

# Dare to Diagnose

Gender Based Violence (GBV)  
as a public health issue in Pakistan

The issues, challenges and opportunities

Recommendations for the policy makers  
by the representatives of citizens' sector  
in Pakistan



*Engendering development*





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Concept and report writing by  
Dr. Rakhshinda Perveen



## **Acknowledgments**

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Alternative perspectives communicate a very big thanks to each and every member of the organizing team. All panelists and participants who enriched the dialogue and made invaluable contribution owe very big and very special thanks from alternative perspectives, AGEHI and SACHET-Pakistan.

## **Disclaimer**

The views reflected in this report are those of the experts and participants invited at the policy dialogue and many not necessarily endorse the policy of the organization. The organization is not responsible for any incorrect or disinformation included in the report. However, feedback is welcome. Readers are free to use and reproduce this work for educational and awareness purposes preferably with due acknowledgment of the source.

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## **Alternative Perspectives**

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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## Acronyms/Abbreviations

**AIDS:** Acquired Immune Deficiency Syndrome

**AJK:** Azad Jammu and Kashmir

**AGEHI:** Advocates of Gender, Education and Health Information

**CSOs:** Civil Society Organizations

**FADAN:** Fight Against Dowry Advocacy Network

**FATA:** Federally Administered Tribal Areas

**GB:** Gilgit Baltistan

**GBV:** Gender Based Violence

**GII:** Gender Inequality Index

**HDI:** Human Development Index

**HIV:** Human Immunodeficiency Virus

**KP:** Khyber Pakhtunkhwa

**NGO:** Non Governmental Organization

**NIC:** National Identity Card

**SGBV:** Sexual and Gender-Based Violence

**SRHR:** Sexual and Reproductive Health Rights

**SACHET:** Society for the advancement of Community, Health,  
Education and Training

**UNFPA:** United Nations Population Fund

**VAW/G:** Violence against Women and Girls

**WHO:** World Health Organization



Pakistan ranked 123 on the gender inequality index of the United Nations Development Programme (UNDP) 2013 Human Development Report. Pakistan finished better on the gender front than stronger economies such as India (132) and Egypt (126), even though it ranks lower in the overall Human Development Index (HDI).

According to the report, the gender inequality index is a composite measure reflecting inequality in achievements between women and men in three dimensions: reproductive health, empowerment and the labor market.

## Value index

The value index provides an indicator of the depth of participation in global markets. More than four-fifth of these developing countries increased their trade to output ratio between 1990 and 2012. In the HDI value index, Pakistan has been recognized to have shown “substantial improvement”. The report states, “among the exceptions in the subgroup that also made substantial improvement in HDI value are Indonesia, Pakistan and Venezuela, three large countries that are considered global players in world markets, exporting or importing from at least 80 economies”.

## Multidimensional Poverty

The report reveals that in South Asia, the highest Multidimensional Poverty Index (MPI) value is in Bangladesh (0.292 with data for 2007), followed by Pakistan (0.264 with data for 2007) and Nepal (0.217 with data for 2011).

The proportion of the population living in multidimensional poverty is 58% in Bangladesh, 49% in Pakistan and 44% in Nepal, and the intensity of deprivation is 50% in Bangladesh, 53% in Pakistan and 49% in Nepal.

When compared to Pakistan a larger proportion of the population lives in multidimensional poverty in Bangladesh. However the intensity of deprivation is higher in Pakistan.

## Overall rank

Overall, Pakistan ranked a low 146 out of the 185 countries on the HDI. Norway ranked highest on the HDI at number one, while Niger ranked lowest.

### Overall rank in South Asia

Iran	76	Sri Lanka	92
Maldives	104	India	136
Bhutan	140	Bangladesh	146
Pakistan	146	Nepal	157
Afghanistan	175		

## Background

“Alternative Perspectives,” the first and till to date the only indigenous think tank of health and reproductive health issues operating under AGEHI (Advocates of Gender, Education & Health Information) Resource Center which is a technical resource wing of SACHET (a right based advocacy cum service delivery national level not for profit organization, working since 1999 with a vision of “Promoting Human Development of the Disadvantaged in Gender Perspectives” through its community based programs with multiple projects in thematic areas of Gender, health, education, livelihood and trainings).

