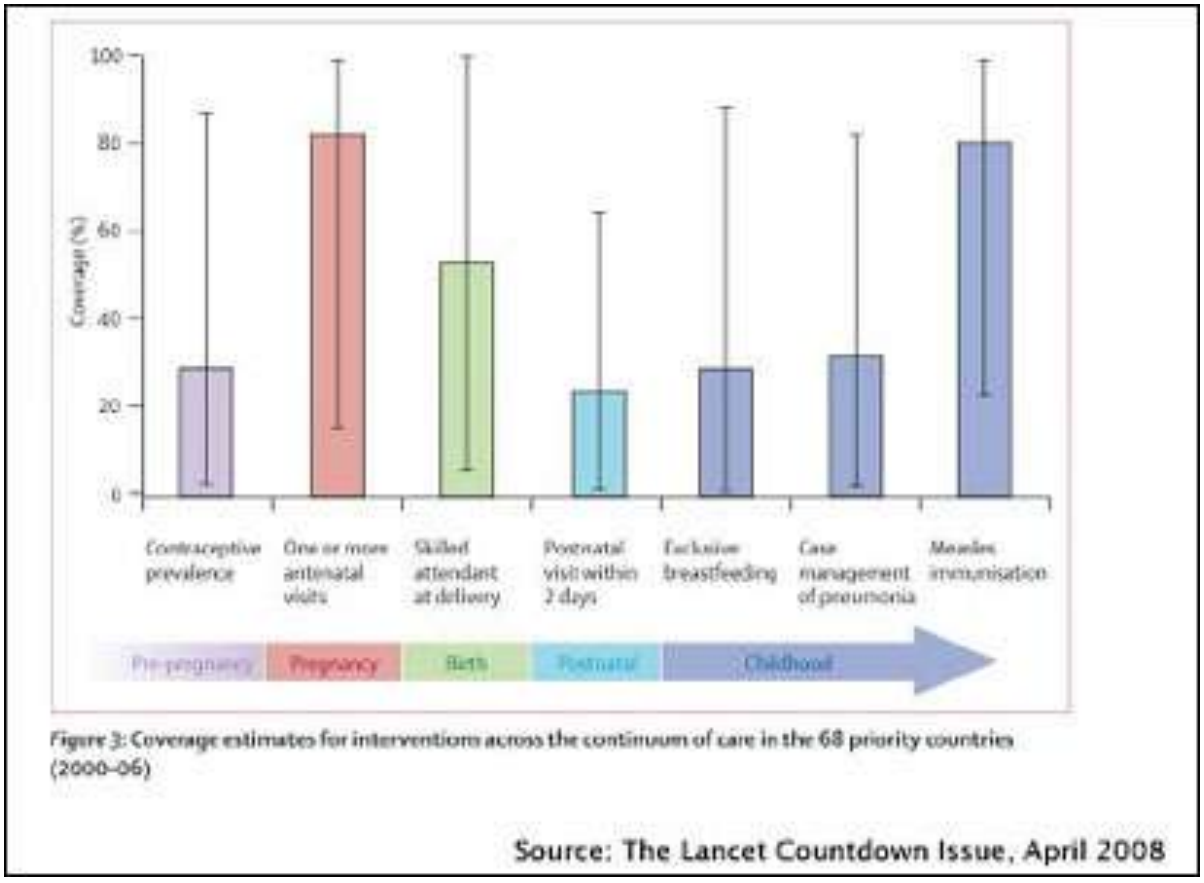

Figure 3: Coverage estimates for interventions across the continuum of care in the 68 priority countries (2000–06)

Source: The Lancet Countdown Issue, April 2008

Where do we stand now?

The latest report from Countdown to 2015, shows that, despite some progress in expanding and improving RMNCH services over the past ten years, there are still significant gaps. There have been some gains in coverage of routine interventions such as immunization, and newer interventions such as PMTCT for HIV. However, much remains to be done in the most crucial area – childbirth.

