

# Bridges: Building and Burning

*Addressing Issues of Reproductive  
Health (RH) and Quality RH Care  
within an International, Regional and  
Local Context*



**Alternative Perspectives** is a think tank; an indigenous and first of its kind in Pakistan that looks at the issues of health and education for adolescents, youth and women in Pakistan with gender perspectives in the diverse contexts of the country by going beyond the tight technical frameworks of donor funded programs and projects and compulsions translated as pragmatism. It is an intellectual product of AGEHI (Advocates of Gender, Education & Health Information) Resource Centre founded in 2001 by Dr. Rakhshinda Perveen. AGEHI is working as the technical resource wing for SACHET Pakistan besides providing research and advocacy support to many development organizations in Pakistan through different strategies. AGEHI started holding a series of public policy advocacy dialogues on issues of social development under Alternative Perspectives in 2008.

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**Disclaimer:**

The views expressed in the report are of participants and speakers and many not necessarily reflect the policy/practice of SACHET Pakistan, or of UNFPA Pakistan

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SACHET Pakistan is grateful to all distinguished panelists and participants for their intellectual contribution to the forum.

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## Would You Permit Me?

*(A thought provoking poem by Nizar Qabbani\*)*

In a country where thinkers are assassinated, and writers  
are considered infidels and books are burnt,  
in societies that refuse the other, and  
force silence on mouths and thoughts forbidden,  
and to question is a sin,  
I must beg your pardon, would you permit me?

Would you permit me to bring up my children as I want,  
and not to dictate on me your whims and orders?  
Would you permit me to teach my children that the religion is first to God,  
and not for religious leaders or scholars or people?  
Would you permit me to teach my little one that religion is about good  
manners,  
good behavior, good conduct, honesty and truthfulness,  
before I teach her with which foot to enter the bathroom  
or with which hand she should eat?

Would you permit me to teach my daughter that God is about love, and  
she can dialogue with Him and ask Him anything she wants,  
far away from the teachings of anyone?  
Would you permit me not to mention the torture of the grave to my  
children,  
who do not know about death yet?  
Would you permit me to teach my daughter the tenets of the religion  
and its culture and manners, before I force on her the 'Hijab' (the veil)?  
Would you permit me to tell my young son that hurting people and  
degrading them because of their nationality, colour or religion, is  
considered a big sin by God?

Would you permit me to tell my daughter that revising her homework and  
paying attention to her learning  
Is considered by God as more useful and important  
than learning by heart ayahs from the Quran without knowing their  
meaning?

Would you permit me to teach my son that following the footsteps of the Honorable Prophet begins with his honesty, loyalty and truthfulness,  
before his beard or how short his thobe (long shirt/dress) is?  
Would you permit me to tell my daughter that her Christian friend is not an infidel, and ask her not to cry fearing her friend will go to Hell?

Would you permit me to argue that God did not authorize anyone on earth After the Prophet to speak in his name, nor did he vest any powers in anyone  
to issue 'deeds of forgiveness' to people?  
Would you permit me to say that God has forbidden killing the human spirit  
and who kills wrongly a human being is as if he killed all human kind,  
and no Muslim has the right to frighten another Muslim?  
Would you permit me to teach my children that God is greater, more just, and more merciful than all the (religious) scholars on earth combined?  
And that His standards are different from the standards of those trading the religion,  
and that His accountability is kinder and more merciful?  
Would you permit me?

**\* Nizar Qabbani (1923-1998):** *Nizar Qabbani was a Syrian poet born in Damascus in 1923 and passed away in 1998 in London. He was a diplomat, poet, writer, and publisher. His poetic style combines simplicity and elegance in exploring themes of love, eroticism, feminism, religion, and Arab nationalism. When Qabbani was 15, his sister committed suicide at the age of 25 because she refused to marry a man she did not love and during her funeral he decided to fight the social conditions he saw for causing her death.*





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Section A

# **The Policy Dialogue**

## Proceedings

In connection with the International Health Day's activities, AGEHI Resource Center of SACHET Pakistan organized **“an interactive panel discussion for addressing issues of Reproductive Health (RH) and Quality RH Care within an International, Regional and Local Context”** at SACHET Gallery, on Friday April 6, 2012 at Islamabad. This event brought together the information on the current status of RH issues of Pakistani women across the country with the objective to explore how they can be aligned to the ongoing development initiatives in different sectors.

The session was chaired by Mr. Rabbi Royan, the Country representative UNFPA in Pakistan and the dialogue was moderated by Dr. Rakhshinda Perveen the co-founder Executive Director SACHET- Pakistan and founder of AGEHI Resource Center.



The panelists included Prof. Dr. Taqi Bangash (SZABIST), Dr. Rakhshinda Parveen (Co Founder and Executive Director-SACHET), Ms. Rukhsana Shama a woman rights and social activist, and Dr. Lubna Nasim Khan SACHET's project coordinator for an adolescent centered project on RH issues. The audience included social activists, media and CSO representatives and team members of SACHET- Pakistan.

The event formally started with the recitation of Holy Quran by Mr. Saqib

Shahzad and brief Welcome note by Mr Muhammad Amin (General Manager SACHET Pakistan). He thanked the Chief Guest, other honorable guests to be a part of the event and besides all the participants in joining hands with AGEHI- SACHET in this discussion. SACHET has invited a limit and focused group for this event by keeping a practical as well as realistic approach.



He also gave a brief introduction about SACHET so as to make the audience know about the foundation, motives and activities of the organization. He explained what SACHET stood for and what thematic areas it was working on, the vision and mission of the organization, the areas of its interests and its achievements. The salient features of his introduction are summarized as follows:

SACHET-Pakistan (Society for the Advancement of Community, Health, Education and Training) is an indigenous organization that came into being in 1999 to serve the underprivileged masses of rural Pakistan with a mission of “promoting human development of the underprivileged in gender perspectives”. It is a non profitable charitable, voluntary cum development organization which has spread its outreach to far flung areas of Punjab. It has established four comprehensive primary health care

clinics which are functioning under SACHET Community Development Program (SCDP) at Pinyali, Ghagri, Banigala in district Rawalpindi and Pather Garh in district Attock. These clinics provides primary health care facilities to the disadvantaged people in the vicinity and ample opportunities for the young adolescents to equip themselves with Information Technology(IT) as well as artistic skills; sewing, painting, crafts work etc that can help them stand on their own feet.