The policy dialogue (**see annex 1**) was chaired by the Country Representative of UNFPA Mr. Rabbi Royan, moderated by Dr. Rakhshinda Perveen Founding Executive Director SACHET and founder Alternative Perspectives. The context was based on a research study “Rapid assessment; health sector capacity & response to gender based violence in Pakistan” published by WHO Regional office for the Eastern Mediterranean and UN in 2011. The executive summary of this research study is given in the following pages. The principal investigator and author was Dr. Rakhshinda Perveen.

The Participants /Audience (see annex 2) consisted of non-profits organizations, media, university students, community and academia representatives. There was a 30-minute interactive session with the audience as well.

The distinguished panelists included: Honorable Justice Muhammad Al Ghazali, Legal expert, trainer, expert victimologist and scholar Ms. Humaira Masihuddin, Gender expert Ms. Masuma Butt (WHO A UN agency), Dr. Nasser Mohyuddin- a public health expert and CEO National trust for population welfare (NATPOW), Mr. Kahar Zalmay , a free lance journalist and human rights defender(FATA & KP), Mr. Zulqarnain Asghar (CSOs and representative for disabled persons), Dr. Yasmin Zaidi (Gender specialist and women rights activist), Mr. Ismail Mehsud



(tribal belt rep.), Mr. Imran Khan – youth rep. & gender expert (Baluchistan) and Mr. Noor Muhammad ( youth rep.& gender expert (Gigit Baltistan).

Prior to the policy dialogue a poster based on a poem by Nizar Qabbani was launched by the CED-SACHET, Brig. Sajawal Khan and was read in English by a young gender specialist Mr. Mati and in Urdu by renowned activist Ms. Tahira Abdullah (see annex 3).

The opening remarks were delivered by the Secretary General, Mr. Muhammad Faheem of SACHET. The ceremony was anchored by the young General manager of SACHET Mr. Amin (also a Fulbright scholar and a film maker).

Mr. Rabbi Royan delivered the final comments and highlighted the needs and relevance of responding to GBV in Pakistan.



## Executive Summary<sup>[1]</sup>

### **“Rapid assessment; health sector capacity & response to gender based violence in Pakistan”**

Global studies have documented that gender-based violence is very common, but that most health care providers fail to diagnose and register it. Often that is due to socio cultural and traditional barriers, lack of time and resources, and inadequate facilities. However, even more so, it is due to lack of awareness and knowledge, poor clinical practice, restricted direct communication and inability to do a full physical examination. In addition, record-keeping is poor with little data on the effectiveness and quality of care. Fear of violence at the household and community level and stigma from society further reduce many victims' willingness to use health services.

The health sector can minimize the prevalence and impact of gender-based violence through improved:

- Primary prevention, for example promoting community awareness of prevention;
- Secondary prevention, for example early identification, confidentiality, monitoring and respectful treatment of survivors, addressing physical, mental and reproductive health care needs;
- Tertiary prevention, for example long-term counseling, mental health care and rehabilitation;
- Referral to social, economic and legal support.

Improving the patient-provider interaction is the most feasible, affordable and efficient intervention within any health care system aiming to address the survivors of gender-based violence.

In the structurally and culturally patriarchal society of Pakistan, the public is not sensitized to gender-based violence and the health sector also shares the common societal beliefs and norms, limiting its response to acting only as a public health service provider. Gender-based violence issues are considered “controversial private and domestic issues,” not to be taken up as public health problems.

Unfortunately, women are mostly the victims of violence and they face tremendous challenges in disclosing cases of domestic abuse. Even after disclosure, they are met with an unsupportive institutional response and attitudes of the health providers, medico-legal professionals and law enforcement agencies are often insensitive. Often, the blame is put upon the women herself. The lack of capacity among health care providers is a key barrier

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[1] Rapid Assessment; Research on GBV as a public health issue and its integration into health systems. WHO Geneva. [www.who.org](http://www.who.org)

to address gender-based violence as a health problem.

