

**PROVINCIAL ASSEMBLY OF SINDH
NOTIFICATION
KARACHI, THE 10TH DECEMBER, 2019**

NO.PAS/LEGIS-B-20/2019- The Sindh Reproductive Healthcare Rights Bill, 2019 having been passed by the Provincial Assembly of Sindh on 13th November, 2019 and assented to by the Governor of Sindh on 29th November, 2019 is hereby published as an Act of the Legislature of Sindh.

THE SINDH REPRODUCTIVE HEALTHCARE RIGHTS ACT, 2019.

SINDH ACT NO. XV OF 2019

**AN
ACT**

to facilitate reproductive healthcare and promote reproductive health rights in the Province of Sindh.

WHEREAS it is expedient to facilitate reproductive health care and promote reproductive health care rights in the Province of Sindh. **Preamble.**

It is hereby enacted as follows:-

1. (1) This Act may be called the Sindh Reproductive Healthcare Rights Act, 2019. **Short title, extension and commencement.**
 - (2) It shall extend to the whole of the Province of Sindh.
 - (3) It shall come into force at once.

2. In this Act, unless there is anything repugnant in the subject or context – **Definitions.**
 - (i) “choice” means to decide freely as how to manage reproductive life;
 - (ii) “confidentiality” means to assure not to disclose or share any personal information relating to reproductive health with others;
 - (iii) “continuity” means a constant process of receiving reproductive health care services for lifetime;
 - (iv) “discrimination” means any exclusion, restriction or arbitrary distinction, made on the basis of sex having effect or purpose of impairing or nullifying the recognition or exercise by women and men , irrespective of marital status, in the political, economic, social, cultural, civil or any other field.
 - (v) “gender perspective” means the beliefs, roles, values and behaviors which evolve for socialization of men and women by culture and society;
 - (vi) “Government” means the Government of Sindh;
 - (vii) “information” means the knowledge of benefits and availability of reproductive health care services and healthcare rights in this regard;

- (viii) “informed consent” means the possibility and opportunity to make a responsible decision based on comprehensive information, free from coercion or violence;
- (ix) “maternal morbidity and mortality” means pregnancy related ill health and deaths of women in a place and at a time;
- (x) “prescribed” means prescribed by rules;
- (xi) “privacy” means to have a confidential environment during counseling and services relating to reproductive health and health care rights;
- (xii) “reproductive health” means a state of complete physical, mental and social wellbeing, but does not merely mean the absence of disease and infirmity, in all matters relating to the reproductive system, its functions and processes;
- (xiii) “reproductive health care providers” means public and private institutions which offer reproductive health care services as well as the staff which is working with such institutions;
- (xiv) “reproductive right” means the right of a couple to reach the highest level of reproductive health, without discrimination, coercion and violence; and
- (xv) “rules” means the rules and regulations made under this Act.
- (xvi) “regulations” means the regulations made under this Act.

3. **Basic Principles.** — The facilitation of reproductive health care and promotion of reproductive health care rights in the Province of Sindh shall be in accordance with the following basic principles:

Promotion of Reproductive Healthcare Rights Acceptance of facts.

- i) men and women are the subject of reproductive health care and they are jointly involved and responsible for parenting and are equally entitled to access to information relating to reproductive health care and reproductive rights;
- ii) there is a need for developing public awareness which prevents maternal deaths and suffering of women and children.

4.(1)The right of reproductive healthcare information shall be promoted -

Promotion of reproductive healthcare rights.

- (a) by providing reproductive healthcare information, which provides awareness regarding mental and physical health and wellbeing of individuals and families, and allows the service users to make all decisions on the basis of full, free, and informed consent;
- (b) through parental responsibility, which assures the right of parent as educators;
- (c) by including reproductive health education in the curriculum at the secondary and higher secondary school levels as " life skills".

(2) The right to gender neutral information shall be promoted-

- (a) by access to information related to the reproductive rights and responsibilities with a gender perspective, which is free from stereotype, discriminatory, coercive and obscurantist customs and is presented in an objective and pluralistic manner;
- (b) by recognition that the couple have the right to information whether to start or plan a family including spacing, timing and the number of their children;
- (c) by public awareness on the prevalence and impact of morbidity and mortality and availability of medical science to prevent this suffering.

(3) The right to equality and to be free from all forms of discrimination shall be promoted by ensuring that-

- (a) no person is discriminated in their reproductive lives, in access to services and information on the grounds of race, color, sex, creed, social status, religion or any other criteria of discrimination;
- (b) all women have the right to protection from discrimination in social, domestic or employment spheres by reasons of pregnancies or motherhood “as prescribed”;
- (c) elimination of all discrimination against either gender in health care and providing family planning services;
- (d) all persons have a right to make independent decisions about their reproductive rights and the right to have decisions respected by others;
- (e) women are empowered for their reproductive well- being.