Following the welcome, floor was handed over to Dr Rakhshinda Perveen the policy dialogue.

She introduced the honorable chief guest and other respected guests and audiences. Dr. Rakhshinda shared that AGEHI started holding a series of public policy advocacy dialogues on issues of social development under Alternative Perspectives in 2008. In context with reproductive health she highlighted the importance of RH and she further shared that in our society a due importance has never been given to this but SACHET has always tried to create awareness in the masses in this regard. She also shared about another pioneering and land mark effort of AGEHI- SACHET which was the TV Documentary series **Gender Watch** produced in 1999 for youth from youth approach to break the silence on perceived tabooed issues of gender and RH. She further shared that another achievement of SACHET in this regard is to provide the alternate of the word Gender in Urdu language i.e. *“sinf”*.

Dr. Rakhshinda invited Dr. Lubna Nasim Khan, SACHET’s project coordinator for an adolescent centered project on RH issues to further continue the discussion. Dr. Lubna shared that RHIA- Reproductive Health Initiative with Adolescents started in Bari Imam in 2010. Bari Imam is one of the biggest slums of Islamabad located adjacent to the Presidency of Pakistan. She shared that although being located at such a prime location still this community is deprived of the basic necessities of life such as electricity, gas, sanitation, educational facilities and basic health facilities.

She shared that in the beginning a basic non formal advocacy campaign was conducted by SACHET at the grass root level and then two AFC’s- Adolescents Friendly Centers were established in the community one for

males and one for females. Sessions were delivered amongst the adolescents regarding Reproductive Health but by keeping in view the religious, economic and social aspects. Then extracurricular activities were

### **Case study reported from AFC (boys) Muslim Colony Bari Imam Islamabad**

Now I am a real Peer Educator

*My name is Leena. I am 13 years old. For last one year I am regularly going to RHIA Adolescents Friendly Center (AFC) where I attended many Sessions on reproductive Health and life skills. In which my favorite topic is "Power to say Yes or No". Some time I think whether I will ever use this knowledge in my life or not which I got from RHIA Center.*

*One day when I was coming back from my tuition center at 6:30. p.m. I saw my friend who lived in my neighborhood name Hina standing in the street. I saw a man who was showing some money to her and asking her to go with him somewhere. My friend was ready to go with him. I loudly called her name and asked her where she was going?*

*She became worried and told me that he was giving her some money and gifts. I asked her if she has permission from her mother. She said no, she did not know him. I held her hand and came to her house. I told her that he was an unknown person for her and can be dangerous for her. Next time she should Say "No". I transferred my information about "Power to say Yes or No".*

*Now Hina realized her mistake and thanked me for the information. At that time I felt proud to save the life of my friend and thanked AFC for making me a real Peer Educator.*

introduced in the program such as organizing speech and debate competitions, poster competitions and theatre performances in connection with the celebration of various national and international days. She shared that in the beginning, program was criticized by many religious circles but now we have finally managed to attain the support of local

religious leaders. She said that the health condition of local residents of the community was not satisfactory due to lack of awareness and facilities but I would call it a great success on the part of SACHET that we have tried our best to create awareness amongst the community members and in 2011 not over a single case of Dengue and Malaria was reported in the community and a great decrease has also been found in the rate of Diarrhea in the community.

Dr. Rakhshinda then invited Prof. Dr. Taqi Bangash of SZABIST. He thanked the chair and the moderator for inviting him to an informative event. He disagreed with the approach that males and females should be given equal rights. He said that according to him, females deserve more rights than males as a female is not just an individual. The entire upcoming generation is dependent on her. He said that lack of importance to RH Issues on the part of society is due to lack of education. He said that the awareness ratio in this regard is very low in Pakistan Especially in rural

areas where women are unaware of their basic rights. He shared that being unable to bear children is being faced all over the globe but in our society only women are considered to be responsible for this. He suggested that “Reproductive Health Fitness Certificate” should be introduced in the country to stop this violence on women and it should be compulsory for every individual- male or female to get this certificate in order to get married. He further suggested that the working hours of women should be two hours lesser than the men as they have to take care of their homes as well. In his concluding remarks he observed that unlike in the past, criticism of family planning was at a lesser degree by the religious circles these days. This is commendable and an indicator of awareness in the society.





Mr. Shoaib Ahmed, Campaign Manager Gender Equity Program SACHET-Pakistan and advisor to Balochistan Rural Support Program, shared his experiences of Baluchistan related to the poor health outcomes and unacceptable Reproductive Health status with the audiences. He said that he has worked in various locations of Baluchistan such as Pishin and Qila Siafullah and the lack of health facilities at those places are alarming. He sadly shared that there are no facilities for the maternal health in most of the Balochistan and especially bordering districts, where mostly deliveries were conducted at household levels and in case of emergency Frontier Constabulary male nurses helped during the labor and delivering of child. He shared that the worse finding in this regard is that although there is no physical facility available but salaries are being given to employees in this head which is not acceptable. In the end he emphasized the need of starting a comprehensive MNCH services and sustainable programs for the poor masses of Balochistan and we have to fight not only poverty but also illiteracy which are root causes. At the same time we have to facilitate the people of Balochistan to save each and every precious life.

The social activist Ms. Rukhsana Shama in her remarks said that in our society wrong interpretation of religion is used to increase the problems for females. She said that reproductive rights and gender rights are interlinked and women are being used only as a medium of reproduction in our society in spite of her mental and physical health. Women are helpless and they cannot exercise their RH rights and only men can decide either to have children or not. She said that it is against the basic as well as physical and gender rights of women.

Then facilitator handed over the floor to Chief Guest. Mr. Rabbi Royan then he asked a question to all the participants that “what are the hindrances that are faced in respect to reproductive health”. Different opinions were given by the audiences but the conclusion was that social,



geographical restrictions, wrong interpretation of religion, lack of education and awareness are a few of the root causes of restrictions faced while working on such issues. Mr. Jamil Asghar a psychologist and founder of the NGO LOK PRIYA, shared that the level of our awareness in our society can be judged with such a small incident that they were stopped by the management of a local renowned girl's college to hold a session on RH in their college by saying that such programs are inappropriate for the girls according to them. Audiences shared that in our society parents also feel shy in front of their children to share such information with them and as a result children get information from unreliable sources and thus they are more likely to fall in to traps or they opt for harmful ways.