WHO Pakistan commissioned a rapid assessment with the primary objective to assess the capacity of the health sector in Pakistan to integrate the issues of gender-based violence. This rapid assessment was conducted under the WHO Gender and Health Programme as part of the One UN Gender Equality Interventions. A qualitative study involving a brief desk review and primary data collection was employed and the total duration of the exercise was 25 days.

Primary data sources included:

- In depth interviews based on 43 questions that examined different dimensions of the capacities of health service providers of different cadres (medical officers, lady health workers, lady health visitors and executive district officers/district health officers) with 20 such providers, five each in four selected districts (Muzaffarabad districts, Azad Jammu and Kashmir; Jamshoro and Hyderabad districts, Sindh; and Kasur district, Punjab);
- Eight focus group discussions with men and women who use public sector health facilities;
- Consultations with health service providers who participated in a two-day WHO training course on gender-based violence in August 2010 and WHO project officers;
- Structured observations by the researcher.

Notwithstanding the biases and limitations attached to the data obtained, the findings of this rapid assessment in the four selected districts will help to plan capacity-building interventions for health care providers to address gender-based violence and give recommendations for gender-based violence protocols and development of standard operating procedures for health delivery staff.

The results contain thought-stimulating findings and challenges and reveal that the health sector has to prepare itself for integrating the complex and sensitive issues of gender-based violence, which are manifestations of existing social inequalities, the brunt of which are borne by women and girls.

The health sector, despite certain strengths such as infrastructure, human resources and renewed political will, is characterized by limited inter-sectoral and multi-sectoral coordination at all levels; poor funding; inefficient utilization of available and allocated health resources and virtually non-existent monitoring and evaluation systems to track progress within the sector in order to make corrective measures. This situation becomes darker when it comes to linking and addressing gender-based violence within the health sectors of Pakistan and Azad Jammu and Kashmir.

The study reconfirms that the connection between gender and health is not only poorly understood but also that gender-based violence is not internalized as a public health issue by the majority of health service providers at different levels.

The public Policy Dialogue was evaluated through the feedback forms in Urdu and English.

Following number of feedback forms were collected:

- Feedback forms returned in English 42.
- Feedback forms returned in Urdu 5.
- total feedback forms 47
- Out of 47 forms 18 were men, 22 were women and 7 didn't mention.

Analysis of feedback form				
No of Evaluation forms Distributed	103			
	Men	Women	Didn't mention	Total
No of Evaluation forms returned	18	22	7	47
• Urdu	4	1	0	5
• English	14	21	7	42
Completely filled Evaluation forms	11	13	4	28
• Urdu	3	1	0	4
• English	8	12	4	24
Partially filled evaluation forms	7	9	3	19
• Urdu	1	0	0	1
• English	6	9	3	18

Total number of participants was 131.

Participants detail		
Participants	Men	Women
Panelists	7	3
CSOs	10	14
Media	9	4
Academia	6	0
Students	18	16
• Bahria University	8	11
• Quaid.e.Azam University	7	1
• Taxila Institute of Asian Civilization	1	0
• Fatima Jinnah Women University	0	2
• Shaheed Zulfiqar Ali Bhutto Institute of Science and Technology	2	2
SACHET Staff	19	15
Miscellaneous	9	1
Total	78	53
Total number of participants	131	

(See annex 4 for pre and post event press coverage).

## **GBV- some essential reminders<sup>[3]</sup>**

GBV has been linked to many serious health problems, both immediate and long-term. More often than recognized, gender-based violence can be fatal, as in the case of femicide or killing of women, usually after escalating bouts of violence. Other nonfatal problems include injury, chronic pain syndromes, and gastrointestinal disorders; and a range of mental health problems, including anxiety and depression. The often chronic nature of gender-based violence also increases a variety of negative behaviors, such as smoking, alcohol usage and drug abuse.

### **GBV is a Human Rights Issue**

Gender-based violence is a multi-faceted public health problem with numerous consequences for an individual's physical and mental health and wellbeing.

