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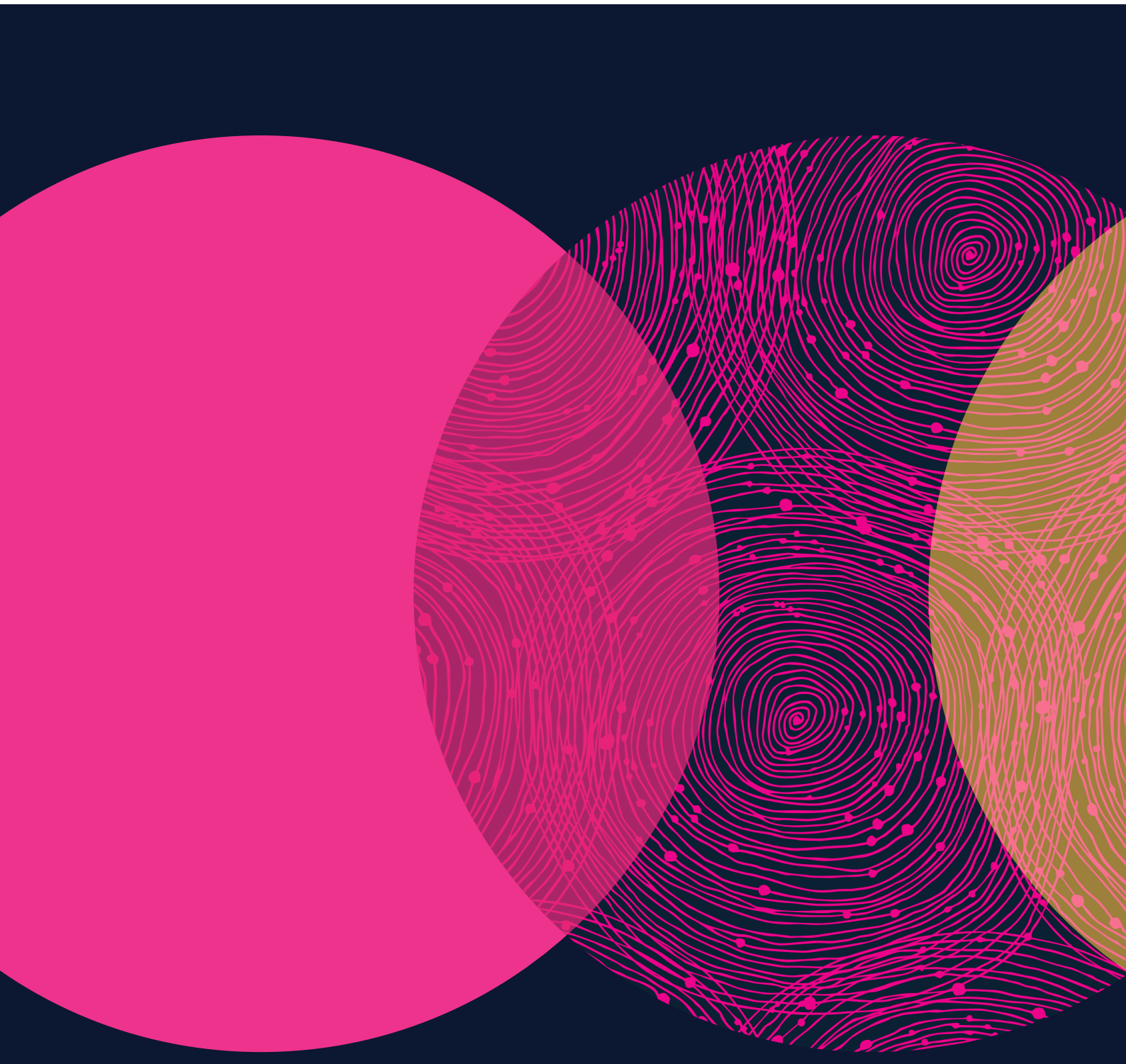
FOR SEXUAL & REPRODUCTIVE HEALTH & RIGHTS

SHIFTING THE SRHR NARRATIVE IN ASIA PACIFIC

A civil society perspective on advocating for and generating evidence



Written by: Katherine (Kat) Watson and Arushi Singh

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11/1 South Sathorn Road, AIA Sathorn Tower, 9th Floor
Yannawa, Sathorn, Bangkok
Thailand 10120
www.asiapacificalliance.org

Designed by: Adrian Mendoza

Copyedited by: Pranika Koku

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ASIA PACIFIC ALLIANCE
FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

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17 July 2020

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EXECUTIVE SUMMARY

SHIFTING THE SRHR NARRATIVE IN ASIA PACIFIC

A civil society perspective on advocating for and generating evidence

This report covers the findings of a research initiative commissioned by the Asia Pacific Alliance for Sexual and Reproductive Health and Rights (APA) to understand the data deficit faced by SRHR advocates in the Asia Pacific region, and the role that civil society organisations (CSOs) play in generating and utilizing evidence for sexual and reproductive rights (SRR) advocacy. In particular, APA was interested in four thematic areas that it deemed neglected in SRR advocacy; these were: 1) comprehensive sexuality education (CSE), 2) abortion, 3) sexual orientation, gender identity and expression, and sex characteristics (SOGIESC), and 4) pleasure.

In conceptualizing the research with the consultancy duo, APA agreed to a set of five inter-related questions. These research questions guided the initiative at all stages, including in data collection, data analysis and presentation of results.

1. *What data are commonly used for advocacy in relation to CSE, abortion, SOGIESC and pleasure? What data are available? And are these data adequate for advocates in Asia and the Pacific?*
2. *What type of information would advocates in the region want or need to feel better equipped for advocacy on these four issues? What else can and should be measured?*
3. *From the civil society perspective, what is the status of rights relating to CSE, abortion, SOGIESC and pleasure in Asia and the Pacific? How does this differ for vulnerable/ marginalized groups?*
4. *What are the most important advocacy asks for these four issues nationally and regionally? What opportunities and challenges are there for this type of advocacy?*
5. *How will more and better data (and, specifically, data relating to the agreed indicators) support this advocacy?*

The methodology for this initiative included a desk review, a survey for advocates across the Asia Pacific region, key expert interviews and APA member interviews. In addition, four APA member organisations were supported by the consultants to generate and analyse their own evidence in relation to one or more of the identified evidence 'gaps.'

The findings highlight the dearth of data relating to CSE, abortion, SOGIESC and pleasure that is collected systematically in the region (and globally). According to advocates, the data that *does* exist does not provide sufficient insight into the inequalities faced by marginalized communities, nor does it expose the intersections of overlapping systems of disadvantage that compound violations of sexual and reproductive rights. Furthermore, for a variety of reasons, governments remain resistant to collecting more and better evidence. In other words, evidence exists, but it only tells part of the story.

As a result of these large gaps in available evidence, the majority of respondents agreed that CSOs have a crucial role to play in generating more and better evidence, particularly in places where it is not generated by the government due to legal restrictions (e.g. related to the criminalization of certain identities or behaviours). Beyond needing evidence to highlight violations to governments and other duty-bearers, and efficacy of progressive laws and policies, CSO-generated evidence also has the potential to shift the narrative of sexual and reproductive rights (SRR) from one focused on structures and processes to one that addresses the lived experiences of marginalized and invisibilized communities or individuals across the region.

INTRODUCTION

What gets measured, counts – a phrase that many of us have heard time and time again, yet there is truth in this famous adage. Its importance lies in the critical questions it poses for us as human rights advocates and programmers: *What are we measuring and why? Who decides what gets measured? Who does not get to decide what gets measured? How do our measurement frameworks limit human rights work? Who is invisibilized by existing measurement frameworks?* These ponderings lie behind the research questions that have guided this research initiative, and the findings herein represent the mere beginnings of a conversation about the relationship between evidence and advocacy. Further, the findings link to ongoing conversations about accountability and power in the context of SRR that stand to change the way that success is determined.[1]

Asia Pacific has a strong civil society tradition, including advocates, organisations, networks, coalitions, movements and individuals working to advance sexual and reproductive health and rights. Yet, many CSOs are working in contexts that are, at best, indifferent and, at worst, hostile toward the advancement of SRR. Possessing evidence that exposes the duty-bearers' shortcomings, including how certain communities and individuals experience rights violations, is crucial for advocacy and accountability efforts. Yet, many governments across the region are resistant to the collection of more SRR data. As a result, the responsibility often falls on the shoulders of CSOs to not only generate their own evidence, but also to advocate for government-led collection of more and better evidence.

This report is intended to support the advocacy work of APA in relation to CSE, abortion, SOGIESC and pleasure. It springs from the need to understand, from a civil society perspective, the 'data deficit' in Asia Pacific as well as the role that CSOs currently play and have the potential to play in generating and utilizing evidence in the context of SRR advocacy.[3] The report contains the methodology, after which results for each research question are divided out by the four thematic areas. The experiences and results of two mini research pilots are presented before the Conclusion, which contains a series of recommendations aimed at supporting APA to 'shift the SRHR narrative' in Asia Pacific.

'On the basis of this information and his own research, the Independent Expert observes that in multiple contexts it would appear that civil society organisations are attempting to fill the voids left by State inaction, including in areas fundamental to furthering the achievement of the Sustainable Development Goals. This work has been and will continue to be of exceptional value.' **– Independent Expert on the protection against violence and discrimination based on sexual orientation and gender identity[2]**

[1] Sen, G., Iyer, A., Chattopadhyay, S. *et al*, When accountability meets power: realizing sexual and reproductive health and rights, *Int J Equity Health* 19, 111 (2020). 4 Available at: https://doi.org/10.1186/s12939-020-01221-4

[2] Human Rights Council, *Data collection and management as a means to create heightened awareness of violence and discrimination based on sexual orientation and gender identity* (2019), Available at: https://digitallibrary.un.org/record/3822963?ln=en#record-files-collapse-header, Last access 25 February 2020.

[3] It is recommended that 'evidence' be used in place of 'data' wherever possible, given the association of 'data' with numerical measurements, such as statistics.

METHODOLOGY

The methodology for this research initiative included a desk review, survey with advocates, expert interviews and APA member interviews. The following three objectives guided all of the work:

- To understand the data deficit and how it affects SRHR advocacy in the region
- To learn how CSOs generate evidence, advocate with evidence, and advocate for evidence
- To develop a set of recommendations for APA and its members on advocacy with and for evidence

In addition, a set of five research questions were developed and agreed upon between the consultants and APA's Executive Director and the task team involved in this project. The below table shows which data collection methods were used to answer which research questions.