Mr. Rabbi Royan concluded the dialogue and shared the finding; he said that the need for discussions on such issues is obvious and instead of ignoring the issues more and more efforts are required. He further highlighted that a healthy society can never be created without providing gender and physical rights to the women.

At the end of the event Shields and souvenirs were given to Mr. Rabbi Royan and Prof. Dr. Taqi Bangash on behalf of SACHET- Pakistan and tea was served.



# Recommendations

The Policy dialogue resulted in the following policy recommendations:

1. Forum agreed that healthy society can never be created without providing gender and physical rights to the women.
2. Participants reached to the conclusion that social restrictions, wrong interpretation of religion, lack of both education and awareness are few of the root causes faced while working on RH issues.
3. Audience shared that in our society parents are reluctant to provide RH information to their children due to shyness, as a result children get information from unreliable sources and thus they are more likely to opt harmful ways.
4. One of the participants disagreed with the approach that men and women should be given equal rights. According to him, women deserve more rights than men as women are not just an individual but the entire upcoming generation is dependent upon them.
5. Paying no importance to RH Issues is due to lack of education.
6. Awareness of RH issues is very low in Pakistan especially in rural areas where women are unaware of their basic RH rights.
7. There is a dire need to discuss RH issues.
8. Participants shared that problem of being unable to bear children is faced in all over the world but in our society only women are considered responsible for this.
9. Forum suggested that “Reproductive Health Fitness Certificate” should be introduced in the country to stop this violence on women and it should be compulsory for every individual male or female to get this certificate in order to get married.

10. Forum further suggested that the working hours of women should be two hours lesser than that of men as they have to take care of their homes as well.
11. Participants appreciated that these days family planning is being less criticized by religious circles as it was a common practice in the past and this is one of the positive indicators of improved awareness in the society.
12. One of the participants shared that in our society religion is wrongly interpreted which increases the problems for women.
13. Forum stressed that reproductive rights and gender rights are interlinked but in our society women are being used only as a medium of reproduction and their rights are completely ignored.
14. Women are helpless and they cannot exercise their RH rights and only men can decide either to have children or not. Forum said that it is against the basic as well as physical and gender rights of women.
15. At all level of policy making voices of youth, women and adolescent girls should be encouraged.
16. Every Pakistani has the right to enjoy quality PHC and RH services
17. RH Issues must not be ignored and efforts should constantly be exerted for their solution
18. Research fund may be allocated for creative research on the re-settlement of widows and divorced women, as to why women are reluctant to marry again. The number seems to be huge.
19. Frigidity and some other reasons may be researched as a factor in breaking couples
20. Fertility/potency certificate from qualified doctors may be

legislated as legally binding for men before Nikah.

21. Law of two hours less working hours for working women may be legislated through parliament by female Assembly members. The two hours less working should have no impact on the salaries of working ladies.

## **Press Coverage**





# International Health Day

## Interactive discussion on issues of healthcare

CITY REPORTER

**ISLAMABAD**—In connection with the International Health Day's activities, AGEHI Resource Center of SACHET Pakistan organized an interactive panel discussion for addressing issues of Reproductive Health (RH) and Quality RH Care within an International, Regional and Local Context at SACHET Gallery, Islamabad.

This event brought together the information on the current status of RH issue of Pakistani

women across the country with the objective to explore how they can be aligned to the ongoing development initiatives in different sectors.

The session was chaired by Mr. Jabbar Rayaz, the Country representative, UNFPA Pakistan. He said that Woman owning her own body is the undefined message of today's discussion.

Besides, Reproductive Health must be talked about more and more so as to make the public aware of this issue. The panelists included Prof. Dr. Taqi

Bangash (SGABIST), former gynecologist and advisor to PMDC, Prof. Dr. Khalida Parveen, Dr. Rakhsinda Parveen (Co-Founder and Executive Director, SACHET) and Ms. Rukhsana Shama. Direct learnings from the communities were shared by Dr. Lubna. SACHET's project officer for an adolescent centered project on RH issues.

The audience included social activists, media and civil society representative.

The dialogue was moderated by Dr. Rakhsinda Parveen.



ISLAMABAD: Jabbar Rayaz, Country Representative (UNFPA), speaks at the occasion of International Health Day at SACHET Gallery on today.

Daily Pakistan Observer, 09-04-2012

بین الاقوامی، قومی اور مقامی سطح پر تولیدی صحت کے مسائل اور حل پر مکالمہ  
 خواتین کے حوالے سے صورتحال پر گفتگو آگاہ کرنے کے سلسلے میں پالیسی سطح کی تجاویز  
 اسلام آباد (انٹائم) - ماٹھے پاکستان کے آگلی پر تولیدی صحت کے مسائل اور ان کے حل کے عنوان سے  
 دیہیوں سنٹر نے ماٹھے گیلری، اسلام آباد میں صحت ایک مکالمے کا اہتمام کیا۔ اس مکالمے میں شرکاء نے  
 کے عالمی دن کے موقع پر بین الاقوامی، قومی اور مقامی سطح پاکستان میں خواتین کے (باقی صفحہ 7 جیہ نمبر 35)

تولیدی صحت  
 اس سلسلے سے قومی سطح پر سہولتوں پر مبنی  
 ملحقہ کی دور خواتین کو اس سلسلے سے آگاہ کرنے کے  
 شہر میں پانچوں گاہوں پر چھانچیں گئیں یہ کمرہ کے  
 صحت کے مسائل پر پاکستان میں سہولتوں پر مبنی  
 کے کوئی اور سہولتوں کی مدد سے یہ سہولتوں پر مبنی  
 صحت کے سہولتوں کی سہولتوں پر مبنی کے سہولتوں  
 سہولتوں کے کوئی اور سہولتوں پر مبنی کے سہولتوں  
 کا کوئی اور سہولتوں پر مبنی کے سہولتوں پر مبنی  
 سہولتوں کے کوئی اور سہولتوں پر مبنی کے سہولتوں  
 سہولتوں کے کوئی اور سہولتوں پر مبنی کے سہولتوں



اسلام آباد ماٹھے کے اہتمام سے منعقدہ سیمینار میں ماٹھے گیلری، اسلام آباد میں صحت کے مسائل پر مبنی



