



**PROVINCIAL ASSEMBLY OF SINDH
NOTIFICATION
KARACHI, THE 03RD OCTOBER, 2022**

SCAN TO VERIFY

LAW DEPARTMENT

GOVERNMENT OF SINDH

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NO.PAS/LEGIS-B-02/2022-The Sindh Reproductive Healthcare Rights (Amendment) Bill, 2022 having been passed by the Provincial Assembly of Sindh on 05th August, 2022 and assented to by the Governor of Sindh on 26th September, 2022 is hereby published as an Act of the Legislature of Sindh.

**THE SINDH REPRODUCTIVE HEALTHCARE RIGHTS
(AMENDMENT) ACT, 2022.**

SINDH ACT NO. XVII OF 2022

**AN
ACT**

to amend the Sindh Reproductive Healthcare Rights Act, 2019.

WHEREAS it is expedient to amend the Sindh Reproductive Healthcare Rights Act, 2019, in the manner hereinafter appearing;

It is hereby enacted as follows:-

1. (1) This Act may be called the Sindh Reproductive Healthcare Rights (Amendment) Act, 2022. Short title and commencement.

(2) It shall come into force at once.

2. In the Sindh Reproductive Healthcare Rights Act, 2019, hereinafter referred to as the said Act, in section 2 – Amendment of section 2 of Sindh Act No.XV of 2019.

(a) after clause (iii), the following new clause shall be inserted:-

“(iii-a) “Counselor” means a Medical Doctor male or female who counsels married couples regarding reproductive health and matrimonial life;”;

(b) after clause (ix), the following new clauses shall be inserted:-

“(ix-a) “marital counseling” means a medical advice to couple who have entered into matrimonial life by the counselor with regard to realization of planned parenthood, knowledge about aspects of married life, genetic disorder and knowledge of such other social rights which may have better effect on matrimonial life;”;

(ix-b) “maternal death Review (MDR)” means qualitative, in-depth investigation of the causes of and circumstances surrounding the maternal deaths in the public or private healthcare facilities;

(ix-c) “matrimonial life” means a married life, the period of which is beginning from the solemnization of marriage;

(ix-d) “maternal death” means the death of a woman while pregnant or within forty two days of termination of pregnancy, irrespective of the duration and the site of the pregnancy;

(ix-e) “maternal and perinatal death surveillance and response (MPDSR)” means a type of surveillance and a component of the health information, the qualification, and the determination of causes and avoidability of maternal deaths, for a defined time period and geographic location, with the goal of responding through actions that will prevent future deaths;

(ix-f) “perinatal death” means death of neonate after twenty eight weeks of gestational age upto seven days after birth;

(c) after clause (xvi), the following new clauses shall be added:-

“(xvii) “self-care” means ability of individual, family and community to promote health, prevent disease, maintain health and to cope with illness and disability with or without the support of a health worker;

(xviii) “surveillance” means the systematic collection, analysis and interpretation of health data which includes the timely dissemination of the resulting information to those who need it for requisite action and is also essential for the planning, implementation and evaluation of public health practice.

(xiv) “telehealth” means imparting continuation of education of healthcare providers, all in the interest of advancing the health of individual and community and includes the delivery and facilitation of health and health related services and medical care provider and patient education, health information services and self-care via telecommunication and digital communication technologies;

“(xv) “woman reproductive age” means reproductive health of a woman aging between the fifteen and forty-nine years;

- 3. In the said Act, in section 3, in clause (ii), the full stop at the end shall be replaced by a semi colon and thereafter the following new clause shall be added:-** **Amendment of section 3 of Sindh Act No.XV of 2019.**
- “(iii) there is need for marital counseling in complete confidentiality and privacy to identify and address potential areas of conflict in their relationship and responsibilities for healthy matrimonial life, such as gender of new born, genetic disorders, birth spacing/family planning, size of family, rights of women, sexually transmitted infections (STIs) etc.”.**
- 4. In the said Act, in section 4, after clause (a), the following new clause shall be inserted: -** **Amendment of section 4 of Sindh Act No.XV of 2019.**
- “(a-i) by providing reproductive healthcare information through facility staff, community workers and telehealth for self-care;”.**
- 5. In the said Act, in section 5, for clause (iv), the following shall be substituted:-** **Amendment of section 5 of Sindh Act No.XV of 2019.**
- “(iv) to support in diverse ways and means provisions of family planning and reproductive health services through facility, community and self-care;”.**
- 6. In the said Act, after section 5, the following new section shall be inserted:-** **Insertion of section 5-A in Sindh Act No.XV of 2019.**
- “5-A. Promotion & Facility of Marital Counseling. The need for marital counseling shall be accepted in order to give awareness to the couple who have entered into matrimonial life -**
- (i) about the facts that specifying gender of a new born child is beyond capacity of a woman and this fact, this would not be the basis of any conflict between the partners;**
 - (ii) in terms of family planning/planned parenthood rights of women;**
 - (iii) with regard to the conflict resolution skills, gender and interpersonal communication for healthy matrimonial life.”.**

7. In the said Act, in section 6, after clause (m), the following new clause shall be inserted:-

Amendment of section 6 of Sindh Act No.XV of 2019.