DESK REVIEW

A total of twenty-six documents (see Annex 1) were consulted to understand the measurement frameworks used across Asia Pacific for the four thematic areas. The literature was also consulted to identify the evidence deemed to be lacking in the region (the 'data deficit'), from the perspective of academics, practitioners and civil society organisations across the region and world.

APA provided an initial list of key documents to be consulted for the project. In addition, the consultants searched for relevant publications on CSOs' and UN websites, as well as through Google searches and by consulting the bibliographies in the documents provided by APA. Whilst prioritizing resources from the Asia Pacific region, some global literature was consulted to identify 'best practices' emanating from standard-setting, reputable institutions such as the World Health Organisation. Given the amount of time for the desk review, it was not possible to consult all available literature on the topic.

TABLE 1.0 RESEARCH QUESTIONS

Research question	Data collection methodology
What data are commonly used for advocacy in relation to CSE, abortion, SOGIESC and pleasure? What data are available? And are these data adequate for advocates in Asia and the Pacific?	Desk review Expert interviews Survey APA member interviews
What type of information would advocates in the region want or need to feel better equipped for advocacy on these four issues? What else can and should be measured?	Survey APA member interviews
From the civil society perspective, what is the status of rights relating to CSE, abortion, SOGIESC and pleasure in Asia and the Pacific? How does this differ for vulnerable/marginalized groups?	APA member interviews
What are the most important advocacy asks for these four issues nationally and regionally? What opportunities and challenges are there to doing this type of advocacy?	APA member interviews Expert interviews
How will more and better data (and, specifically, data relating to the agreed indicators) support your advocacy?	Expert interviews APA member interviews

In analysing the documents, consultants extracted information on the types of evidence and indicators currently utilised at regional and international levels to measure progress for CSE, abortion, SOGIESC and pleasure. In addition, where the literature pointed to gaps in the existing evidence, these were noted.

SURVEY

Following the desk review, the consultants drafted a survey tool (see Annex 2). The survey was administered in Google Forms in February 2020 and was open for two weeks for respondents from any organisation doing SRR advocacy in the Asia Pacific region, including APA members. The survey link was sent out on an SRHR listserv from the APA Executive Director, and additional requests to respond were made directly to APA members by the Executive Director. A total of thirty-nine people responded to the survey, twenty of which identified as APA members. In analysing the results of the survey, consultants took a similar approach to the document analysis. They noted down the evidence currently used for advocacy by CSOs as well as what CSOs identify as missing from the evidence base f or CSE, abortion, SOGIESC and pleasure. See Annex 4 for more survey analytics.

EXPERT INTERVIEWS

Three key experts from the region were asked to participate in hour-long in-depth interviews, the purpose of which was to do a 'deeper dive' into the way that evidence is used for advocacy across the four thematic areas as well as the measurement frameworks and indicators commonly used for each. These experts were identified by APA and the consultants jointly, prioritizing people from the region with years of experience in both advocacy, and monitoring at national, regional and global levels. The questions asked were based on the research questions in the table above and were similar to those asked in the survey. During the interviews, notes were taken of their main points.

APA MEMBER INTERVIEWS

An interview guide was developed based upon the research questions in the table above; these were grouped into three sections: a) general status of rights relating to CSE, abortion, SOGIESC and pleasure in the Asia Pacific region; b) advocacy for evidence; and c) evidence for advocacy. Interviewees were asked to respond based upon their knowledge of any one (or more) of the four thematic areas for this project. The APA Executive Director reached out to a cross-section of APA member organisations and individuals to request interviews. In the end, fifteen interviews were held, with eight of those being written interviews. Once all interviews were completed, an analysis template was developed to allow for thematic coding under each of the three sections of the interview guide. Analysis led to the identification of several themes, which are explored in the findings sections below.

MINI RESEARCH PILOTS

As per objective 2, part of the project was to understand the contribution that CSOs can and do to generate evidence in relation to neglected areas of SRR. After completing the desk review, survey, and expert interviews, the consultants identified topics under each of the four thematic areas that would benefit from CSO-led evidence generation. A ToR (see Annex 3) was developed and sent out, inviting APA members to express interest in conducting 'mini research pilots' on one of the topics identified. A total of six APA members submitted expressions of interest, and from those, members were chosen. The criteria for selection were: strength of their EoI, regional diversity and topic diversity.

The four selected APA members, and the research questions they identified are presented in the table below.

The consultants worked with the four members to develop fuller proposals for the research pilots, including devising a methodology and sampling. Thereafter, the APA members took the lead in collecting and analysing data, with support (as and when) from the consultants. The COVID-19 pandemic presented challenges for data collection.

Two of the organisations – YUWA and ARI – were able to proceed with their research given that it did not require face-to-face data collection. However, SERAC and YAD were delayed indefinitely at the time of writing this report, they have not been able to conduct the research as planned. This section, therefore, presents the learnings from YUWA and ARI. The methodologies used by each were distinct and are explained below. The full findings of these organisations are available upon direct request to these organisations.

TABLE 2.0 EOI RESEARCH QUESTIONS

YUWA (Nepal)	CSE	How has the training of teachers in Nepal impacted the delivery of CSE for in-school young people?
Youth Association for Development (Pakistan)	Abortion	Which barriers (access / stigma & discrimination / lack of privacy & confidentiality / criminalization / safety / other) do young girls aged 18 to 25 years living in Quetta, experience when accessing safe abortion services?
SERAC (Bangladesh)	CSE	How do out of school young women living in Dhaka slums access CSE?
Yayasan Aliansi Remaja Independen – ARI (Indonesia)	Pleasure	To what extent are the empowered young people aged 15-24, in programmes and youth-led organisations in Pati District, able to talk sex-positively?

COMPREHENSIVE SEXUALITY EDUCATION

'Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.' **– Revised Edition of the International Technical Guidance on Sexuality Education (2018)**

WHAT IS THE STATUS OF RIGHTS RELATING TO CSE IN ASIA AND THE PACIFIC?

Despite several international and regional commitments to CSE, political and socio-cultural restrictions in Asia Pacific continue to stymie its implementation. The sense amongst several APA members interviewed for this study indicated that, whilst there are progressive policies on CSE in many countries in the region and creative strategies emerging in various countries, overall CSE is not being implemented fully in any context.

One promising practice that was highlighted by an APA member was Pakistan's Life Skills Based Education (LSBE). Using the term 'LSBE' in place of 'CSE' has paved the way for its introduction into, for example, Sindh and Balochistan provinces. Another APA member, also from Pakistan, pointed out that in some areas of the country; groups have been able to coalesce around a 'child protection' framing of CSE. In India, the government has recently launched a curriculum on health and wellness of school going adolescents through the universal health coverage scheme; the objective is to reach in-school adolescents with information on nutrition, SRH, mental health, substance abuse, non-communicable disease and gender-based violence.

The overall sense amongst APA members interviewed is that, despite these positive steps in some countries, regional progress is uneven and slow. Further, existing progress is threatened by strong, conservative – and sometimes religiously-grounded – movements that oppose CSE. In places as diverse as India – where CSE is still banned in eleven states, Japan – where the government sees CSE as 'radical,' and Thailand – where ten years of advocacy has not yielded government commitment, myths and misconceptions about CSE abound.

'However, there are some gaps in implementation. Despite curriculum and a teacher training manual, cultural taboos and stigma associated with sexuality are still there at school and family level. So it's a hindrance in CSE implementation. HPE is the central subject that provides CSE in grades 9 and 10, however as HPE is an optional subject, carrying less marks in the exams, and since our context is more marks based than skills based, teachers skip it or don't read it. Overall CSE is inadequate.' **– APA member**

WHAT EVIDENCE IS AVAILABLE IN RELATION TO CSE?

Establishing a solid evidence base is a persistent challenge, though this is not unique to the region. A comprehensive set of universal indicators for CSE programmes was developed by UNESCO, and there has been a review of the CSE laws and policies in the Asia-Pacific region (and another forthcoming from IPPF in late 2020). Beyond these documents, however, there is very little data for the process indicators utilised at country level relating to coverage, design, pedagogy and training; the data that do exist on these aspects of CSE are drawn from pilot programmes or civil society interventions from specific countries such as Thailand, Vietnam and Pakistan. The key frameworks for monitoring CSE across the globe are:

- The Revised Edition of the International Technical Guidance on Sexuality Education (ITGSE) from 2018 which lays out the key concepts, topics and learning objectives for CSE across all age groups, and provides a recommendation to include a key indicator in country Education Management Information Systems.

- The SDG indicator 4.7.2 under SDG target 4.7, revised in 2017, which is 'percentage of schools that provided life skills-based HIV and sexuality education within the previous academic year'. Following this, the UNESCO Institute for Statistics included a question on the number of schools providing life skills-based HIV and sexuality education in its Survey of Formal Education, which is used in 165 countries and territories.[1]

- The Sexuality Education Review and Assessment Tool (SERAT) version 3, which provides a comprehensive framework for review of the entire CSE programme in a country, including education and public health data that can be obtained from Education Monitoring Reports, national demographic and health survey (DHS) reports, UNGASS/UNAIDS Country Reports, and UNICEF MICS.

- UNFPA's report on The Evaluation of Comprehensive Sexuality Education Programmes: A Focus on the Gender and Empowerment Outcomes from 2015 provides a review and analysis of a wide range of evaluation studies of different CSE programmes at different stages of development and from different contexts across the globe. It provides examples of various types of indicators and assessment frameworks for CSE programmes.

From a civil society perspective, advocates who responded to the survey for this research project indicated that they use a wide range of existing sources for CSE advocacy. Respondents were asked to answer the question: 'What evidence do you currently use for your CSE advocacy?' Eight entered 'not applicable' to indicate that they are not currently working on CSE advocacy. Amongst the remaining thirty-one respondents, twenty said that they use secondary data or literature from national reports, data and policies, programme and donor reports, and UN and I/NGO documents including those authored by UNESCO, WHO, Guttmacher and IPPF. A few others said they used anecdotal evidence, lived and practical experiences, or their own small studies. The table below represents the types of evidence that respondents currently use for their CSE advocacy.

[1] UNESCO, Facing the facts: the case for comprehensive sexuality education, Policy Paper 39, UNESCO: Paris, (2019)

TABLE 3.0 CSE EVIDENCE AREAS

Evidence area	How many respondents said that they use this evidence in their advocacy? (n=31)
Content of national laws, policies and/or strategies	24
Curriculum content	20
Teacher training	18
Reach of CSE to marginalized populations	16
Parent engagement	15
Extent to which CSE addresses gender and/or sexuality	13
Whole school approaches and/or policies	11
Financial or budgetary allocations to CSE	10
Extent of young people's involvement in curricula development	9
Impact of digital sexuality education initiatives	9
Learner centered pedagogy	6

WHAT FURTHER EVIDENCE IS NEEDED IN RELATION TO CSE?