1. Intimate partner violence (physical, sexual, psychological, economic)
2. Sexual coercion
3. Childhood sexual abuse
4. Rape
5. Trafficking
6. Rape in conflict situations
7. Acid throwing
8. Female Genital Mutilation
9. Honour killings
10. Dowry deaths

### **Myths**

- GBV happens only to poor and marginalized women.
- GBV is not common in industrialized countries.
- Men cannot control themselves. Violence is simply a part of their nature.

[3] Information collected from diverse sources; academic and activists both. Primary data source: <http://www.slideserve.com/tuari/prevalence-of-gender-based-violence-and-its-impact-on-reproductive-health> (visited in March 2013)

## Realities

- GBV happens among people of all socioeconomic, educational and racial profiles.
- Even in developed countries, such as the US, 1 in 3 women report being physically & sexually abused by their partner.
- Male violence is not genetically-based; it is perpetuated by a model of masculinity that permits and even encourages men to be aggressive.
- GBV has severe reproductive health impacts, including gynaecological problems, unintended pregnancies, and perhaps most gravely, increased risk of maternal mortality and STIs, including HIV.
- Studies show that physical abuse occurs at some point during approximately 4 percent to 15 percent of pregnancies in countries as varied as the United States, Canada, Sweden, the United Kingdom, and South Africa. In fact, a 2001 study in the United States found that pregnant and recently pregnant women were more likely to be victims of homicide than to die of any other cause.
- Abuse during pregnancy poses direct risks, through physical trauma and increased chronic illnesses. Indirect risks include depression, delay in seeking prenatal care, increased smoking and alcohol, as well as poor maternal weight gain. Although the causal relationship between abuse and birth outcomes is difficult to determine, a recent meta-analysis of 14 studies indicates a significant association between low birth weight and abuse during pregnancy.
- Violence may also interfere with STI/HIV protection and treatment and, thereby, contributes to the spread of such diseases. Women who are physically abused often experience forced sex, thus it is not surprising that forced sex is correlated to HIV risk. Moreover, since victims of GBV engage in more risk behaviors, such as substance abuse, they may also be at greater risk of exposure to STIs, including HIV. Studies have, in fact, shown that women reporting abuse are three times more likely to experience a sexually transmitted infection.
- Negotiating the use of a condom is particularly difficult for victims of intimate partner violence (Campbell, 1999 in WHO TEACH-VIP, 2005) and may increase women's risk of violence. Likewise, studies have shown that disclosing HIV status may increase women's risk of experiencing violence, while the fear of disclosing their HIV status to their partners due to the threat of abandonment or violence may also contribute to the spread of HIV.

[2] Information collected from diverse sources; academic and activists both. Primary data source: <http://www.slideserve.com/tuari/prevalence-of-gender-based-violence-and-its-impact-on-reproductive-health> (visited in March 2013)



## **GBV as a public health issue in Pakistan**

### **The issues, challenges and opportunities**

GBV touches several issues which include gender equity, protection, justice and health care. There are four categories of response in which a) medical and health care; b) judicial and justice; c) psycho social; d) security and safety. In the policy dialogue the specific focus was on very important issue of health care.

#### **What is the problem?**

- Absent/Limited/ Incomplete -Understanding of the concept –GBV or SGBV or VAW/G itself.
- Absent/Limited/ Incomplete- Ownership of the concept –GBV or SGBV or VAW/G itself.
- Absent/Limited/ Incomplete-Political will to address the issues of GBV or SGBV or VAW/G itself.
- Absent/Limited/ Incomplete –inclusion of disabled people regarding issues of GBV or SGBV or VAW/G.
- Absent/Limited/ Incomplete – condemnation or rejection of certain harmful cultural practices that are socially endorsed e.g. Child marriages, forced marriages, vanni, swara,badl sulah etc, dowry systems and integrated violence, notions of honor and “honor “killings.