اسلام آباد یو این ایف ٹی اے کے کنٹری چیمبر سے رونی روپان سیمینار سے خطاب کر رہے ہیں

**Daily News Mart, 09-04-2012**

آگہی ریسورس سنٹر، سائے پاکستان  
 اسلام آباد (نیو رپورٹ) سائے پاکستان کے  
 آگہی ریسورس سنٹر نے سائے گیلری اسلام آباد میں  
 صحت کے عالمی دن کی مناسبت سے بین الاقوامی، قومی  
 اور مقامی سطح پر تولیدی صحت کے مسائل اور ان کے  
 حل کے عنوان پر ایک مکالمے کا اہتمام کیا۔ اس مکالمے  
 میں شرکاء نے پاکستان میں خواتین کے حوالے سے  
 تولیدی صحت کی صورتحال پر سیر حاصل گفتگو کی اور  
 خواتین کو اس حوالے سے آگاہ کرنے کے سلسلے میں  
 پالیسی سطح کی تجاویز پیش کیں پروگرام کے مہمان  
 خصوصی پاکستان میں یو۔ این۔ ایف۔ پی۔ اے کے نما  
 کندہ جناب ربی رویان تھے دیگر مقررین میں شہید  
 ذوالفقار علی بھٹو شہید (بقیہ نمبر 21 صفحہ 6)

بقیہ شامل 21  
 نیو رسی کے سوشل سائنس کے کوارڈینیٹر ڈاکٹر لیلی  
 بخش معروف گائناولوجسٹ اور پی۔ ایم۔ ڈی۔ سی کی  
 ایڈوائزر پروفسر ڈاکٹر خالدہ وحید، ساجی کارکن و خواتین  
 صحت سائے کی ایگزیکٹو ڈائریکٹر ڈاکٹر رشیدہ پروین  
 اور تولیدی صحت کے حوالے سے سائے کی پراجیکٹ  
 کوارڈینیٹر ڈاکٹر لیلی شہید شامل تھیں

Daily Pakistan, 09-04-2012

Section B

**Reproductive Health:  
A challenge for the Muslim world**

# Reproductive health: A challenge for the Muslim world

*By Dr. Rakshinda Parveen; Published in the "The News" in 2002*

Health, including sexual and reproductive Health (SRH), has different cultural perceptions and various determinants. Some crucial determinants of SRH include information, education, lifestyle, religion, region, law, gender roles, economy and political will. These factors are not only separately related to SRH but mutually influence each other.

A research on reproductive behaviour in Muslim countries by Dr. Mehtab Karim of AKU in 1997 has indicated that while there exists a considerable number of studies comparing the reproductive behaviour of Muslim and non-Muslim women, few comparative studies attempt to explain the differential patterns of behaviour among the geographically widely spread Muslim population.

The vital new issues underscored by International Conference on Population and Development (ICPD) encompassed gender equity, violence against women, trafficking of women, female genital mutilation, child marriage, male roles and responsibilities, unsafe abortion, infertility, STDs/HIV/AIDS, safe(r) motherhood and antenatal care.

What are the reproductive health (RH) issues in Muslim countries? In theory, the RH issues in Muslim countries should be the same as in the rest of the world. Further, being the signatory to the ideals of Cairo, the Muslim countries like all other signatories should be following the same solutions and strategies towards the RH issues as prescribed by the ICPD. Broadly speaking, this is not entirely incorrect.

Global issues of gender-based violence, economic and social empowerment for women; RH rights etc. are also visible and prevalent in the Muslim societies. However, since the causes and consequences of such issues vary, Muslim societies, which in turn are not a homogeneous entity, have a separate set of RH issues.

Islam is perceived as a religion hostile towards women. Gender is still

believed as a western idea by majority of Muslim groups. The visible manifestations of religious commitments by the Muslims arouse exceptionally strong feelings and intense attitude by the West and have become a hot debate even within Muslims. For example veiling of Muslim women is equated with oppression and subordination. Bearded Muslim men are perceived as fanatics, fundamentalists, and oppressors and malevolent.

Abortion is severely restricted in nearly all-Muslim countries. Sterilisation (a permanent family planning method) is illegal in some countries and remains the subject of on going debate in many Muslim communities.

Not all-Muslim countries are faced with similar RH issues. For instance, dowry-related violence is a typical South Asian example of gender discrimination and violence against women. This is not seen in the Arab world where males are supposed to bear all expenses of the marriage. Similarly, female genital mutilation, as a form of violence against women, is an RH issue concern, mostly in the African Muslim countries and some parts of Indonesia and Malaysia.

Further, there are country-specific areas of concern. For instance, in some parts of the Sindh province of Pakistan, Marriage with Quran is practised to protect the family property, thus, denying the rights of inheritance, marriage and happiness to the girl.

Islam grants a central position to family and family life. In spite of emphasis on globalisation as a way of life within the Muslim societies, marriage is still intact as an institution with family as the fundamental unit of the society. Roald (2002) has observed that the maintenance of family's spiritual status seems to be regarded as recognition of the role of women in Muslim society.

If it is assumed that there are certain Muslim World -specific RH issues, there arise a series of logical questions: Who suffers most because of these issues? Who should be targeted while designing solutions? Are there any interventions to deal with the issues?

As already stated, ICPD identified and emphasised new population groups. Men and adolescents have emerged as the most important target groups and potentially most profitable investment points for RH interventions. However, since ICPD, a lot of clatter and clamour is being raised about the terminology of male role in RH in general and family planning (FP) in particular. Is it involvement, participation, responsibility, partnership or anything else?

Men, who are called social gatekeepers, bear an additional responsibility of influencing RH behaviour and decisions in general. In their many roles, men can control access to health policy, information services, finances, transport, communication and public opinion.

Although statistics and qualitative studies mostly reflect a bleak picture of the Muslim world, there are examples of efforts and contributions with gender focus and sensitivity, which raise and sustain hope and optimism. Most of these actions and activities belong to some form of communication, which indeed is one of the most effective tools for dealing with a variety of RH issues.

*Some country/regional examples in this connection are cited below:*

### **Bangladesh:**

Where religion refuses to stand in the way, The Family Planning Association of Bangladesh (FPAB) has discretely mobilised religious support as part of promotional activities to involve men. Persistent efforts have resulted in creating a sympathetic atmosphere for FP. Imams preaching in favour of FP from the mosques are generating immense positive impact.