Most survey respondents and interviewees were clear on the need for further evidence on CSE and ASRHR more broadly. One APA member who was interviewed stressed the importance of CSE 'success stories' from the region that can help 'make the case' for other countries, whilst several others highlighted how evidence of the 'impact' on knowledge, attitudes and behaviour is crucial for their advocacy. One interviewee stressed that government representatives would be persuaded by evidence of positive 'behaviour change,' including adolescents' enhanced understanding of sexual consent and how to access SRH services. Survey respondents also indicated that they want implementation research and best practices from the region, impact assessments, information on budgetary allocations for CSE, curriculum content, legal provisions, cost-benefit analysis, success stories, and disaggregated data. Whilst knowing the evidence that is needed for advocacy, respondents were dubious of the extent to which governments will generate evidence due to policy barriers and the level of long-term investment required to measure impact.

> ***'Lack of data/evidence on AYRSHR is a huge challenge in the country. For advocacy at any level we would require the following data: average age of sexual debut amongst adolescents, unmet need of unmarried couples, data on unsafe abortions, gender-based violence, data from private sector, availability and quality of services in government settings, knowledge on attitude and practices amongst adolescent on SRHR.'*** **– APA member**

'For the community, [we] need qualitative evidence to change their mindsets or include them / engage them with the teachers and school admin to convince them how important it is to help keep their children safe.' **– APA member**

WHAT ARE THE ADVOCACY PRIORITIES FOR CSE?

Regardless of the challenges, advocates were clear on their broad advocacy priorities for CSE, as well as the evidence needed in order to advance those priorities.

TABLE 4.0 CSE ADVOCACY PRIORITIES

Advocacy priorities	Target advocacy audience	Evidence needed to advocate
Alignment of national CSE curriculum with UNESCO guidelines	National and state level elected representatives, bureaucrats and community leaders	Gaps in policy implementation, data on SRH of unmarried adolescents
Provision of CSE for young people before they migrate to other countries in the region	Government ministries related to foreign affairs, labour, health and social welfare, as well as their local government counterparts	Evidence on the impact of migration on the individual and the family – personal, emotional stories could help change policy makers' and implementers' minds.
CSE teacher training	Government policy makers, provincial authorities and district authorities in departments related to women's development, social welfare, health, education	"We need good research eg CSE impact on young people's lives. We don't know what young people want. What teachers want. How to respond to families. Local resources for CSE. We need more funding for this kind of research, impact studies, and young people friendly CSE."
Creating enabling environments for CSE in schools	Ministry of Education	Evidence of policies and programmes that facilitate enabling environments
Implementation of CSE curricula	Ministry of Education and local government counterparts; local school board committees in charge of defining CSE curriculum	Evidence of demand from young people for SRH information; longitudinal study evidence of the impact of CSO-delivered CSE programming; effectiveness of CSE; success stories of implementing CSE from other countries in the region

ABORTION

WHAT IS THE STATUS OF RIGHTS RELATING TO ABORTION IN ASIA AND THE PACIFIC?

The landscape of abortion rights in Asia Pacific is very complex, with countries at very different 'stages,' and thus having very different advocacy priorities. Whilst there are positive strides in some countries – such as growing awareness of all pregnancy options in Australia and decriminalization efforts in Thailand, for example – there are several countries in the region in which saving a pregnant person's life is the only legal indication for abortion. In India, the over-interpretation of abortion law has led to a situation wherein abortions are disallowed on the grounds that they might be sex selective, and in Bangladesh the clinical quality of menstrual regulation services is still low. In Nepal, which is considered to have one of the more 'liberal' abortion laws in the region, young women still experience significant barriers to accessing information and services, one key informant explained. In general, key informants agreed that there are challenges in putting abortion rights on *any* political agenda due to the stigma, which is compounded for marginalized groups such as sex workers and young women.

'In terms of abortion, in the past year, Thailand has made good progress with the Constitution Court's new order to amend the penal code to decriminalize abortion and protect the rights of doctors who perform abortion services. In practice, the support for SRHR communities on abortion has been going on for a while even from the Ministry of Public Health, however, it had always been a tricky subject as many Thais (who are Buddhists) believe in "not killing another life". So it is a big win for SRHR community to hear the court's result.' **– APA member**

'In Bangladesh, we were facing informal threats from people within MoH (DGFP) for a while. They were concerned about an increase in post-abortion care; they thought this was a result of proliferation of [medical abortion] at pharmacies. ...There are still issues of stigma, lack of training for new providers, and the widespread availability of MA in pharmacies without continuum of care. There's under-dosing, for example, particularly for younger clients. It's almost impossible to get a proper clinical service. Our advocacy is about clinical quality....In Nepal, you'll know that the regime there is the most liberal in the region. Our advocacy there is about better implementation – working with gov't around robust financing arrangements for safe abortion.' **– APA member**

'In the context of sex workers, CSE, abortion, and pleasure are some of the important issues affecting them. For instance, many sex workers face unintended pregnancy. Abortion is illegal in some countries like Indonesia and therefore they do not have access to safe abortion. In the same way, sex workers are still facing stigma, problem to negotiate the use of condom, and exploitation from service providers and society to access health services as they cannot afford regular blood tests and health treatments. There are also many cases where they have faced harassment by police for carrying condoms.' **– APA member**

WHAT EVIDENCE IS AVAILABLE IN RELATION TO ABORTION?

At the international and regional levels, there is little to no data collected on abortion other than the ones linked with quality assurance or other reproductive health issues such as maternal mortality, or legal indications for abortion. Whilst there are several frameworks that provide recommended indicators for national health systems, there are few countries that collect all (or even some) of them systematically. Legal restrictions and socio-cultural norms relating to abortion access and services act as obstacles to data collection. What follows is a summary of the most useful frameworks found for abortion evidence and indicators at both the global and regional levels:

- The World Health Organisation's (WHO) Safe Abortion: technical and policy guidelines for health systems provides a comprehensive list of quality assurance indicators to be collected by all health systems across the world.
- WHO's Mapping abortion policies, programmes and services in the Southeast Asia Region is useful in presenting the existing data for the Southeast Asia region in relation to unsafe abortion estimates, maternal mortality, unmet need for contraception, legal context, and service provision and management.
- The ICPD+20 Monitoring Framework provides illustrative examples of indicators at structural, process and outcome levels for measuring SRHR, including abortion. In relation to abortion, the framework includes some of those identified by WHO as well as an indicator on informed choice.
- The UNFPA Suggested indicator framework for monitoring progress towards the implementation of the Asian and Pacific Ministerial Declaration on Population and Development (APMD) includes 'maternal mortality ratio' and 'number of deaths due to unsafe abortion' as indicators.
- Additionally, documents and websites from ARROW, ASAP, IPPF, Guttmacher Institute, and Right Here, Right Now assisted in highlighting the gaps in available evidence (see bibliography in Annex 1).

Key informants and survey respondents both indicated that their primary sources of abortion evidence are research reports written by organisations such as the Guttmacher Institute and UN agencies. Just two survey respondents indicated that they currently have access to national statistics on abortion to use in their advocacy. At the same time, several advocacy organisations in the region are generating their own evidence on a small scale. One survey respondent described their efforts to document the experience of abortion from the perspective of women living with HIV, whilst five others mentioned using testimonies of people who had accessed abortion.

TABLE 5.0 ABORTION EVIDENCE AREAS

Evidence area	How many respondents said that they use this evidence in their advocacy? (n=24)
Knowledge of the legal indications for abortion amongst health professionals	17
Knowledge of the legal indications for abortion amongst the general public	12
Transparency of abortion laws and policies	12
Access to justice for women who have been denied abortion services	12
Non-discrimination in the provision of abortion services	10
Accessibility of abortion services for young people	10
Levels of coercion amongst women who have had an abortion	8
Effects of conscientious objection on the availability of legal abortion services	6
Budget allocations for abortion services	5
Accessibility of abortion services for any other marginalized group (respondents specified 'ultra-poor'	5

'I am defaulting to abortion here...one challenge that we all have is a lack of specific evidence on abortion incidence or the capacity of providers. That data doesn't exist. We're using modelled estimates, which will refer to regional rates applied to a national context. We'll use Guttmacher's evidence, but that's broad. This is about the rates of unsafe abortion and the associated mortality/ morbidity. It's just a bit abstract, really. Often it doesn't change that often as it's not collected. A lot of the issues are around health system failings or restricted contexts – that should be the area of focus. That's a different form of evidence. The actual evidence on safe abortion.

We default to the broader estimates. ... In terms of evidence, we've done a few research studies to determine the availability of medical abortion (MA) drugs; to understand why pharmacies do/do not stock; to understand retailers' knowledge of the product (no knowledge of dosing); and to understand retailers' experiences with state drug authorities. We want to build an evidence base that highlights the issue – which is, whilst that MA drugs are available, there are big issues around stigma, lack of knowledge at pharmacy level and around pharmacies being able to provide these products because few authorities are taking them away under other legislation.' **– APA member**

WHAT FURTHER EVIDENCE IS NEEDED IN RELATION TO ABORTION?

In response to 'What evidence do you wish you had for abortion advocacy?', eight of the nineteen respondents who answered the question indicated wanting more reliable abortion data in place of the estimates that they currently have (e.g. on prevalence of abortion). Four respondents stressed the importance of more and better case studies or documented evidence of women's clinical experiences. Additionally, a theme running through many responses was the need for disaggregated data that would help advocates pinpoint the needs of certain communities (e.g. women living with HIV, migrant women and women who use drugs), as well as country-specific evidence.

WHAT ARE THE ADVOCACY PRIORITIES FOR ABORTION?

APA interviewees were able to articulate the advocacy priorities in their own contexts very clearly; whilst difficult to generalize at a regional level, the priority areas of APA members are summarized in the table below alongside the evidence needed for each, as per the interviews and literature consulted.