#### **Examples of gender bias and discrimination embedding, integrating, leading to or causing violence:**

- 70% deliveries are house based. Women in remote areas are not allowed to go to hospital even for the birth of her child so this is also considered a form of violence because for that reason women die while giving birth.
- Depression in women is increasing day by day.
- Physical violence including beating someone, pushing, slapping, punching someone, acid throwing or cutting ears and nose, unwilling sexual relation.
- Emotional violence -like there is a maid and she earns money and her husband snatch her salary then its emotional violence same as insulting or humiliating wife in front of relatives, friends to suppress her.
- Boys are sent to schools and girls are deprived of taking education. In the same way boys are given better food than girls. This sort of behavior of parents is also a form of violence and discrimination among children.
- Government entities or Government institutions in many areas especially in Baluchistan do not take young female as a stakeholder in youth policy

[2] <http://www.torna.do/s/Female-suicide-rates-in-Ghizer-Pakistan/>

especially in health sector. The culture and social norms do not allow the girls to participate in policy making.

- There are about 100 million disables worldwide. When we talk about Pakistan there are 27 million disables here. When a male is disabled, the issue he faces most is mobility.
- Women have triple fold effect. Because she is a woman, she bears violence then mobility issue and third she is disabled. Disables don't have complete health checkup. Many disables are locked in houses. 78% of disables in Rawalpindi are not registered, means they don't have any NIC.
- Data record is very limited in GB. A study says the population of Ghizer district is 4 lacks. [2] From 2000-2004, 49 women in this district committed suicide, 2006 that ratio was up to 76 and in 2011 according to an activist working there the ratio of suicide has gone up to 200. First there is a need to authenticate the data and to dig out the reasons why these suicides occur but Government and civil society are not taking any interest. In most of the suicide cases the age of the girls is between 16-24.
- In recent years in Pakistan, Pro-women and Gender friendly laws are made but these laws are not accepted and implemented in GB. A legislative assembly has been made in Gilgit Baltistan but they don't really know about Gender and Gender issues. Now it is the duty of the civil society to do some efforts to get these laws implemented in GB too.

## Where is the problem?

Actions (in actions), Attitudes (biased)& Behaviors (judgmental) of health service providers and legal aid, laws, access to justice, access to health care facilities, some legislation, some social and cultural norms, portrayals in media, adhocism and lack of indigenous outlooks in donor supported projects implemented by the CSOs.

## What are some key challenges faced by disadvantaged communities in general and women and girls in particular due to GBV or SGBV or VAW/G?

### A quick mapping:

- Absent/Limited/ Incomplete Mobility
- Absent/Limited/ Incomplete Access to health care including antenatal care
- Absent/Limited/ Incomplete Access to other basic human rights and Sexual and Reproductive Health Rights (SRHR) like education, freedom to choose life partners etc.
- Absent/Limited/ Incomplete Media attention to issues of GBV or SGBV or VAW/G in conflict zones of Pakistan and GB.
- Absent/Limited/ Incomplete Recognition of the fact that disability is social construction.



## Challenges create opportunities too

The identification of challenges from the panelists as well as the participants may be summed up as follows:

1. GBV is yet to be identified as a Public Health and Reproductive Health issue in nearly all regions of Pakistan.
2. Lack of instruments to mainstream the advocacy on the issue e.g. policy, integration with the devolution and budget.
3. Medical and health care response is very weak because of lack of GBV awareness within the health care providers.
4. Legislative issues.
5. Role of media- most inconvenient truths are not unveiled e.g. uprooting of Mehsuds once the most educated tribe, tribal and other women are into forced prostitution, beggary due to poverty. FATA and GB are almost black out.
6. Community participation is still a ceremonial act.
7. CSO and donors have no direction and if there is any the public is unaware.
8. Disability and GBV- No Mainstreaming
9. There are complex challenges in the capacity of the health care providers.

## One word conclusion:



**Neglect**

## Actions Needed

Following recommendations need the attention of policy makers, legislators and media.