### **The Islamic Republic of Iran:**

The Islamic Republic of Iran drew International attention in the 1990s for having implemented one of the world's most successful policies to stabilise population growth. Iran's constitution is based on Islamic law (sharia) and government policies and actions are guided by Islamic principles. Iran has often tampered sharia with a pragmatic approach to modern social demands including the RH needs of its people. This



assessment of Iran's response to ICPD mandate on youth, sexual and RH needs is based heavily on official documents and educational materials-reflecting Iran's intentions towards its young people.

### **Egypt:**

Female Genital Mutilation: The road to success in Egypt in the Cairo FPA was suddenly bombarded with questions about female circumcision in Egypt prompted by the writings of Egyptian doctors, particularly Dr.Nawal Sadawai, although the impression was that the practice was illegal. One of the major achievements was the full-scale access to the media particularly broadcasting and TV. Have we succeeded or not? "We believe we have succeeded in at least breaking the taboo, and to a limited extent, changing attitudes and behaviour at different focal points throughout Egypt, a trend that promises to spread by example and snowballing at least to the younger generations of mothers," says Aziza Hussein, an Egyptian native.

### **Pakistan:**

The giant leap of PTV Back from the Bangladesh Media Workshop on Communication Strategies in South Asia, Simi Raheal has this to say, "As I finished reading my paper, 'Gender & development Targeting the Electronic Media' there was silence. Looking up I saw the expression of the South Asian media and I knew that I had left a lasting impression. I had talked of Pakistan television...admittedly a country lagging far behind in private sector communication... and its joint leap in to the present, courtesy Khawateen Time. I knew I had received the acknowledgement that no other country in the region had a women specific window on state or private television. I came back to my country ten feet taller.

### **Gender Watch by SACHET - An innovative advocacy project from Pakistan**

SACHET is a local CSO with the aim to promote human development in Pakistan with gender perspectives. The CSO's first project was a pioneering gender show on the national television titled Gender Watch which not only defined word gender in a Pakistani perspective by finding its alternative word *sinf* in Urdu but also broke silence on many fronts.

The 19-episode program dealt with a number of sensitive issues such as

gender based violence, family planning, empowerment of women, AIDS etc. with enter-educate approach which earned the viewer-ship of adolescent and young people across the country.

## **Challenges ahead**

Health, including sexual and reproductive Health (SRH) is not merely the absence of disease but a state of mental, physical, social, and spiritual well being. This implies that the natural determinants of this state are not only factors within the health system but also those that are related to the social, economic and political domains.

The issues of SRH cannot be resolved unless the contributing factors are identified. The ultimate objective of any public health intervention is to bring out a change.

However, since 11th Sep'01, the Muslim bloc has emerged as the focal point of this change. The new global scenario has added to the already existing enigma and created a new set of issues in addition to the old ones. It is time to go beyond rhetoric and take pragmatic decisions on the most debatable, disputed and tabooed issues. The biggest challenges in general are:

Are we ready to give up our mutual differences and unite to respond to prejudiced responses, attitudes and deliberate ignorance within and outside the Muslim world?

Is our media ready to go beyond commercialism and transform itself into a tool for genderising development?

Are we ready to ask the donors not to intermingle our culture and religion and take either of these as anti-development entities?

Are those who are in the corridors of power and politics ready to take immediate steps to change not only the condition but position of oppressed men, women and children in their respective societies?

جناب ربی رویان نے گفتگو میں شامل ہوتے ہوئے شرکا سے سوال کیا کہ آخر معاشرے میں تولیدی صحت کے مسائل کو کن رکاوٹوں کا سامنا کرنا پڑتا ہے۔ مختلف آراء سامنے آئیں حاضرین کی متفقہ رائے کے مطابق سماجی حدود و قیود، مذہب کی غلط تشریح و توضیح اور شعور و آگہی کی کمی دراصل وہ رکاوٹیں ہیں جو تولیدی صحت کے مسائل پر گفتگو اور ان کے حل کی جانب کوئی موثر قدم اٹھانے کی راہ میں حائل ہیں۔ ایک مقامی این جی او کے سربراہ نے کہا کہ شعور کی پستی کا یہ عالم ہے کہ ہم لوگ اسلام آباد جیسے مرکزی شہر میں لڑکیوں کے کالج میں تولیدی صحت کے موضوع پر سیمینار منعقد نہیں کروا سکے۔ کیونکہ کالج کی انتظامیہ کے نزدیک یہ موضوع لڑکیوں کے لئے موزوں نہ تھا۔ یہاں پر شرکاء نے شریک گفتگو ہوتے ہوئے کہا کہ ہمارے معاشرے میں ماں باپ بھی اپنی اولاد سے حجاب کرتے ہوئے تولیدی موضوعات پر انہیں کوئی رہنمائی فراہم نہیں کرتے۔ نتیجتاً بچے غیر مناسب ذرائع سے یہ معلومات حاصل کر کے اکثر اوقات گمراہی اور بے راہ روی کا شکار ہو جاتے ہیں۔ جناب ربی رویان صاحب نے مکالمہ سمیٹتے ہوئے کہا کہ آج کی اس گفتگو سے یہ بات سامنے آتی ہے کہ ہمیں تولیدی صحت کو نظر انداز کرنے کی بجائے اس حوالے سے زیادہ سے زیادہ گفتگو کرنی چاہیے تاکہ معاشرے میں اس موضوع پر آگہی اور شعور کو فروغ دیا جاسکے۔ دوسرے یہ کہ جب تک عورت کو مکمل طور پر اُسکے جنسی اور جسمانی حقوق نہیں دیئے جائیں گے، صحت مند معاشرہ تشکیل نہیں پاسکتا۔

تقریب کے اختتام پر جناب ربی رویان اور ڈاکٹر تقی بنگش کو ساشے کی جانب سے اعزازی شیلڈز پیش کی گئیں اور چائے سے مہمانوں کی تواضع کی گئی۔