TABLE 6.0 ABORTION ADVOCACY PRIORITIES

Advocacy priorities	Target advocacy audience	Evidence needed to advocate
Decriminalization	Government policy and law makers	Data on unsafe abortion; evidence of the adverse impact and harm caused by current, restrictive abortion law
Reduction of abortion stigma	Government policy makers	Disaggregated, open data (ie: freely available) ; evidence of a diversity of people's experiences seeking and accessing abortion services; public opinion on abortion and related stigma;
Access to abortion, especially for marginalized groups	Ministry of Health	Abortion incidence (not modelled); data on unsafe abortions disaggregated by marginalized groups, including young people, migrant and domestic workers, sex workers, and disabled people; accessibility of abortion services, particularly for rural and remote communities; evidence of the harm done by punitive, criminal approaches;
Increased quality of abortion services	Ministry of Health and health provider training institutions	Health provider capacity; client satisfaction evidence; quality assurance evidence on alignment of services with international standards
Availability of abortion data at the national level	Ministry of Health or other statistical institutes affiliated with the government	Knowledge of existing data and its limitations

'While people are increasingly becoming aware of 'right to access' pregnancy options, there's still a lot to be done. More of our advocacy focus (now that abortion is legal) is around data collection. There's no national or state-based data collection on abortion. South Australia does a bit, but it's spotty and ad hoc. It's something we think is important.' **– APA member**

SOGIESC

WHAT IS THE STATUS OF RIGHTS RELATING TO SOGIESC IN ASIA AND THE PACIFIC?

The evidence gathered for this review indicated that, for many, SOGIESC legal reform remains a major focus for advocates. In most countries across the region, legal recognition of gender identity, non-discrimination protection for those with diverse identities, and freedom of expression are not enshrined in national law. In addition, social norms – particularly in Muslim majority countries – and the criminalization of same-sex sexual behaviour constitute major challenges for the communities affected. That said, strides in the right direction have been made; in the Philippines, for example, several local governmental units have adopted non-discrimination regulations that include SOGIESC as protected characteristics. Layered on top of these are issues relating to migration and access to health care or justice for rights violations when living in other countries.

'I can start with SOGIESC, because when we talk about SOGIE...I feel like we don't have a clear picture in this region. It's a heterogeneous region – we're all so different, so are the responses. Countries like Nepal and Thailand and India – they have been supportive historically with this movement. I could see some opening up of the laws and policies to include these populations. In the same way, in some other countries – mostly in Muslim majority countries where the religion plays a strong role in politics like Indonesia and Pakistan (though it has been unique at times) and Brunei – they are really oppressing the rights of the LGBTI populations.' **– APA Member**

'From the research we did in 2014 on MSM and SOGIE, we found that the impact on MSM and TG is that a lot of times people are leaving their home countries for 2 reasons – 1) they want to make money as a migrant and 2) they often feel that their family or home country is oppressive and they are unable to express their SOGIE so they want to go somewhere else. Ironically they often end up going to Gulf countries or Singapore or Malaysia which also criminalize homosexual behaviour. But they still feel freer because they are out of the yoke of their family and community. But when they do run into problems of a sexual nature, e.g. gang rape with migrants, they can't come forward to find help. They have to be tested for HIV as a migrant and if suspected for HIV infection, they go underground to avoid treatment and remain undocumented..' **– APA member**

'I was just in Vietnam and Thailand interviewing several TG, gay men and women, and the issues of their gender are not recognized on government documents, or acknowledged by people. So you can't have policy change without social norms change e.g. "therapy" or relying on your family to sign documents to get certain kinds of health care etc. – hinder access to rights.' **– APA member**

WHAT EVIDENCE IS AVAILABLE IN RELATION TO SOGIESC?

The majority of the SOGIESC indicators identified in the literature relate to the extent to which states' legal and other systems include the rights of LGBTI communities; this is aligned with advocates' sense that legal reform is a main focus of advocacy. It is worth noting that this area of rights is expansive; advancing the rights of LGBTI is a battle fought on many fronts – education, employment, law, social security, civil rights, health care and economic rights – to name a few. For the sake of brevity, there is a focus on health indicators. What follows is a summary of the most useful frameworks found for SOGIESC health evidence and indicators at both the global and regional levels:

- The 2019 report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity entitled Data collection and management as a means to create heightened awareness of violence and discrimination based on sexual orientation and gender identity makes the case for more and better data for monitoring SOGIESC in a number of areas. The report also draws attention to the important role that CSOs play in collecting evidence on these topics.

- World Bank (2018) LGBTI Inclusion Index provides a good overview of indicators drawn from a variety of sources that may be included in the forthcoming LGBTI inclusion index. These are drawn from the health domain, as well as poverty, education, safety and more.

- ILGA's Global legislation overview published at the end of 2019 provides a comprehensive overview of the laws that impact upon the rights of LGBTI communities across the world in domains such as health, employment, non-discrimination and marriage, amongst many others. It provides the most comprehensive list of structural, legal indicators for SOGIESC of any document consulted.

- Additionally, documents and websites from ARROW and APTN were consulted and assisted in highlighting the gaps in available evidence (see bibliography in the Annex 1).

When asked 'What type of evidence do you currently use for your SOGIESC advocacy?', 16 respondents said 'not applicable' or 'none' to indicate that they do not do SOGIESC advocacy. Of the remaining 23 respondents, just four indicated that they generate qualitative evidence of their own using surveys, interviews or case studies. Five others indicated that they use mappings of legal and policy frameworks as their main source of evidence for SOGIESC advocacy, and many highlighted the usefulness of research reports done by other CSOs or international agencies. Despite 16 respondents indicating that they do not use evidence currently in relation to SOGIESC, 32 respondents answered the question 'Have you ever utilized evidence related to any of the following for your SOGIESC advocacy?' – the results are presented in the table below.

TABLE 7.0 SOGIESC EVIDENCE AREAS

Evidence area	How many respondents said that they use this evidence in their advocacy? (n=32)
Legal or policy provisions relating to SOGIESC non-discrimination in any setting	27
Violence and/or bullying against LGBTIQ+ people	18
Existence of SOGIESC sensitive reproductive health care	15
Legal gender recognition	15
Prevalence of HIV amongst LGBTIQ+ people	12
Access to justice for people identifying as LGBTIQ+	12
SOGIESC-focused civil society organisations ability to register and operate	11
Legal status of same-sex sexual activities between consenting adults	10
Same-sex marriage rights	10
Availability of gender affirming surgeries and procedures	10
Presence of forced or coercive sterilizations	10

'Currently, however, there is a serious gap in the data available to capture the lived realities of LGBT people. Social prejudice and criminalization may result in non- or underreporting of violence and discrimination based on sexual orientation and gender identity and may seriously affect data collection efforts, which would help to provide evidence of the extent of the challenges faced by the LGBT population and of the policy and legislative needs in that regard. Similarly, the negation, by some States, of the existence of violence and discrimination based on sexual orientation and gender identity or even of the presence of LGBT persons in their jurisdiction, will result in serious data gaps. The collection is crucial to create visibility and build an evidence base about human rights abuses and potential responses, dispel myths and stereotypes that feed stigma and discrimination, and aid policy-makers and advocates in the formulation of State measures regarding socio-economic inclusion, access to health and education, inclusion in the civic and political sphere, anti-discriminatory measures, prevention of abuses, and access to justice.' [1]

[1] OHCHR (2018) Report on Data. Available at: https://www.ohchr.org/EN/Issues/SexualOrientationGender/Pages/ReportOnData.aspx. Last access 18 June 2020.

WHAT FURTHER EVIDENCE IS NEEDED IN RELATION TO SOGIESC?

In response to 'What evidence do you wish you had for SOGIESC advocacy?' many survey respondents were explicit about or hinted at the need for more community-led evidence generation efforts; for example, one respondent highlighted the need for 'more communities involved in defining priority research areas.' Despite the existing legal data, many indicated that there's still room to improve understanding of laws and policies that affect LGBTIQ+ communities. Non-discrimination was an area highlighted by several respondents, and there were several calls for more disaggregated data.

WHAT ARE THE ADVOCACY PRIORITIES FOR SOGIESC?

For the most part, key informants' advocacy priorities focused on legal reform, CSE and access to health care.

TABLE 8.0 SOGIESC ADVOCACY PRIORITIES

Advocacy priorities	Target advocacy audience	Evidence needed to advocate
Equity in law	Law-makers and policy makers	Impact of inequitable legal provisions on those identifying as LGBTIQ+ (e.g. in relation to discrimination, access to education/housing/ marriage/healthcare/employment, etc); knowledge of existing legal framework and its interpretation by various governmental sectors
Inclusion of information on SOGIESC in CSE curricula	Ministry of Education; teacher training institutions; curriculum developers	Curriculum content reviews against international standards
Accessibility and acceptability of health/ SRH services by those who identify as LGBTIQ+	Ministry of Health; local government units; health care providers	Evidence of LGBTIQ+ people's experiences accessing health/SRH services

PLEASURE

'Sexual pleasure is the physical and/or psychological satisfaction and enjoyment derived from solitary or shared erotic experiences, including thoughts, dreams and autoeroticism. Self-determination, consent, safety, privacy, confidence and the ability to communicate and negotiate sexual relations are key enabling factors for pleasure to contribute to sexual health and wellbeing. Sexual pleasure should be exercised within the context of sexual rights, particularly the rights to equality and nondiscrimination, autonomy and bodily integrity, the right to the highest attainable standard of health and freedom of expression. The experiences of human sexual pleasure are diverse and sexual rights ensure that pleasure is a positive experience for all concerned and not obtained by violating other people's human rights and wellbeing.' **– Global Advisory Board for Sexual Health and Well-being (2016)**

WHAT IS THE STATUS OF RIGHTS RELATING TO PLEASURE IN ASIA AND THE PACIFIC?

Amongst the key informants interviewed, there was little to no knowledge of the right to safe and pleasurable sexual experiences. As such, no one was able to comment on the status of that right within the Asia Pacific region. Several authors, however, have recently commented on how vital a focus on 'pleasure' is if we are to shift away from the tendency to focus on ill health and negative sexual health outcomes.[1]

WHAT EVIDENCE IS AVAILABLE IN RELATION TO PLEASURE?

Pleasure is a 'new' domain of rights in that it has not received adequate attention. Despite some civil society interventions over the years that highlighted the need to focus on pleasure within sexual rights, most notably by The Pleasure Project, International Planned Parenthood Federation (IPPF) and RNW Media, governments and UN agencies have shied away from it. It was only when the Revised ITGSE (2018) and the Guttmacher-Lancet definition of SRHR (2018) explicitly mentioned pleasure that the global SRR community began to examine it more closely. Thus, there aren't any specific measures or indicators that have been tracked for 'pleasure' or, more accurately, for ensuring the right to safe and pleasurable sexual experiences. However, there are several suggestions for what to track made by The Pleasure Project, IPPF, Global Advisory Board for Sexual Health and Wellbeing (GAB), and the World Association of Sexual Health (WAS). Amongst the indicators suggested by these organisations are:

- Laws and policies on SRHR are based on an understanding of sexual rights as human rights
- Sexuality education and sexual health programmes adopt a sex-positive and pleasure-based approach
- Sexuality educators and sexual health professionals are trained in sex-positive and pleasure-based approaches
- Sexual health and sexual rights programmes have outcomes aimed at empowerment, agency and self-efficacy in relation to sexual life

When asked 'What type of evidence do you currently use for your pleasure advocacy?', twenty-seven survey respondents said 'not applicable' and one said that they were only at the conceptual phase for strategies on pleasure. The remaining eleven indicated that they had used information on laws, and from communities, as well as documents by IPPF and The Pleasure Project. On the other hand, several respondents had used some indicators as presented in the table below.