- **A dire need to conduct and subsequently communicate the research focusing on social determinants of health and statistics to the policy makers because too frequently the existing research and statistics are not shared with the policy makers.**
- **There is a need to aware people. In medical colleges no one talks about violence. In past family planning and reproductive health was only touched in medical college curriculum but it was not properly included. It is important to include GBV in medical college curriculum.**
- **Disadvantaged areas like FATA, Baluchistan, Southern Punjab and GB must be given special attention.**
- **Give respect to disable person on the basis of humanity. Stories like Helen Keller in syllabus should be included so that students also have knowledge about such role models.**
- **Media should take initiative to change value system.**
- **Revamping of the medico legal system is a must because many survivors are victimized due to existing gender and human insensitive medico legal system.**
- **SGBV/GBV/VAW/G must be treated as a public issue and not as a family issue by the State.**



## You said it!



### **Brig. (Retd.) Sajawal Khan Malik**

“Greetings to participants, panelists and guests. I believe participation of all of you will be fruitful.”



### **Mr. Muhammad Faheem**

“SACHET-Pakistan for almost a decade and a half has been striving along with its partner organizations for social and economic development of our country and discussion which will happen this afternoon will undoubtedly contribute in these efforts.”



### **Mr. Zulqarnain Asghar**

“...I would talk in reference to disability. There are about 100 million disables worldwide. When we talk about Pakistan there are 27 million disables here. When a male is disabling, the issue he faces most is mobility. Women have triple fold effect. Because she is a woman, she bears violence then mobility issue and third she is disabled. One more fact I would add that disables don't have complete health checkup. Many disables are locked in houses. 78% of disables in Rawalpindi are not registered, means they don't have any NIC.”

## You said it!



### Dr .Yasmin Zaidi (PhD)

“ .....Often we see that women in remote areas are not allowed to go to hospital even for the birth of her child so this is also considered a form of violence because for that reason women die while giving birth. ...health and Gender Based Violence (GBV) are linked. In Pakistan and in other countries Gender Based Violence is spreading as an epidemic.”



### Dr. Nasser Mohyuddin

“ .....If we come to health care financing there is no such concept as Gender Sensitive Healthcare Financing yet in Pakistan. Basically finance is under two ministries- Ministries of finance in Pakistan and Planning & development in Pakistan. But policy makers are not sensitized to Gender. Here in Pakistan in our homes, boys are sent to schools and girls are deprived of taking education. In the same way boys are given better food than girls. This sort of behavior of parents is also a form of violence and discrimination among children.”



### Mr. Kahar Zalmay

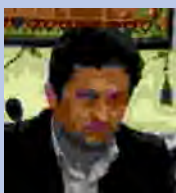
“ ..... when I went to Swat after Malala's incident I was the first one who was given an access to Malala's school and the students asked me why militants want to kill us? They want to kill us because we want to study or just because we come to school and want to learn? In return to these questions I had no answer. Second issue is that people think that after operation everything got normal but people who live there got problem from military instead of militants.”

## You said it!



### Ms. Zubaida bibi

“He (Dr. Naseer) is saying right. As we live close to clinic we don't face these issues as such but it's a rural area there must be issues like those for sure.”



### Mr. Noor Muhammed

“...In recent years in Pakistan, Pro-women and Gender friendly laws are made but these laws are not accepted and implemented in Gilgit Baltistan. A legislative assembly has been made in Gilgit Baltistan but they don't really know about Gender and Gender issues. Now it is the duty of the civil society to do some efforts to get these laws implemented in Gilgit Baltistan too.”



### Mr. Ismail Mehsud

“..... There was no concept of begging and prostitution in our tribe but I feel shameful to tell you that people of our tribe are compelled to adopt these professions. If in any area of Pakistan whether it's Sialkot or Mardan, a person is caught in contempt of terrorism, Mehsud is attached to the person. Such kinds of behavior manipulate youngsters and fill hatred in them against Pakistan. If nothing would be done this situation will get worse.”



### Mr. Imran Khan

“...I want to talk on two things; Lack of choices & Lack of voices. When discussing GBV in Baluchistan, both of these are missing.”



## You said it!



### Ms. Humaira Masihuddin

“...At first people do not celebrate on having a baby girl and after that unequal distribution of nutrition is the main issue. Then she gave an example of a family where girl was 9 and boy was 5 but parents had money to buy only one copy and they gave the copy to the boy. After marriage girl faces constant stream of abuses. They face constant threat to be in a polygamous relation but husband can marry any time. There is a law of second marriage for husband without his wife's permission. The husband will be imprisoned for one year and will be fined 5000 rupees. But there is no awareness in women about this law. GBV is a public health issue because it is epidemic right now in Pakistan.”