مگر بد قسمتی سے ہمارے معاشرے میں اس کا واحد ذمہ دار عورت کو سمجھ لیا جاتا ہے۔ یہ شعور کی کمی کی بات ہے۔ ڈاکٹر بنگلش نے مشورہ دیا کہ اگر شادی کے موقع پر دولہا اور دلہن دونوں کے لئے تولیدی صحت فٹنس سرٹیفکیٹ کا اجرا لازمی قرار دیا جائے تو اس بنیاد پر عورتوں کو زیادتی سے بچایا جاسکتا ہے۔ اس کے علاوہ انہوں نے کہا کہ انکے نزدیک دفاتر میں کام کرنی والی خواتین کے لئے کام کرنے کے اوقات میں کم از کم دو گھنٹے کی کمی کی جانی چاہیے کیونکہ دفتر کے ساتھ ساتھ عورت نے اپنے گھر کو بھی سنبھالنا ہوتا ہے۔ اپنی گفتگو سیمپلٹے ہوئے ڈاکٹر بنگلش نے کہا کہ یہ بات خاصی خوش آئند ہے کہ آج بہبود آبادی کے سلسلے کو مذہبی حلقوں کی جانب سے اُس طرح مزاحمت کا سامنا نہیں کرنا پڑتا ہے جیسے کے چند برس پہلے کی صورت حال تھی۔ یہ بات نشاندہی کر رہی ہے کہ معاشرے میں آہستہ آہستہ شعور بیدار ہو رہا ہے۔

ساشے کے صفی مساوات پروگرام کے کمپین مینیجر محمد شعیب صاحب نے پاکستان کے صوبہ بلوچستان میں اپنے تجربات شرکاء کے سامنے بیان کئے۔ ان کا کہنا تھا کہ انہوں نے بلوچستان میں پشین اور قلعہ سیف اللہ کے مقامات پر کام کیا اور وہاں صحت کی صورت حال خاصی پریشان کن ہے۔ انہوں نے افسوس کا اظہار کرتے ہوئے بتایا کہ وہاں پر حاملہ خواتین کا علاج اور بچے کی پیدائش کے مراحل ایک میل نرس کی مدد سے طے پار ہے ہیں۔ انہوں نے بتایا کہ مزید تشویش ناک پہلو یہ ہے کہ صحت کی سہولیات کے اس فقدان کے باوجود لوگ وہاں پر تنخواہیں وصول کر رہے ہیں آخر میں انہوں نے ان علاقوں میں آگاہی اور سہولیات کی فراہمی کے پروگرام شروع کرنے کی ضرورت پر زور دیا۔

معروف سماجی کارکن محترمہ رخسانہ شمع نے گفتگو میں شامل ہوتے ہوئے کہا کہ دراصل تولیدی صحت کے حقوق اور جنسی حقوق آپس میں جڑے ہوئے ہیں انہوں نے کہا کہ ہمارے معاشرے میں مذہب کی غلط تشریح کر کے عورت کے لئے بے شمار مسائل کھڑے کر دیئے گئے ہیں۔ شادی کا واحد مصرف صرف نسل بڑھانا سمجھا جاتا ہے۔ اور اس سلسلے میں عورت کی ذہنی اور جسمانی صحت کو نظر انداز کرتے ہوئے اسے آلہ کار کے طور پر استعمال کیا جاتا ہے۔ عورت کی نہ اپنی کوئی مرضی ہے اور نہ خواہش۔ خاندان بڑھانے کا فیصلہ مرد کے ہاتھ میں دے کر عورت کو بے بس کر دیا گیا ہے۔ جو کہ عورت کے بنیادی حقوق کے ساتھ ساتھ جسمانی و جنسی حقوق کے بھی خلاف ورزی ہے۔

گفتگو کے سلسلے کو آگے بڑھاتے ہوئے ڈاکٹر رخشندہ نے ساشے کے تولیدی صحت کی پراجیکٹ کو رڈ نیٹر ڈاکٹر لہنی کو پراجیکٹ کے حوالے سے گفتگو کرنے کی دعوت دی۔ ڈاکٹر لہنی نے حاضرین کو بتایا کہ انہوں نے دو سال قبل اسلام آباد کے مضافات میں موجود علاقہ بری امام کی مسلم کالونی میں اس پراجیکٹ کا آغاز کیا۔ انہوں نے بتایا کہ ایوان صدر کے عقب میں واقع اس کالونی میں، پانی، بجلی، گیس، صفائی، صحت، ابتدائی طبی امداد اور تعلیمی سہولیات کا شدید فقدان پایا جاتا تھا۔ ہم نے سب سے پہلے اسی آبادی میں عام سطح پر شعور کی بیداری کے حوالے سے کام کیا۔ اس سلسلے میں ہم نے دونو جوان دوست مراکز قائم کئے۔ جس میں سے ایک مرکز لڑکوں اور دوسرا لڑکیوں کے لئے تھا۔ ان مراکز میں نو جوان لڑکوں اور لڑکیوں کو مذہبی، معاشرتی، اور سماجی اقدار کو مد نظر رکھتے ہوئے تولیدی صحت پر رہنمائی مہیا کرنے کے علاوہ علاقے میں قومی اور بین الاقوامی دنوں کی مناسبت سے تقریری مقابلوں، پوسٹر بنانے کے مقابلوں اور تھیٹر جیسی، غیر نصابی اور ہم نصابی سرگرمیوں کے ذریعے لوگوں میں شعور بیدار کرنے کا سلسلہ شروع کیا۔ ان کا کہنا تھا کہ آغاز میں مذہبی حلقوں کی طرف سے کچھ اعتراضات ضرور سامنے آئے مگر اب شعور اور آگہی کی صورت حال خاصی تسلی بخش ہے۔ اور اس علاقے کے مذہبی رہنماؤں کی طرف سے بھی ہمیں بھرپور تعاون حاصل ہے۔ ڈاکٹر لہنی نے بتایا کہ پہلے اس علاقے میں صحت کے حوالے سے انتہائی غیر تسلی بخش صورت حال تھی مگر اس کو میں ساشے کی کامیابی کہوں گی کہ 2011 میں مسلم کالونی بری امام میں ڈیجیٹل یا لیریا کا ایک بھی مریض سامنے نہیں آیا جبکہ ڈائریا کے صرف 25 کیس دیکھنے میں آئے۔