(4) All persons shall have the right to be free from ill treatment and to be protected from sexually transmitted diseases such as HIV/AIDS, rape, sexual assault, sexual abuse, sexual harassment and other forms of gender-based violence.

5.(1) The need of reproductive healthcare shall be accepted in the following order:-

- (i) to provide quality reproductive healthcare through short and long term efforts comprising among others, to professionalize obstetric care, emergency obstetric and neonatal care;
- (ii) to improve reproductive healthcare systems, particularly in the primary health care sector;
- (iii) to reach underserved persons by increasing access to the disadvantaged and vulnerable by strengthening the basic health units, “rural health centers,” MCH Centres, Family Welfare Centers for the provision of family planning, maternal and neonatal healthcare, in addition to other services;

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Facilitation of
Reproductive
Healthcare Services**

- (iv) to support in diverse ways and means, provision of family planning services;
- (v) to meet health needs or requirements of men and women by or through -
 - (a) family planning services for prevention of unsafe and unplanned pregnancies;
 - (b) observance of World Health Organization (WHO) standards of ante-natal, inter-natal and post natal care including post abortion care which reduces the incidences such as involuntary miscarriage and to increase access to skilled birth attendants;
 - (c) ensuring pre-service training to all reproductive health care providers by including it in the curriculum of healthcare providers and communities.

6. The facilitation of reproductive healthcare services shall focus on the following, namely:-

Reproductive healthcare services.

- (a) provision of full range of integrated services including family planning which shall address the maternal mortality and morbidity;
- (b) provision of quality family planning services through a range of mixed methods which may include short term, long term and permanent methods, and also includes new methods based on informed choice and that the facilities are visible to the communities through better promotion and branding;
- (c) broadening the scope of Family Planning and/or Reproductive Health Services to various geographical areas, adoption of task shifting model so that the mid “level” workers are involved in provision of services where needed;
- (d) provision of services to reduce infant and neonatal mortality, decrease preterm and stillbirths, all of which are linked to multiple pregnancies without birth spacing;
- (e) strengthening the reproductive health care system to ensure quality services by the reproductive health providers which may encourage informed choice and are given in an environment of dignity, confidentiality and continuity;

- (f) ensuring commodity security and sustainability so that there is no disruption in the provision of reproductive health care services;
- (g) training of reproductive health care providers to be gender sensitive and to reflect user perspective to the right to privacy and confidentiality and also training in interpersonal and communication skills;
- (h) enforcement of the public sector approved Manual on Family Planning Standards;
- (i) focusing and prioritizing the development and strengthening of the primary health care sector in terms of its access and affordability in reproductive health care;
- (j) recognizing that all persons shall have the benefit of and access to available reproductive healthcare technology, including that relating to infertility, which is safe and free from gender discrimination and no person shall be subject to medical trials related to reproductive healthcare without their full, free, informed and written consent;
- (k) provision of reproductive healthcare services to persons in privacy and ensuring personal information given thereof is kept confidential;
- (l) managing the reproductive life of all persons having regard to the rights of others;
- (m) response to disaster situations by Government, which shall include the provision of the Minimum Initial Service Package on Sindh Reproductive Health in crises, and
- (n) no person shall be subjected to forced sexual intercourse, pregnancy, sterilization, abortion or birth control.

7. (1) The Health and Population Departments of the Government shall be responsible for oversight of this Act and shall give effect to the provisions herein through all concerned public sector organizations and public-CSO-private partnership and private organizations.

**Health and Population
Departments to enforce
the provisions of the
Act.**

(2) The Health Department in consultation with any other Department shall lay

before the Provincial Assembly, an Annual Report regarding the progress of the implementation of the provisions of this Act

8. Government may make rules for carrying out the purposes of this Act. **Power to make rules.**
9. The provisions of this Act shall have effect notwithstanding anything contrary contained in any other law, for the time being in force. **Over-riding effect.**
10. If any difficulty arises in giving effect to the provisions of this Act, the Government may, by order published in the official Gazette, make such provision not inconsistent with the provisions of this Act, as appear to it to be necessary or expedient for removing the difficulty. **Power to remove difficulties.**

**BY ORDER OF THE SPEAKER
PROVINCIAL ASSEMBLY OF SINDH**

**G.M.UMAR FAROOQ
SECRETARY
PROVINCIAL ASSEMBLY OF SINDH**