### Justice Muhammad Al Ghazali

“.... through my experience I come to know that there is a proper pattern where victim is always daughter of poor, farmer, labor and who belong to low class families..... We need to start a national movement in which first step is that we would vote sensibly because next government will be responsible for our future. We can bring change against this system because every single person has his/her individuality and power.”



### Dr. Farkhanda Aurangzeb

“.....in our religion, Quran or Hadith there is no inferior position for women or men. She challenged that if anyone brings any proof then I'll put my degrees on sale. This is result of lack of knowledge in our young generation. Allah has created all human beings equal and for some reason. There is a need to enlighten our mind with the knowledge.”

## You said it!



### Mr. Jamil Asghar

“..... differences between roles, color, sex, races are called gender. I must say people with disabilities and old age people are more discriminated and are victims of GBV. We only highlight women because if we look into poor of the poor then we see women more vulnerable as compared to the male member of the family. Related to this he shared an example that if in Europe girl comes out of a pub drunk wearing short cloths, she could go to her place in taxi but here in our society a girl cannot come out of her house alone even after Maghreb. So don't compare your country with other countries on this basis.”



### Mr. Faizan Hassan

“.....we have always heard that husband and wife are like two tires of a car and they have to move this car together. Imagine if BMW or Mercedes has excellent condition huge tires fixed in one side of the car and bad condition small tires fixed in other side of the car and there is a special break to stop that car. Just imagine how the car will move?”

## You said it!



### Ms. Husaini Begum

“.....in Gilgit Baltistan there is no school for girls because parents are not willing to educate their daughters. They don't let their daughters to go to school because they think that their daughter should get married rather than to educate them. In that area girls of my age have 5 to 6 children. Ratio of girl birth is higher so mother in law and father in law wish that there should be a boy as a successor of the family. Girls have a wish to study but they cannot. My mother supported me very much to get education. I wish parents start thinking like this so every girl will get education.”



### Mr. Muhammad Amin

“Tashaddud an Urdu word meaning violence is not an easily recognized or understood word among communities in rural and remote parts of Pakistan. There is a need to talk about the issues of GBV in the language that is understandable to the people”



### Ms. Tahira Abdullah

“.....in USA the cases are reported through a proper mechanism whereas in Pakistan there is no such mechanism which could ensure maximum reporting of such cases for knowing the related statistics comprehensively. ....we should not be comparing ourselves with other countries; we just need to address our issues on priority basis.”

## You said it!



### Ms. Meraj Khan

“.....there is imbalance in South Waziristan and Wana too. In hujra there is a good setup with carpets, pillows and tea servings but all the work is done inside home where there is no proper kitchen and washrooms for women. In KP female servants are used for serving the masters but nobody questions what ever done to them. ....child marriage should be challenged.”



### Ms. Masooma Butt

“.....The study about which Dr. Rakhshinda talked about which WHO conducted, targeted 3 provinces; Sindh, Punjab and AJK. On the basis of responses we came to know that GBV as a public health issue has not been recognized in health sector. Health sector consider GBV as a social or domestic issue. In this particular study healthcare providers like doctors, lady health workers etc were interviewed and they were of the view that GBV is a domestic issue and people must solve this within the premises/boundaries of their houses. So in health domain GBV is not considered as a public health issue in Pakistan.”



### Ms. Zehra Naqvi

“.....violence is one form of abuse, another form of abuse is neglect. There is lack of health facilities for those people who are physically challenged in public sector. If in violence some disability is involve then there has to be special care and access for those physically challenged people in getting health facilities.”

## You said it!



### Dr. Rakhshinda Perveen

“.... In most of the policy dialogues when people who are from community are asked about their problems, they answer in a language as if they have learnt WHO or UN reports by heart but in real when we visit field area situation is quite different. when researchers and activists

like myself go to the far flung areas or even to urban slums and ask women about violence or denial of human rights the instant answer is that everything is fine and when we ask them about physical violence or denial of rights to love a person, marry by choice, go to the school etc. They say it's a routine. Thus violence has become normative.”