ڈاکٹر تقی بنگش نے اپنی گفتگو کا آغاز کرتے ہوئے ساشے کا شکریہ ادا کیا کہ انہیں اس مکالمے میں مدعو کیا گیا۔ ڈاکٹر تقی نے کہا کہ حقوق کی بات کی جائے تو میں عورت اور مرد کے لئے حقوق میں برابری سے اختلاف کرتا ہوں۔ میرے نزدیک عورت کو مرد کی نسبت زیادہ حقوق میسر ہونے چاہیں۔ کیونکہ عورت محض ایک اکائی نہیں اس سے پوری آئندہ نسل وابستہ ہے۔ مکالمے کے موضوع کے طرف آتے ہوئے ڈاکٹر بنگش نے کہا کہ تولیدی صحت پر توجہ دینا دراصل تعلیم کی کمی کا نتیجہ ہے۔ انہوں نے کہا کہ پاکستان میں بالخصوص دیہی علاقوں میں خواتین کو اس سلسلے میں بالکل بھی آگاہی نہیں ہے۔ انہوں نے کہا کہ شادی شدہ زندگی میں اولاد سے محرومی تمام معاشروں میں تکلیف کا باعث ہے

# بین الاقوامی، قومی اور مقامی سطح پر تولیدی صحت کے مسائل اور ان کا حل

6 اپریل 2012ء بروز جمعۃ المبارک ساشے پاکستان نے صحت کے عالمی دن کی مناسبت سے ساشے گیلری اسلام آباد میں ’’بین الاقوامی، قومی اور مقامی سطح پر تولیدی صحت کے مسائل اور ان کا حل‘‘ کے موضوع پر ایک پالیسی مکالمے کا اہتمام کیا۔ پاکستان میں یو این ایف پی اے کے نمائندہ جناب ربی رویان نے پروگرام میں مہمان خصوصی تھے۔ دیگر مقررین میں شہید ذولفقار علی بھٹو انسٹیٹیوٹ آف سائنس اینڈ ٹیکنالوجی کے سوشل سائنس ڈیپارٹمنٹ کے کوارڈینیٹر ڈاکٹر تقی بنگش، معروف گائنا کالوجسٹ اور پی ایم ڈی سی کی ایڈوائزر پروفیسر ڈاکٹر خالدہ پروین، سماجی کارکن محترمہ رخسانہ شیع، ساشے کی ایگزیکٹو ڈائریکٹر ڈاکٹر رخشندہ پروین اور ساشے کے تولیدی صحت کی پراجیکٹ کوارڈینیٹر ڈاکٹر لبنی نسیم شامل تھیں۔ تقریب میں مختلف این جی اوز کے نمائندوں، سماجی کارکنان اور ساشے پاکستان کے عہدیداروں نے شرکت کی۔

تقریب کا آغاز تلاوت کلام پاک سے ہوا۔ اس کے بعد ساشے کے جنرل مینیجر محمد امین صاحب نے مہمانان گرامی اور شرکاء کو خوش آمدید کہتے ہوئے کہا کہ اس قسم کے مکالمے مخصوص اور چُنیدہ شرکاء کے ساتھ کئے جاتے ہیں تاکہ نتیجہ خیز گفتگو کی جاسکے۔

مکالمے کا باقاعدہ آغاز کرتے ہوئے ڈاکٹر رخشندہ پروین نے کہا مکالموں کا یہ سلسلہ ساشے نے 2007 میں شروع کیا تھا جس کا مقصد مختلف مسائل پر پالیسی سطح کی تجاویز کی فراہمی ہے۔ ڈاکٹر صاحبہ نے تولیدی صحت کی اہمیت کے حوالے سے گفتگو کرتے ہوئے کہا کہ معاشرے میں اس موضوع سے صرف نظر برتا جاتا ہے، مگر ساشے نے ہمیشہ اس حوالے سے عوام کو آگاہ کرنے کے لئے اقدام اٹھائے ہیں۔ اسی ضمن میں انہوں نے 1999 میں ساشے آگہی ریسورس سنٹر کی تیار کردہ ڈاکیومنٹری سیریز جینڈر و اچ کا حوالہ دیتے ہوئے بتایا کہ اس پروگرام میں ساشے نے تولیدی صحت کے مختلف پہلوؤں کو کامیابی کے ساتھ اجاگر کیا۔ علاوہ ازیں انہوں نے کہا کہ ساشے نے صنف کی حدود و قیود سے باہر نکل کر تولیدی صحت کے حوالے سے عورت کے ساتھ ساتھ مرد کو بھی موضوع گفتگو بنایا ہے۔

اجازت مل سکے گی اپنے بیٹے سے یہ کہہ پاؤں  
کہ دنیا میں لباس اور وضع قطع ثانوی ہیں سب  
حضور پاکؐ نے جو راہ دکھائی ہے  
اگر اس پر چلو تو شرطِ اول ہی  
دیانت اور وفا سے آشنائی ہے

☆

اجازت مل سکے گی

اپنی بیٹی کو دلا سادوں کہ وہ بے فکر ہو جائے  
نروے سوچ کر

اس کی وہ پیاری سی سہیلی جو مسیحی ہے

وہ کافر ہے، وہ ہر حالت میں دوزخ میں ہی جائے گی

اگر وہ میری بیٹی کی طرح

پیاری سی اور اچھی سی بچی ہے

تو بیٹی اس کو اپنے ساتھ جنت ہی میں پائے گی

☆

اجازت مل سکے تو میں علی الاعلان یہ کہہ دوں

پیہر، ہادی و سرور

حضور پاکؐ پر یہ سلسلہ موقوف ہوتا ہے

یہ اہل جُبہ و خرقہ

خداے عَزَّ وَّجَلَّ کے نام سے فرمان جاری کر نہیں سکتے

یہ لوگوں کے دلوں پر خوف طاری کر نہیں سکتے

☆

اجازت مل سکے تو عرض کر دوں میں  
خدا نے خود کہا ہے جس نے ایک انسان کو مارا  
یہ سمجھو اس نے سب انسانیت کو مار ڈالا ہے  
کَلَامُ اللہ کا محکم حوالہ ہے  
مسلمان کا مسلمان کو ڈرانا اور دھمکانا  
نبیؐ سے اور نبیؐ کی آل سے منکر ہے ہو جانا  
مسلمان ہونہ ہو انسان ہو جو بھی  
سمجھ لو خونِ ناحق فسقِ ایمان ہے  
یہ تذلیل بنی آدم ہے اور تسکینِ حیواں ہے