[1] Ford et al (2019) Why Pleasure Matters: Its Global Relevance for Sexual Health, Sexual Rights and Wellbeing. International Journal of Sexual Health, v31:3, p 217–230. Available at: https://www.tandfonline.com/doi/abs/10.1080/19317611.2019.1654587?journalCode=wijs20

TABLE 9.0 PLEASURE EVIDENCE AREAS

Evidence area	How many respondents said that they use this evidence in their advocacy? (n=11)
Review of sexuality education and/or sexual health programmes through a sex-positive lens	8
Training of sex educators and/or sexual health professionals on pleasure and sex-positivity	8
Outcomes of sex education and/or sexual health programmes aimed at sexual self-determination and empowerment	8
Review of laws and policies governing sexual behaviours and identities through a sexual rights lens	7

WHAT FURTHER EVIDENCE IS NEEDED IN RELATION TO PLEASURE?

In response to the question 'What evidence do you wish you had for pleasure advocacy?' two survey respondents indicated that they would like 'national data,' especially on sexual rights, but most respondents did not have ideas to share.

WHAT ARE THE ADVOCACY PRIORITIES FOR PLEASURE?

None of the interviewees identified advocacy priorities for pleasure. This does, perhaps, indicate the need for further collective discussion and reflection on the network's position on pleasure as an advocacy priority. Questions remain around how to adopt a 'pleasure positive' approach to all advocacy and programmatic work, as well as what the specific advocacy 'asks' around pleasure itself are within the Asia Pacific region.

MINI RESEARCH PILOTS

This section presents the initial findings of the mini research pilots conducted in Nepal and Indonesia by APA members YUWA and ARI. The intention is that these results will be shared in full during the next in-person meeting of members, and that these two organisations will be 'resources' for other organisations wishing to undertake qualitative research on a similar scale.

YUWA – CSE TEACHER TRAINING IMPACT

For the past three years, UNFPA has been funding a CSE teacher training programme in partnership with the Family Planning Association of Nepal (FPAN). To date, there has been no systematic monitoring or evaluation of the impact of these trainings on the teachers themselves or on the delivery of CSE to young people. YUWA wanted to generate evidence of the impact that the training has on teachers and on CSE delivery.

Three researchers from YUWA conducted interviews with a total of 20 trained CSE teachers and 10 untrained CSE teachers from Province 1 and Sudurpaschim Province. As a start, UNFPA and FPAN provided a list of all of the teachers who have been trained in the past several years. YUWA chose to focus on just two provinces given the limited time available for the project. Their sample represented a cross-section of teachers from rural and semi-urban areas, male and female identifying teachers, and teachers of varying subject matters (e.g. population and health, Nepali, science).

Using their overarching research questions as a guide, YUWA developed a set of interview questions for both the trained and untrained teachers.

> ***'Students avoided eye contact when contents on sexuality used to appear in class or some used to ask insensible questions. But after providing information and demonstrating the materials provided in the training, students showed enthusiasm and curiosity. 30-35% students started asking questions without hesitation and started sharing their feelings.'***
> **– Trained teacher, Sudurpaschim Province**

Trained teachers were asked about the content, duration and impressions of the training received, as well as how it has impacted their ability to deliver CSE. Untrained teachers were asked about their comfort levels in teaching CSE. Both cohorts were asked about their understanding of CSE, challenges faced and resources needed.

Some of the key findings identified by the research team are as follows, though full results are available on request:

- There has been no follow-up with teachers who have been trained.
- There are limitations in the Nepali CSE curriculum that do not reflect on the teachers' ability to deliver CSE.
- Most interviewees still avoided using Nepali words for 'sex' and 'sexuality,' especially male teachers, although Population and Health teachers were more comfortable using them than teachers of other subjects.
- The understanding of CSE amongst trained teachers is still incomplete, though there is better understanding of issues such as menstruation and family planning given the number of NGOs working on these issues.
- Most trained teachers said that the training had increased their confidence levels and many cited changes in their personal lives as a result of the training.
- Untrained teachers expressed that they do not have enough information to deliver CSE fully, with some saying that they are uncomfortable doing so.
- Untrained teachers said that joking and teasing in class is a big challenge; trained teachers agreed and also pointed to more practical challenges (e.g. lack of audiovisual materials).
- There are limited resources for all CSE teachers in Nepal; they would like more audiovisual resources and printed materials to aid teaching.

ARI – PLEASURE POSITIVE MESSAGING

ARI is a youth-led organisation, working across several parts of Indonesia on young people's SRHR. Their interest was in examining and comparing how sex-positive the sexuality related education and messaging was across three different organisations in Pati District in Central Java Province, Indonesia. The three different youth-run programmes they chose to examine were:

- ARI Pati, which reaches urban and rural youth in Pati with capacity building on SRHR.
- Nahdlatul Ulama (NU), which is a faith-based organisation that has a female students' council (IPPNU) and a male students' council (IPNU). IPPNU and IPNU have an SRHR education program called PIK R (Youth Information and Counseling Center) in Pati area.
- GENRE, a programme for 16-22 year olds, by the National Family Planning Coordinating Board (BKKBN), which is a government entity. GENRE works on preventing child marriage, drug use, and 'free sex' and trains young ambassadors on these topics.

They did a two-pronged analysis by: examining the documents and curricula used by the three organisations and analysing their content against a set of pre-determined parameters on sex-positivity and pleasure; and conducting interviews with the young people (aged 15-24) who had received capacity building on sexuality from these three organisations. The 10 interviewees were chosen through random sampling from among the trained youth in each organisation, with 3 from ARI Pati (2 females; 1 male); 4 from NU (2 females from IPPNU and 2 males from IPNU); and 3 from GENRE (1 female, 2 male). The content analysis template was developed using parameters from the learning objectives in the ITGSE (2018) and the 'Pleasuremeter' developed by GAB. The interview guide was also developed based on the same parameters, using Likert scales for the parameters, as well as qualitative questions about organisational perspectives on SRHR in general, and about sexuality, sex outside of marriage, pleasure and diversity in particular.

Some of the key findings from the content analysis and interviews are:

- The different organisations use different terminology for sexual activity, which can have different meanings for young people. For example, while ARI uses the term 'risky sex' to connote sexual activity that may result in STIs or unintended pregnancies, the other organisations use the term 'free sex' or pre-marital sex, which refers to any sexual activity undertaken outside / before marriage. This means that young people don't necessarily receive the message of what constitutes 'safer sex' (i.e. penetrative sex with condoms or non-penetrative sexual activities).
- There is a gap between organisations' perspectives on different aspects of sexuality as stated in their documents or at a national level, and what trained young people believe or practice on the ground. This is exemplified in several ways:
  - While IPPNU professes to be against child marriage, the respondents revealed that they were supportive of girls with unplanned pregnancies and encouraged them to get married (thereby perpetuating child marriage).
  - GENRE has discussions on diversity at the national level, however, it's members at the local level in Pati do not feel comfortable to reveal their diverse sexual orientation as claimed by interview respondents.
  - ARI supports sexual diversity, but at an individual level, some interview respondents felt that 'LGBT people should not be supported'.
  - IPNU's materials support gender equality, however when they speak about SRHR, they open with inappropriate jokes and believe that wives are meant to serve their husbands, as claimed by interview respondents.
  - Though GENRE has training modules for young people on SRHR, developed by the national family planning ministry, no training has been provided at the local level in Pati. As a result, the young people have self-taught from the modules, but not had an opportunity for value clarification.
- As a faith-based organisation, IPPNU agrees with the need for young people to understand about pleasure, quality of sexual activity, etc., but only within marriage. It is taboo to talk about these issues with unmarried young people.
- ARI is known for providing training on gender and sexuality, which challenges prevalent norms and beliefs on gender and sexuality.

CONCLUSIONS

What is clear from the findings of this research project is that, in general, there is a dearth of data relating to CSE, abortion, SOGIESC and pleasure collected systematically in the region (and globally). According to advocates, existing evidence does not provide sufficient insight into the inequalities faced by marginalized communities, nor does it expose the intersections of overlapping systems of disadvantage that compound violations of sexual and reproductive rights. In other words, it only tells part of the story. Whilst challenges – including attracting the attention of decision makers without nationally representative data, and the limited time and funding available for evidence generation activities – persist, civil society is contributing towards changing the SRHR narrative from one focused on numbers and figures, to one that centers around the lives and realities of human beings.

Whilst CSOs – including APA members – across the region are already generating their own evidence through small-scale research initiatives that center the lived experiences of marginalized communities, there are opportunities to further systematize this approach and, in doing so, craft a new, more grounded narrative of sexual and reproductive rights in Asia Pacific.