“(m-i) provision of information related services via telehealth and recorded videos under self-care to vulnerable, marginalized and in remote areas, who have no or limited access to facilities or community workers, especially in situation of pandemics, outbreaks and other emergency situations;

(m-ii) provision of information pertaining to maternal and perinatal death as an event;”.

8. In the said Act, after section 6, the following new section shall be inserted:-

Insertion of new section 6-A and 6-B in Sindh Act No.XV of 2019.

“6-A. Marital Counseling services. There shall be provided by the counselor the marital counseling services to the couples who have entered into matrimonial life, which may include the following:-

- (i) to communicate effectively and non-judgmentally with couples without imposing own values and beliefs;
- (ii) to impart knowledge about married life and its challenges including the rights of wife and husband and obligations and to nurture the union and the family;
- (iii) to counsel as to start their new phase of life with realization and knowledge of planned parenthood and related sexual reproductive health issues and to provide information about healthy timing and spacing of pregnancies;
- (iv) to communicate more effectively with women, their families before, during pregnancy, childbirth, and post-partum period for family well-being;
- (v) to create positive marriage resolutions by providing information that humans are born distinct and to this fact, both partners ought to realize different needs and understanding of each other;
- (vi) to build conflict resolution skills and that creates disagreement between the couples;

- (vii) to develop realistic expectations about timing of child by encouraging inter-spousal communication and where to access birth spacing services;**
- (viii) to enrich individuals' competencies and interpersonal skills which may help the couple to make informed decisions;**
- (ix) to inform the couple about the women's rights; child protection rights; constitutional and Islamic injunctions and socio-cultural norms and behaviors;**
- (x) to focus on aspects for planning the size of family, birth spacing, concept of planned and responsible parenthood;**
- (xi) to inform the couple on modern contraceptive methods and its access;**
- (xii) to provide information on negative effects of early childbearing before age of eighteen years and late childbearing after the age of thirty five years; and**
- (xiii) provide information on benefits of exclusive breastfeeding and child rearing by both parents.**

"6-B. Maternal and Perinatal Death Surveillance and Response (MPDSR). The MPDSR shall be monitored, supervised and implemented in the following manner:-

- (a) to set up a maternal, perinatal death surveillance response and review (MPDSRR) system in the province to strengthen the surveillance, review and response activities;**
- (b) to ensure reporting tracing and investigating maternal and perinatal deaths occurring at facilities and within communities and shall recommend appropriate actions to avoid such prospective deaths by treating maternal and perinatal deaths, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes as notifiable event with accuracy of data;**
- (c) to give alert and notification for death of women reproductive age at any facility within twenty four hours;**

- (d) to undertake reviews of maternal and perinatal deaths through in-depth investigation of causes, circumstances surrounding the maternal and perinatal deaths including, where possible, community based reviews through verbal autopsies using quality data tool by a trained personnel;**
- (e) to ensure analysis of data on MPDSRR based on complete confidentiality, data protection and with accuracy so as to be used by policy makers, decision makers, health professionals and community for a responsive health system to encourage and increase institutional deliveries, prevent maternal and perinatal deaths with strategizing actions on immediate, periodic and long term basis to reduce maternal mortality and perinatal mortality;**
- (f) to prepare and disseminate annual report on maternal death surveillance response and another report on monitoring and evaluation based on an monitoring and evaluation framework with standard indicators on periodic basis; and such reports shall focus on recommendations for corrective measures and/or innovations;**
- (g) to provide legal protection that includes indemnity for health care providers and MPDSRR to avoid legal and customs related challenges and any litigation and to provide indemnity to the relatives or other informants except for any deliberate act of “medical negligence” on the part of healthcare providers;**
- (h) to set up provincial task force, district and facility based committees for decision or policy making, supervision or investigation accordingly;**
- (i) to set up standard operation procedure (SoPs) for data collection, transmission, frequency, feedback with a view to integrate within existing systems.**

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

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