☆☆☆☆

\* نزار قبانی 1923 میں دمشق میں پیدا ہوئے اور 1998 میں لندن میں وفات پائی۔ وہ ایک سفارت کار، شاعر، مصنف اور ناشر تھے۔ اُن کی شاعری محبت، مذہب، حقوقِ نسواں اور عرب قومیت کے مختلف پہلوؤں پہ بہت سادگی اور خوبصورتی سے بحث کرتی ہے۔ 15 برس کی عمر میں نزار قبانی کی 25 سالہ بہن نے اپنی پسند کی شادی نہ ہونے کی وجہ سے خودکشی کر لی جس کے بعد نزار قبانی نے اپنی بہن کی موت کے ذمہ دار معاشرتی حالات کے خلاف لڑائی کا عہد کیا۔

## اجازت مل سکے گی کیا؟

\* نزار توفیق بانی کی عربی نظم کا خلاقی ترجمہ از حارث خلیق

جہاں سب سوچنے اور لکھنے والوں کا مقدر

ارضِ مقل ہے

جہاں لب قید ہیں

اور جُہ و خرقة نے تازہ لفظ پہ پہرے بٹھائے ہیں

جہاں کچھ پوچھ لینا لائق تعزیر ٹھہرا ہے

وہاں مجھ کو

اجازت مل سکے گی کیا؟

☆

اجازت مل سکے گی اپنے بچوں کو

میں پالوں جس طرح سے پالنا چاہوں

بتا پاؤں کہ مذہب فرد اور اس کے خدا کے

باہمی رشتے کو کہتے ہیں

کوئی بھی تیسرا عالم، مبلغ، درمیاں آہی نہیں سکتا

☆

اجازت مل سکے گی اپنے بچوں کو

میں پہلے یہ بتا پاؤں کہ مذہب نام ہے

اخلاق کا، سچائی کا، ایماندار کی

پھر اس کے بعد جی چاہے تو سوچیں

مستحب کیا ہے

وضو کیسے کریں، کیسے نہائیں

وہ دہاتے ہاتھ سے لقمہ بنائیں

☆

اجازت مل سکے گی اپنی بیٹی پر یہ واکردوں

خدا نے عزم و جل کو پیار ہے اس سے

وہ جب چاہے، جہاں چاہے دعا مانگے

خدا سے علم و حکمت اور جزا مانگے

بس اس کی ہی رضا مانگے

☆

اجازت مل سکے گی اپنے بچوں کو

بڑے جب تک نہ ہو جائیں

عذابِ قبر سے ہرگز ڈراؤں میں نہیں تب تک

کہ بچے موت سے پوری طرح واقف نہیں اب تک

☆

اجازت مل سکے گی

پیاری بیٹی کو میں پہلے رکھ، رکھاؤ

اپنی تہذیب و تمدن سے مکمل آشنا کردوں

یہ بہتر ہے کہ وہ انسانیت کے دین کو دل میں بسائے

پھر جو خود چاہے تو اپنا سر ڈھکے، زینت چھپائے

☆

اجازت مل سکے گی اپنے بیٹے کو یہ سمجھاؤں

تعصبِ مذہب نہ بنائے رنگ و نسل و جنس و مذہب

آدمی کو اپنے رب سے دور کرتا ہے

کسی کو دکھ نہ دے اور معاف بھی کر دے

کہ بس احسان ہی انسان کو پُر نور کرتا ہے

☆

اجازت مل سکے گی اپنی بیٹی کو بتا پاؤں

کہ بس آیات کو یوں مُنہ زبانی یاد کر لینا نہیں کافی

جو وہ اسکول میں پڑھتی ہے وہ سب کچھ ضروری ہے

حصولِ علم سے اس دین کو اک خاص نسبت ہے

سمجھ کر پڑھنے والوں سے خدا کی خاص قربت ہے

☆



## Speak .....

Speak-your lips are free.  
Speak-your tongue is still yours.  
This magnificent body  
Is still yours.  
Speak-your life is still yours.  
Look inside the smithy.  
Leaping flames, red-hot iron.  
Padlocks open wide  
Their jaws.  
Chains disintegrate.  
Speak - there is little time  
But little though it is  
It is enough.  
Time enough  
Before the body perishes.  
Before the tongue atrophies.  
Speak - truth still lives.  
Say what you have  
To say.

(Faiz Ahmed Faiz)

(Translated into English by - Daud Kamal)

## بول ---

بول، کہ لب آزاد ہیں تیرے  
بول، زباں اب تک تیری ہے  
تیرا سُتواں جسم ہے تیرا  
بول کہ جاں اب تک تیری ہے  
دیکھ کہ آہن گر کی دکان میں  
ٹنڈ ہیں شعلے، سرخ ہے آہن  
کھلنے لگے قفلوں کے دہانے  
پھیلا ہر اک زنجیر کا دامن  
بول، یہ تھوڑا وقت بہت ہے  
جسم و زباں کی موت سے پہلے  
بول، کہ سچ زندہ ہے اب تک  
بول، جو کچھ کہنا ہے کہہ لے!

(فیض)

SACHET operates on the deep conviction that is here to give optimism to the marginalized class of the society. Therefore Faiz' this poem serves as an encouragement to the youth and deprived class of the society. This poem serves as a vision statement of the organization since 2001.



**SACHET**  
AGEHI Resource Center  
Engendering Development

AGEHI (Advocates of Gender Education & Health Information) itself is an Urdu word bearing meanings like knowledge, awareness, perception and insight. The objective of AGEHI is to advocate for Gender Sensitization, Education and Health promotion by disseminating information. AGEHI supports policy and social communication and advocacy on gender issues through a broad range of activities. AGEHI provides technical assistance to programs of SACHET besides managing SACHET's official website. AGEHI theater group, FADAN (Fight Against Dowry Advocacy Network) and DoSTI Youth Advocacy Network.



**SACHET PAKISTAN**  
Promoting Human Development of the Disadvantaged with Gender Perspectives

SACHET (Society for the Advancement of Community, Health, Education and Training) is a registered civil society organization working since 1999 with a vision of promoting human development of the disadvantaged in gender perspectives. The main thematic areas of interventions are Health care (including sexual and reproductive health care for women, men and for adolescent boys & girls), Education, Training and livelihood opportunities for the disadvantaged communities. SACHET is among the very few indigenous organizations in Pakistan who initiated advocacy cum service delivery packages to the marginalized communities.

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Website: [www.sachet.org.pk](http://www.sachet.org.pk)