> ***'Groups get overlooked or are invisible, so it is important to have communities empowered to design their own research and to know what are the questions to look at for their own communities, since governments are not always going to be able to collect that data.'*** **– APA member**

ANNEX 1: BIBLIOGRAPHY

COMPREHENSIVE SEXUALITY EDUCATION

Publication	Details
Cousins, L. (2018) Right Here, Right Now ICPD+25 Shadow Report, RHRN Strategic Partnership	'Across the region, in most countries there are laws and policies regarding young people's SRH and/or sexuality education. However, the implementation of CSE programmes is often inconsistent and/or insufficient, hindered by intersecting factors...' p.22 Outlines key challenges in CSE provision in the Asia-Pacific region
ARROW (2019) The Right to Sexuality, arrow for change, vol. 25 no. 1	Primarily highlights the 'elements and actors obstructing adolescents' right to CSE' in South Asia, and some recommendations p. 16-18
UNESCO (2012) Sexuality Education in Asia and the Pacific: Review of Policies and Strategies to Implement and Scale Up, UNESCO: Bangkok	Analysis of 1. National laws and policies (those relating to HIV and AIDS; population and reproductive health; youth; and education); 2. National strategies and plans (including national HIV strategies, population and reproductive health strategies, education plans, and HIV strategies for the education sector); 3. Integration of sexuality education into curricula and training (at different levels), for 28 countries in the region.
UNICEF (2019) The Opportunity for Digital Sexuality Education in East Asia and the Pacific, UNICEF East Asia and Pacific: Bangkok	Examines the possibilities for using digital platforms to provide / complement CSE programmes in the East Asia and Pacific region, given the high level of internet access among young people in this region.
ARROW (2018) Comprehensive Sexuality Education (CSE) in Asia: A Regional Brief, ARROW: Kuala Lumpur	Provides a brief on the status of implementation of CSE in 11 countries of the region, including integration of CSE in the laws and policies of the countries.
UNFPA, UNESCO and WHO (2015) Sexual and Reproductive Health of Young People in Asia and the Pacific: A review of issues, policies and programmes, UNFPA: Bangkok	'While most national education policies make some reference to 'life-skills' education or some aspect of SRH, only 11 countries provide specific reference to sexuality education, and of those only six (Cambodia, China, Indonesia, Nepal, Papua New Guinea and Viet Nam) include detailed policies. 22 countries have a national sexuality education curriculum for secondary students, with curricula planned or in development in a number of other Pacific countries. Only 11 countries also include curricula for primary students despite recommendations that age-appropriate CSE should be introduced in primary school before the onset of puberty. 4 countries (Iran, Pakistan, DPR Korea and FSM) have no national curricula.' p. 66-80 Summarises key data on CSE in the region with tables and descriptive information. 3 case studies are also provided.
Youth LEAD (2015) Our Rights Matter Too: Sexual and Reproductive Health and Rights of Young Key Populations in Asia and the Pacific, Youth LEAD: Thailand	'CSE remains inaccessible for YKPs and their particular needs. It is reduced to general health education; limiting young people's access to and knowledge of SRHR...For YKPs this lack of relevant and necessary information is keenly felt, both as young people and as part of key vulnerable populations; trapping them in a double bind.' p. 16-17
UNESCO (2019) Facing the facts: the case for comprehensive sexuality education, Policy Paper 39, UNESCO: Paris	The definition of the monitoring indicator on sexuality education has evolved from focusing on the response to the HIV epidemic to including sexuality education. 'In 2017, the revised indicator was approved as thematic indicator 4.7.2 under SDG target 4.7.' However, data collection remains a challenge.

ABORTION

Publication	Details
ARROW (2019) Safe Abortion Brief	Tables 1, 2 are useful for understanding the legal status of abortion in various Asian countries; provides a history of rights-based abortion advocacy globally and in the region;
ARROW (2013) An Advocate's Guide: Strategic indicators for Universal Access to SRHR	Focuses only on legal indications for abortion when defining rights indicators for SRHR
UNFPA (2014) Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development	Provides illustrative examples of indicators for measuring progress against all of the ICPD's thematic areas.
WHO (2013) Mapping abortion policies, programmes and services in the Southeast Asia Region	Presents analysis of countries' policies, programmes and services, including some details of indicators used relating to abortion
Asia Safe Abortion Partnership	Contact ASAP for input on rights-based abortion indicators
Right Here, Right Now ICPD+25 Shadow Report	'These challenges in relation to service provision are often further exacerbated by a lack of awareness of the legal status of abortion among both women and service providers…' (p 23) Stigma cited as one of the major barriers, even in countries where abortion has been available for many years
WHO (2012) Safe Abortion: technical and policy guidelines for health systems	'Monitoring national indicators of safe abortion is important and has been largely neglected' (74)
Erdman and Johnson (2018) Access to knowledge and the Global Abortion Policies Database	Makes the case for access to legal knowledge as a human rights indicator for abortion (and other RH services)
ESCAP Online Statistical Database	Maternal mortality ratio and family planning demand satisfied are collected for the region; nothing else related to abortion
UNFPA (2018) Suggested indicator framework for monitoring progress towards the implementation of the Asian and Pacific Ministerial Declaration on Population and Development	Does not specifically mention abortion; indicators taken from existing SDG indicators and re-mapped to the Asia Pacific Declaration
OHCHR (2013) Human rights indicators	

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SOGIESC

Publication	Details
Human Rights Council (2019) Data collection and management as a means to create heightened awareness of violence and discrimination based on sexual orientation and gender identity	'there are no accurate estimates regarding the world population affected by violence and discrimination based on sexual orientation and/or gender identity.' (para 12) 'Submissions to the mandate holder revealed a broad range of themes in relation to which data is indispensable or useful, among them: health access and outcomes, patterns of violence, levels of school bullying and education outcomes, domestic violence, hate crime, femicide and other killings, labour participation, workplace discrimination, access to housing, inclusion in civic spaces, and political leadership. Many other areas still lack data and remain unexplored, for example, the concerns of ageing lesbian, gay, bisexual, trans or gender-diverse people and intersections with disability, racism and xenophobia, even though there are pressing needs to be addressed. Submissions also revealed a lack of understanding of faith-based tolerance and inclusiveness of lesbian, gay, bisexual, trans and gender-diverse individuals in different contexts around the world, as data has not been collected in this area.' (para 15) 'Civil society organisations often carry out their own monitoring and reporting: the mandate holder received extensive information on civil society efforts in contexts as diverse as Bolivia (Plurinational State of),41 Brazil,42 Cameroon,43 Honduras,44 Indonesia,45 North Macedonia,46 Pakistan,47 Serbia48 and Ukraine,49 and in the Caribbean.50 On the basis of this information and his own research, the Independent Expert observes that in multiple contexts it would appear that civil society organisations are attempting to fill the voids left by State inaction, including in areas fundamental to furthering the achievement of the Sustainable Development Goals. This work has been and will continue to be of exceptional value.' 'However, information about the lived realities of lesbian, gay, bisexual, trans and gender-diverse persons around the world is, at best, incomplete and fragmented; in some areas it is non-existent. The mandate holder stresses the seriousness of this finding: it means that in most contexts policymakers are taking decisions in the dark, left only with personal preconceptions and prejudices or the prejudices of the people around them.' (Para 71)
ARROW (2013) Advocate's Guide to SRHR Indicators	Provides useful lists of indicators that are already used in the sector for SRR and SRH. In relation to SOGIE, the indicators included are exclusively legal.
ILGA (2019) State-sponsored homophobia	Extremely helpful overview of all the TYPES of legislation that impact on the rights of LGBTIQ. Accompanying maps and reports also good sources of information for legal data.
World Bank (2019) LGBTI indicator index	
ESCAP (2018) Suggested indicator framework for monitoring progress towards the implementation of the Asian and Pacific Ministerial Declaration on Population and Development	
OHCHR (2013) Human rights indicators	

PLEASURE

Publication	Details
Starrs AM, Ezeh AC, Barker G, et al. (2018) Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission, Lancet, 391: 2642–2692	Integrated definition of SRHR that explicitly talks of pleasure and positive approach to sexuality: "...a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing. ...Achievement of SRH relies on realisation of SRR, which are based on human rights of all individuals to... have safe and pleasurable sexual experiences."
WHO (2010) Measuring sexual health: conceptual and practical considerations and related indicators	Provides some indicators related to a safe and pleasurable sexual life, including: • the ability of men and women to make informed choices • action in relation to sexuality on the basis of intention, substantial understanding and the absence of coercion, discrimination or violence • satisfaction with one's sexuality and sexual identity, on a composite scale of satisfaction • society's perceptions of whether women and men enjoy sex or are allowed to enjoy sex • perceptions of and social attitudes to sexual enjoyment or expression (both aimed at populations and at specific groups) • level of sexual autonomy, i.e. ability to resist unwanted sex and ability to make healthy decisions about sexuality • level of sexual competence (protection, no regret, autonomy of decision-making and consensuality)
Gruskin, S, V Yadav, A Castellanos-Usigli, G Khizanishvili & E Kismödi (2019) Sexual health, sexual rights and sexual pleasure: meaningfully engaging the perfect triangle, Sexual and Reproductive Health Matters, 27:1, 29-40, DOI: 10.1080/26410397.2019.1593787	Lays out the links between sexual health, sexual rights and sexual pleasure with how to assess various aspects like: • Laws and policies: should be rooted in human rights when they seek to control/criminalise the sexual lives of certain populations like LGBTQ+, people living with HIV or with disabilities, married women, adolescents, etc.; should recognise evolving capacities of the child as the basis for protective laws • Programmes: health care providers are able to address the complexity of sexual pleasure, not just the negative consequences of sexual activity; promoting pleasure in safer sex messaging as well as through sexuality education (i.e. celebrating sexuality as enhancing happiness); sexual health professionals are trained in becoming comfortable with placing pleasure and rights at the centre of client engagement

ANNEX 1: BIBLIOGRAPHY

PLEASURE

Publication	Details
Braeken, D & A Castellanos-Usigli (2018) Sexual Pleasure: The forgotten link in sexual and reproductive health and rights | Training toolkit, Global Advisory Board (GAB) for Sexual Health and Wellbeing	Introduces The Pleasuremeter: a tool to assess the links between sexual health, sexual rights and sexual pleasure in sexual history taking (for medical professionals), which asks clients to assess their sexual experiences on 7 parameters: 1. Physical and psychological satisfaction / enjoyment: how much did you enjoy/how satisfied were you with your sexual experiences? 2. Self-determination: how many of these sexual relationships did you freely choose to have? 3. Consent: of all the things you did with your sexual partner(s), how many did you specifically agree to? 4. Safety: how safe did you feel in your sexual relationships? 5. Privacy: how much privacy did you have in all your sexual encounters? 6. Confidence: how confident did you feel to express yourself with your partner(s) while having sex? 7. Communication / negotiation: how would you rate the quality of your communication and negotiation (of what you wanted and didn't want to do) with your partner(s)?
Ford, JV, E Corona Vargas, I Finotelli Jr., JD Fortenberry, E Kismödi, A Philpott, E Rubio-Aurioles & E Coleman (2019) Why Pleasure Matters: Its Global Relevance for Sexual Health, Sexual Rights and Wellbeing, International Journal of Sexual Health, DOI: 10.1080/19317611.2019.1654587	Emphasises the need for integrating pleasure based approaches in sexual health programmes and accountability. Provides examples of measurement like: "...(1) integrate sexual wellbeing and pleasure into existing mechanisms of evaluation (e.g., HIV/STIs prevention) and (2) develop more pleasure focused monitoring mechanisms for programs..." Also makes the case for linking sexual rights with sexual pleasure, where "autonomous choice of sexual partners, choice of sexual expressions, and associated pleasure-seeking, personal safety, and bodily integrity are all potential sources of inequity based on engrained structures of gender, race/ethnicity, religion, economic status, and education. Therefore, public health engagement with sexual pleasure will require social sexual justice—that is, systems for inclusion, effective voice, redistributive interventions, and social transformation—that could redress rights related to sexual pleasure."