Gaps in the pre-pregnancy to childhood continuum

Adolescence pre-pregnancy

Complications during pregnancy and childbirth are the leading cause of death in young women (15 to 19 years) in developing countries. Unmet need for family planning remains high in this age group and in others. Nearly a third of Countdown countries in fact showed an increase or no change in unmet need between 2000 and 2008. Lack of family planning is reflected, in part, in the continuing burden of unsafe abortion, which accounts for an estimated 13% of all maternal deaths.

During pregnancy

Skilled health care during pregnancy is important; for example, to treat high blood pressure, provide tetanus immunization and test for HIV and syphilis. At least four such contacts are recommended, at which high-quality and effective care is provided. The average coverage of these four visits was 50% across 51 Countdown countries since 2000.

At childbirth

Nearly 42% of the maternal deaths, a third of the stillbirths12 and 23% of newborn deaths happen during childbirth. Safe delivery practices, access to skilled attendants and emergency obstetric and neonatal care, and early initiation of breastfeeding can help prevent these deaths. Two-thirds of Countdown countries had coverage levels of less than 5% for the proportion of births by caesarean section, indicative of poor availability of emergency obstetric and newborn care.

After childbirth

Bleeding and infections after childbirth account for a high proportion of maternal deaths, and about 3 million babies die in the first week of their life. However, there is very little data about the coverage of services in the postnatal period. Only 45% of Countdown countries had any information on postnatal care for women, and only 1% had information on postnatal care for newborns.

During infancy and childhood

While coverage of immunization has improved, that of exclusive breastfeeding lags behind. Almost a third of the 52 Countdown countries have improved exclusive breastfeeding rates by 20% or more since 2000.

The average coverage of exclusive breastfeeding across countries, however, is still only 34%.

Serious childhood illnesses

Childhood illnesses such pneumonia, diarrhea and malaria require immediate attention and access to 24-hour health services. There has been some progress, for example in treating malaria, but more needs to be done.

Gaps in the home-to-hospital continuum

Saving lives depends not only on high coverage but also on the quality of care delivered throughout the continuum.

Health worker shortages severely weaken the continuum of care

To deliver essential health services, a minimum of 23 midwives, nurses and doctors are needed per 10,000 people. Only 29% of Countdown countries now meet this requirement. Efforts to train, recruit and retain health-care workers in priority areas are crucial (see Knowledge Summary 6) across primary, secondary and tertiary levels of care.

Quality issues and supply shortages make care ineffective

Quality of care is adversely affected, not only by health worker shortages, but also by poor infrastructure and inadequate supplies of medicines, medical products and equipment. Locally produced commodities and stronger distribution systems are key interventions to overcome these bottlenecks.

Gender inequities, poverty and lack of education affect women's health

Coverage rates are lowest among women and children from the poorest families, who face the greatest health risks. People's demand for care can be adversely affected by factors such as: the cost of health care borne through out-of-pocket payments; local beliefs; and knowledge and misperceptions about the health system. To improve health outcomes,

educational attainment must be increased, community-level strategies promoted, and changes in care-seeking behavior encouraged.

Conclusion

The Global Strategy for Women's and Children's Health emphasizes the importance of using effective interventions to strengthen the continuum of care. However, the task of overcoming the high burden of maternal and newborn deaths is hindered by inequitable coverage of services along the continuum. We know which RMNCH interventions are important. A number of established and new ways to help scale-up services improve service delivery and encourage health care uptake amongst women and children are available. Governments, donors, business communities and global initiatives must now work together to ensure that there is a cohesion and continuity towards universal health coverage.

World Health Organization (WHO)

Global monitoring in reproductive health, including indicators on:

- Incidence and prevalence of sexually transmitted diseases,
- Quality of family planning services,
- Access to and quality of maternal health services,
- Prevalence of female genital mutilation and
- Prevalence and nature of obstetric and gynecological morbidities.
- Women's satisfaction with services,
- Perceptions of quality,
- Maternal discomfort and dissatisfaction,
- Perceived reproductive morbidities,
- Opportunities for choice, and enabling environments.