ANNEX 2: SURVEY INSTRUMENT

SRHR EVIDENCE FOR ADVOCACY SURVEY FOR ASIA PACIFIC

APA is currently undertaking research to better understand the SRHR 'data deficit' in the region and what type of evidence would be useful for advocates in relation to four thematic areas: comprehensive sexuality education (CSE), abortion, SOGIESC and pleasure.

Throughout the survey we refer to 'evidence.' We are using the term broadly to refer to any type of data – qualitative or quantitative – or information utilized to support advocacy efforts.

APA is seeking information from individuals who are working on SRHR advocacy in the Asia Pacific region. Please help circulate it amongst partners and allies in the region.

The survey should take no more than 10 – 12 minutes of your time, and your responses will not be connected to your name or any other identifying information. Independent consultants will collect and analyse your responses for a report, and outcomes will be shared.

If you are unable to answer any of the questions, please place 'NA' in the blanks provided and/or select the answer choice indicating that the question is not relevant to your work.

Thank you in advance for your time!

GENERAL SECTION

Please answer the questions in this section to help us get a sense of who is responding to this survey. No identifying information will be connected with your responses to the subsequent sections.

1. Which organisation do you work with and in what capacity? Please indicate if you are an individual activist not affiliated with an organization. (Optional)

   _____

   _____

   _____

2. Is your organisation an APA member?

   ❑ Yes ❑ No

3. Which country is your organisation (or you, if you are not affiliated with an organization) based in?

   _____

4. What are your primary thematic areas of focus for advocacy? (Please tick all that apply)

   ❑ a. Comprehensive sexuality education (CSE)
   ❑ b. Abortion
   ❑ c. Sexual orientation, gender identity and expression, and sex characteristics (SOGIESC)
   ❑ d. Pleasure
   ❑ e. SRHR information and services
   ❑ f. HIV
   ❑ g. Other

5. Which groups or communities do you advocate for? (Please tick all that apply)

   ❑ a. Young people
   ❑ b. LGBTQ+
   ❑ c. PLHIV
   ❑ d. Sex workers
   ❑ e. Girls and women
   ❑ f. People who use drugs
   ❑ g. Migrants
   ❑ h. Indigenous peoples
   ❑ i. People living with disabilities
   ❑ j. Other

6. At which level do you do most of your advocacy?

   ❑ a. Local level (community / grassroots)
   ❑ b. National level
   ❑ c. Regional level
   ❑ d. Global level
   ❑ e. Other

7. Who are your primary advocacy targets?

   ❑ a. Governments
   ❑ b. Donors
   ❑ c. UN development partners
   ❑ d. Civil society organisations
   ❑ e. Other

8. Which changes do you seek through your advocacy? (Tick all that apply)

- ❑ a. Changes in laws and/or policies of government bodies
- ❑ b. Increases in budgetary allocations for SRHR
- ❑ c. Availability of SRH services
- ❑ d. Access to justice for victims of rights violations
- ❑ e. Application or implementation of existing laws and policies favorable to sexual and reproductive rights
- ❑ f. Other

9. Does your organisation have experience collecting and analyzing its own evidence for advocacy? If so, please explain below. If no, please insert 'NA' in the answer blank.

_____

_____

_____

DATA FOR CSE ADVOCACY

This section is for people who have advocated for comprehensive sexuality education (CSE) in the past or present. If this does not apply, please enter 'NA' in the blanks provided and select the 'I have never done CSE advocacy' answer choice.

10. What evidence do you currently use for your CSE advocacy?

_____

_____

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11. What evidence do you wish you had for your CSE advocacy?

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12. Have you ever utilized evidence in relation to any of the following for your CSE advocacy?

- ❑ a. Content of national laws, policies and/or strategies
- ❑ b. Curriculum content
- ❑ c. Teacher training
- ❑ d. Extent of young people's involvement in curricula development
- ❑ e. Reach of CSE to marginalized populations
- ❑ f. Financial or budgetary allocations to CSE
- ❑ g. Extent to which CSE addresses gender and/or sexuality
- ❑ h. Whole school approaches and/or policies
- ❑ i. Learner centered pedagogy
- ❑ j. Parent engagement
- ❑ k. Impact of digital sexuality education initiatives
- ❑ l. I have never done CSE advocacy
- ❑ m. Other

DATA FOR ABORTION ADVOCACY

This section is for people who have advocated for abortion in the past or present in any way. If this does not apply, please enter 'NA' in the blanks provided and select the 'I have never done abortion advocacy' answer choice.

13. What type of evidence do you currently use for your abortion advocacy?

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14. What evidence do you wish you had for abortion advocacy?

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15. Have you ever utilized evidence related to any of the following for your abortion advocacy?

- ❑ a. Knowledge of the legal indications for abortion amongst health professionals
- ❑ b. Knowledge of the legal indications for abortion amongst the general public
- ❑ c. Effects of conscientious objection on the availability of legal abortion services
- ❑ d. Transparency of abortion laws and policies
- ❑ e. Access to justice for women who have been denied abortion services
- ❑ f. Levels of coercion amongst women who have had an abortion
- ❑ g. Budget allocations for abortion services
- ❑ h. Non-discrimination in the provision of abortion services
- ❑ i. Acessibility of abortion services for young people
- ❑ j. Accessibility of abortion services for any other marginalized group (please specify under 'Other')
- ❑ k. Other

DATA FOR SOGIESC ADVOCACY

This section is for people who have advocated for sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) in the past or present in any way. If this does not apply, please enter 'NA' in the blanks provided and select the 'I have never done SOGIESC advocacy' answer choice.

16. What is the focus of your SOGIESC advocacy? (e.g. non-discrimination, legal gender recognition, health care provision, etc)

_____

_____

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17. What type of evidence do you currently use for your SOGIESC advocacy?

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18. What evidence do you wish you had for SOGIESC advocacy?

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19. Have you ever utilized evidence related to any of the following for your SOGIESC advocacy?

- ❑ a. Legal or policy provisions relating to SOGIESC non-discrimination in any setting (e.g. education, employment, healthcare)
- ❑ b. Legal status of same-sex sexual activities between consenting adults
- ❑ c. Violence and/or bullying against LGBTIQ+ people
- ❑ d. Existence of SOGIESC sensitive reproductive health care
- ❑ e. Same-sex marriage rights
- ❑ f. Prevalence of HIV amongst LGBTIQ+ people
- ❑ g. Legal gender recognition
- ❑ h. Availability of gender affirming surgeries and procedures
- ❑ i. Access to justice for people identifying as LGBTIQ+
- ❑ j. Presence of forced and coercive sterilizations
- ❑ k. Availability of SOGIESC-focused civil society organisations to register and/or operate
- ❑ l. Other

DATA FOR PLEASURE ADVOCACY

This section is for people who have advocated for the right to a pleasurable sexual life and/or expression in the past or present in any way. 'Pleasure advocacy' could also be about advocating for sex-positive approaches to sex-ed or SRHR programmes. If this does not apply, please enter 'NA' in the blanks provided and select the 'I have never done pleasure advocacy' answer choice.

20. What type of evidence do you currently use for your pleasure advocacy?

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21. What evidence do you wish you had for pleasure advocacy?

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22. Have you ever utilized evidence related to any of the following for your pleasure advocacy?

- ❑ a. Review of laws and policies governing sexual behaviours and identities through a sexual rights lens
- ❑ b. Review of sexuality education and/or sexual health programmes through a sex-positive lens
- ❑ c. Training of sex educators and/or sexual health professionals on pleasure and sex-positivity
- ❑ d. Outcomes of sex education and/or sexual health programmes aimed at sexual self-determination and empowerment
- ❑ e. Other

RIGHTS-BASED DATA

Through this survey and the larger project of which it is part, we are attempting to understand whether or not existing data are limiting for sexual rights advocacy and, specifically, advocacy for the sexual rights of those who are marginalized, vulnerable and/or under-served. Please give any further thoughts you have on this matter.

Alternatively, use this space to expand upon any of your answers above about the type of information that you wish that you had for your advocacy work.

If you don't have anything more to add, please put 'NA' in the space provided below.

23. Comments

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ANNEX 3: MINI PILOT TOR

BACKGROUND

APA is exploring, with a consultancy team, the extent of the 'evidence deficit' in relation to four sexual and reproductive rights (SRR) issues – comprehensive sexuality education (CSE), abortion, sexual orientation / gender identity & expression / sex characteristics (SOGIESC) and pleasure. The project is also aimed at pinpointing the role that civil society organisations can play in generating, analysing and utilizing evidence for advocacy around these four themes.

During the first phase of this project, the consultancy team undertook a desk review and a region-wide survey to identify a) what evidence is currently being utilized to advocate for the four issues and b) what further evidence advocates would like to have that does not currently exist in their contexts. During phase two, the consultancy team will work with up to three APA members in their own communities to conduct a small-scale 'pilot' to generate, analyse and utilise evidence for one or more of the 'neglected' areas of evidence found in phase one.

WHAT IS THE FOCUS OF THE INITIATIVE?

The following areas were identified by civil society organisations (CSOs) and/or the literature during phase one as being those for which more evidence is needed. Interested APA members are encouraged to reflect on the following areas and identify whether any align with current programmes and advocacy, then choose one around which a 'mini pilot' could be designed for evidence generation.

1. CSE implementation research/best practices/ what has worked in Asia Pacific: While global evidence exists on 'what works' with regard to CSE, there is limited evidence available from within the Asia Pacific region. One example of a well-documented CSE programme in the region is from Pakistan.[1] Even though countries like Cambodia, Vietnam, Mongolia and India, among others, have some form of sexuality education in place, there is not enough documentation of how these programmes are being implemented or what the good practices are. Therefore, implementation or operations research on what works within a certain context and/or for a particular population of young people (i.e. LGBTQI+, migrant, out of school, etc.) for a CSE programme to be effective, would provide some much needed contextual evidence. This mini-pilot could be done either as an operations research that looks at all aspects of implementation of a chosen CSE programme, or as a best practice case study that looks at specific things that have worked well for a chosen CSE programme and why.

   Questions to answer include:

   - How did the programme build support among community members?
   - What steps were taken to ensure that teachers / sex educators were trained, and their performance monitored?
   - How have the links to services been made?
   - How have young people been involved in the design, implementation and monitoring of the programme?

2. Migrant LGBTQI+ experiences of accessing health care: There is scant evidence collected of LGBTQI+ experiences of accessing health services, though what exists illustrates that many experience discrimination within the health systems and are unable to get the specific information and services they need to fulfill their right to health.

   Questions to answer include:

   - What services exist in a given region for migrant communities? What services do not exist that they need?
   - Within those services, how LGBTQI+-friendly are the providers?
   - What have the experiences of LGBTQI+ people within migrant communities been when interacting with the health systems?
   - How have their experiences of the health system impacted upon their overall health and wellbeing?

[1] Joar Svanemyr, Qadeer Baig & Venkatraman Chandra-Mouli (2015) Scaling up of Life Skills Based Education in Pakistan: a case study, Sex Education, 15:3, 249-262, DOI: 10.1080/14681811.2014.1000454; Chandra-Mouli, V., Plesons, M., Hadi, S., Baig, Q., & Lang, I. (2018). Building Support for Adolescent Sexuality and Reproductive Health Education and Responding to Resistance in Conservative Contexts: Cases From Pakistan. Global health, science and practice, 6(1), 128–136. https://doi.org/10.9745/GHSP-D-17-00285

3. Experience of abortion among women living with HIV: People living with HIV experience stigma at many different levels and from many different sources, including health care professionals. It has been documented in some places that women living with HIV have been coerced into having abortions without being provided with the information they need to make fully informed, autonomous decisions about their health and well-being.

   Questions to answer include:

   - What protocols exist in the context for providing abortion services to women living with HIV (WLHIV)?
   - Do WLHIV know what their rights are in relation to abortion?
   - What are their experiences accessing abortion?
   - To what extent are WLHIV being coerced into having abortions?

4. Impact of CSE for out of school young people: That CSE contributes to several health-related indicators is well-established. However, what are the different impacts or effects of CSE on specific populations of marginalised young people within the Asia Pacific context? There remains limited evidence on this, thus advocating for the integration of CSE in the region is difficult. Therefore, a 'quick and dirty' impact evaluation could look at the effects of an existing CSE programme for out of school young people (or any other marginalised group of young people) on their health, empowerment, gender transformation, understanding of rights and sexuality, and ability to exercise their sexual rights. This could be a mixed methods evaluation that combines short surveys with young learners and focus group discussions that help get a better understanding of how CSE is impacting the lives of the learners.

   Questions to answer, include:

   - What changes has the CSE programme brought about in learners' lives?
   - What impact do they report on their attitudes towards: gender, sexuality, human rights, stigma and discrimination, diversity, violence, etc?
   - What impact do they report on their skills on: self-determination, communicating within relationships, consent, health-seeking, assertiveness, negotiation, dealing with violence, etc?
   - What impact do they report on behaviours related to: sexual debut, CEFM or other harmful practices, contraceptive access and use, etc?

5. Establishing the link between human rights obligations and pleasure: The new, integrated definition on SRHR by the Guttmacher-Lancet Commission (2018) states that all individuals have the right to have safe and pleasurable sexual experiences. The importance of a sex-positive approach and the related focus on striving towards pleasureable experiences rather than only avoiding negative consequences of sexual activity has gained recognition in recent years. However, the case for linking sexual pleasure with sexual health and sexual rights still needs to be made as strongly as possible due to a socio-cultural and political discomfort with sex and pleasure. One of the ways to do this would be to demonstrate how the right to have safe and pleasurable experiences is already enshrined in international, regional and national human rights commitments by governments. This study would involve examining national laws and policies and human rights commitments to look for sexual rights that enable the fulfilment of people's right to safe and pleasurable sexual experiences (e.g. access to contraceptives and barrier methods).

   Questions to answer, include:

   - Which national laws and policies include sexual rights?
   - What are the international and regional commitments made by the government that relate to sexual rights?
   - In what way are sexual rights linked to sexual pleasure, i.e. which rights enable an individual to have safe and pleasurable sexual experiences?

6. Pleasure audit: One way to generate more evidence on why pleasure-based approaches to sexual health work, and how, is to conduct a 'pleasure audit' of the programme. This would examine how sex-positive the programme is and to what extent a pleasure-based approach has been applied. It would seek the 'positive' aspects of the programme as applied to messaging around sexuality, health providers' attitudes, sexuality educators' discussions, etc.

   Some of the questions to answer, include:

   - To what extent are the messages delivered by the programme: gender transformative, inclusive of diverse sexual practices and orientations, honest and open about sex and sexuality, focused on enabling ideal sexual experiences rather than only on preventing negative consequences, aiming to develop sexual self-efficacy?
   - To what extent do discussions with clients / learners include: physical and psychological satisfaction / enjoyment of sexual experiences, self-determination, consent, safety, privacy, confidence, communication and negotiation?

WHICH APA MEMBERS CAN BE PART OF THIS INITIATIVE?

Any APA member can express interest in being part of this initiative and undertaking a small-scale study to generate evidence in one of these areas. Priority may be given to those who have experience using qualitative methods of evidence collection. The member should also have an ongoing programme, project or initiative relating to the proposed thematic area.

APA members who express interest should ensure that they have staff time during mid-March to beginning of May to undertake the mini-pilot (approximately 10 hours per week for the duration of the project, though more may be needed at the beginning). The member will be expected to work closely with the consultancy team during the design, evidence collection and analysis of the initiative. This includes staying in regular email contact and having Skype conversations with the consultants. APA members will be expected to stick to the timeline prescribed.

WHAT SUPPORT WILL APA MEMBERS RECEIVE?

APA members will get the support of the consultants in designing, implementing and analysing the results of the study. Members will not be expected to write a report; rather, once the evidence is collected, it will be handed over to the consultants for analysis and report writing. The report will be shared with all participating members, and further support will be provided by APA on how to utilise the evidence for advocacy. In addition, these APA members will be able to provide peer support in the future to other organisations who want to undertake similar studies and advocacy.

WHAT IS THE TIMELINE?

The organisations that will participate in the study will be selected by 10 March, and it is hoped that by 20 March the mini-pilot will be designed jointly between the consultancy team and the member. Evidence will then be collected between 20 March and early April, after which it will be handed over to the consultants by 10 April at the latest. The consultants will work on analysis jointly with the members and, by early May, share a draft report. Participating members will have the opportunity to review the draft and comment before it is made more widely available.

ANNEX 3: MINI PILOT TOR

Expressions of interest (EoI) should be sent to Arushi Singh (*arushisingh80@gmail.com*) and Katherine Watson (*katwatson83@gmail.com*), copying Alexa Johns (*alexandra@asiapacificalliance.org*) by Monday, 9 March. The EoI should follow the format below:

Name of organisation:
District/country for the mini pilot:
Name of lead person for pilot within the organisation:
Email address of the lead person:
Proposed focus: (choose one from the six topics in the ToR)
Is the lead person able to dedicate appropriate time to the project between now and beginning of May? Please state 'yes' in the box and how much time (e.g. hours per week) is available.
Has your organisation ever generated its own evidence before? If so, please share details and the final reports, as well as the evidence collection instruments used.
Which programme, or area of your organization's work, will the proposed mini pilot relate to? Provide a one paragraph summary of this programme or issue area of your organization.
Explain in a few sentences what type of evidence generation you want to do (for example: surveys with trans individuals within migrant community in x district to find out about their experiences accessing HIV services). See the "questions to answer" section for your chosen focal area.

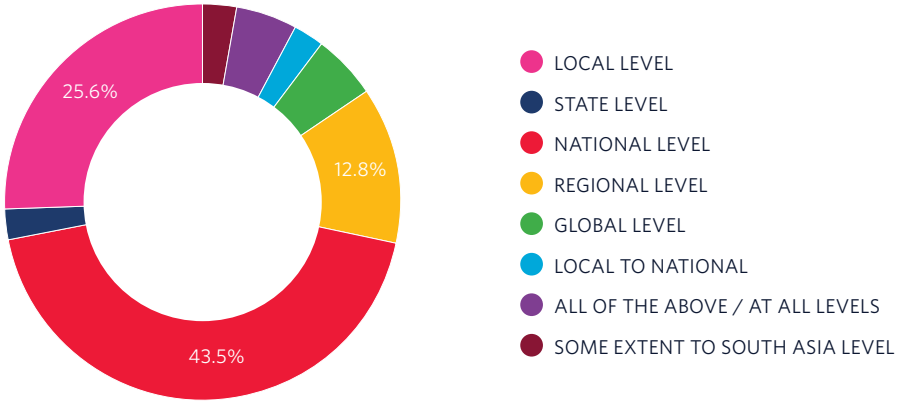
ANNEX 4: SURVEY ANALYTICS

SURVEY RESPONDENTS' CHARACTERISTICS

- Of the 39 respondents, 20 identified that they work for an APA member organisation
- There were 5 respondents each from Pakistan and Thailand; 4 respondents each from Australia, Bangladesh, and India; 3 respondents each from Indonesia and Nepal; 1 respondent each from China, Malaysia, Sri Lanka, Taiwan, Vietnam and Cambodia; whilst the remaining four respondents identified as being from several countries in the region.
- Twenty-seven respondents indicated that SRHR information and services is a primary focus for their advocacy, whilst 22 said that they focus on CSE and 19 said HIV.
- Thirty-three of the respondents indicated that 'young people' is a group for which they advocate, whilst thirty-two said that they advocate for 'girls and women'.
- Twenty-four respondents have experience collecting and analyzing their own evidence for advocacy.

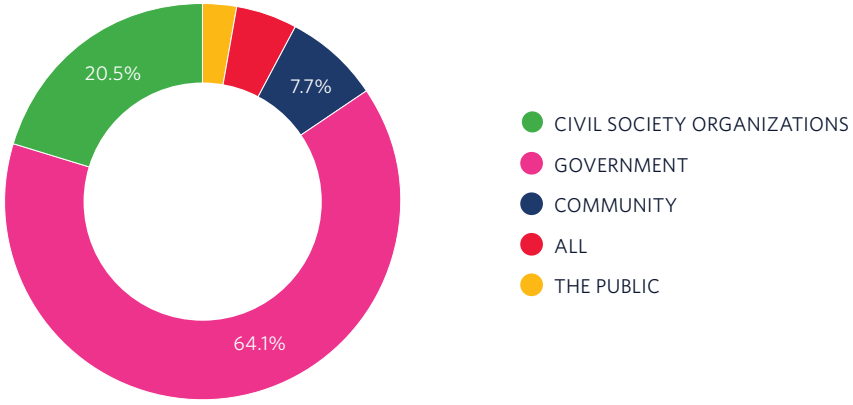
AT WHICH LEVEL DO YOU DO MOST OF YOUR ADVOCACY?

39 RESPONSES



WHO ARE YOUR PRIMARY ADVOCACY TARGETS?

39 RESPONSES



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