Particular attention is paid to indicators that identify disparities within countries – between population groups and/or regions, for example.

Data collection is seen as a means towards an end rather than an end in itself. Focus increasingly on performance-based measures such as maternal audit, surveillance and other process measures. Such program indicators are useful for policy-making and be generated through data collection procedures that are useful for program management at the level at which the data are collected.

All data collection efforts should be sustainable by the national authorities and able to take into account new developments in terms of strategic thinking and implementation. In addition, all indicators should be valid, objectively measurable and reliable.

WHO provides support to the development of training materials, human resource development.

United Nations Population Fund (UNFPA)

Support for reproductive health, UNFPA will continue to underscore a number of basic programming concepts including, in particular, efforts to:

- involve women, women's organizations, and other groups working for women's needs in the planning, implementation and monitoring of reproductive health services and programs;
- promote men's participation in reproductive health programs and responsibility for their sexual and reproductive behavior;
- assure the highest level of quality of care in providing information and services;
- promote an approach that provides a constellation of linked or integrated services to meet the needs of clients;
- make available as wide a range as possible of safe and effective modern methods of family planning technically approved by the World Health Organization (WHO);
- create a better understanding of the social, cultural and behavioral context within which reproductive ill-health occurs; and
- Promote the coordination of national reproductive health programs among Governments, multinational and bilateral agencies, NGOs and the private sector.

United Nations Children's Fund (UNICEF)

UNICEF has been active in developing appropriate strategies and programming interventions in the area of reproductive health, specifically safe motherhood, and family planning and in the prevention of HIV/AIDS and other STDs. UNICEF support to women's health activities emphasizes working with women's organizations at the community level. The focus is on promoting linkages with the health sector, assisting women's organizations in implementing information, education, communication efforts and in developing financing mechanisms for purchasing health care. UNICEF programs of assistance will also include support to national-level mobilization on safe delivery.

Office of the United Nations High Commissioner for Refugees (UNHCR)

The mission of the United Nations High Commissioner for Refugees (UNHCR) is to assist and protect refugees worldwide.

Roughly three-quarters of those destitute displaced people are women and their dependent children. Their role within their family and their community is pivotal. But, in areas of the world often deeply scarred by suffering, exploitation and ill-health these refugee women and children - deprived, by definition of the protection of their state are hard-hit by the violence and uncertainty of displacement.

International Labor Organization (ILO)

Relevant ILO policies and programs are based on the premise that success in protecting and promoting reproductive health is linked to social and economic factors including education, training, employment, working conditions and gender equality in labor markets.

ILO promotes and provides technical support to its constituents to enable them to design, develop and implement comprehensive policies and programs which link population and reproductive health concerns to social and economic goals and achievements.

The World Bank

Reproductive health activities constitute a significant portion of all World Bank lending for population, health and nutrition activities

Bank lending has integrated reproductive health projects with its population

Research sponsored by the Bank also often provides the analytical basis for reproductive health policy and action:

Pakistan Response to International Commitments on Reproductive Health

- National Health Policy of 1990
- Pakistan Child Survival Program 1989-1991
- Family Health Project 1991-1999
- National Program for Family Planning and PHC 1994
- National Health Policy of 1997
- RH services Package 1999
- Reproductive Health Project 2004-2009
- National Health Policy 2001
- Population Policy 2001
- National Policy for Development and Empowerment of Women2002
- Poverty Reduction Strategy Paper *(PRSP) 2003*
- MNCH Strategy 2005
- Women Health Project 2009-2012
- National MNCH Program 2006 – 2012
- PAIMAN
- TRF / RAF
- MNCH Program/ MChip/ IRMNCH
- RMNCAH and Nutrition
- Costed Plan of action for family planning
- Accelerated action Plan for Nutrition

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