### Mr. Rabbi Royan

“I see a progressive movement in the issue of GBV. When I first came at 2010 floods when UNFPA was looking for GBV in this cluster system, one of the clusters is protection and within this GBV is a sub cluster. Initially I saw complete ignorance of the issue and was also a lot of denial but now

I am seeing a growing level of understanding and acceptance that there is an issue and we should do something for this. I am happy that the discussion is going and we are moving from one step to another. We should come together and begin to participate in this cause and be a part of a general progression which is taking place for this issue. Focus of today's discussion was very much on GBV as a public health issue and I think this is very much significant because after GBV the point of contact is health profession. There is an interesting research that shows “if a woman tells anyone about an incident of GBV that person most likely will be of health care profession”. So that it is a public health issue..... We are starting country program for next 5 years in which we focus that GBV is not only humanitarian issue but it is also a development issue. One of the areas of this program will be health sector response to GBV. Family planning and reproductive health is very much related to the whole issue of GBV.”



# **Annexes**

## **Annex 1**

### **Salient features of the proceedings**

#### **Session 1**

- The formal session of the policy dialogue started with the recitation from Holy Quran by Mr. Hamid Zaman
- Event was anchored by General Manager of SACHET. Mr. Amin Muhammad
- Brig. (Retd.) Sajawal Khan Malik gave his welcome remarks and launched a poster dedicated to International women's day 2013 based on the poem of Nizar Tawfiq Qabbani. Child representatives Salar and Sangar revealed the poster
- The poem was recited by Mr. Mati ur Rehman and Ms. Tahira Abdullah in English and Urdu respectively. Shields were presented to poem readers by Brig (Retrd) Sajawal Khan
- In the end of first session Mr. Faheem gave the opening remarks on policy dialogue

#### **Session 2**

- Session two, the technical session, was moderated by Dr. Rakshinda Perveen
- She introduced SACHET-Pakistan, panelists and the participants including Non Profit Organizations, University lecturers and teachers, Community representatives, Media representatives and representing youth, students from Bahria University, SZABIST and Quaid e Azam University
- The formal proceedings included discussions from panelists
- Representative from Community Ms. Zubaida bibi shared her views regarding GBV

#### **Session 3**

- The third session was an interactive session

#### **Session 4**

- All the panelists gave their worthy recommendations on the subject under discussion
- In the end Mr. Rabbi Royan, gave his final remarks



## Annex 2: Participants' list

### Media Representatives

Sr.	Names	Media Organization
1	Ms. Sana Jamal	Pakistan Observer
2	Mr. Sajid Chaudhry	Daily Times
3	Ms. Shanel Khaliq	The Spokesman
4	Ms. Nighat Hunzai	Power 99
5	Ms. Sehrish	Express tribune
6	Ms. Mahwash	Express TV
7	Mr. Azaz Syed	Geo TV
8	Mr. R.A Taj	PNL
9	Mr. Nauman	PBC
10	Mr. Asif.M.Baloch	Radio News Network
11	Ms. Humaira Sharif	APP
12	Mr. Khalid Qazi	Pakistan Daily
13	Mr. Tauseef Abbasi	Daily Samaa
14	Mr. Qaiser Mirza	Daily Khabrein
15	Mr. Sultan Shaheen	Lai-o-Nohar

### Civil Society Organizations

Sr #	Organization	Name	Designation
1	UNFPA	Mr. Rabbi Royan	Country representative UNFPA
2	Sh'oor The Society	Ms. Zehra Naqvi	CEO
3	Sahil	Ms. Farah Naz	SPO-IT
4	Sahil	Ms. Habiba	Program officer media
5	Sharp	Mr. Irfan Raza	Director
6	Sharp	Ms. Aneela Shaffi	Legal counselor
7	CHPS	Dr. Hans Frey	Coordinator
8	GVO	Mr. Rana Tassawar Ali	Program officer
9	De Laas Gul	Ms. Meraj N. Khan	CEO
10	CIDA	Ms. Fareeha Ummar	Gender advisor
11	NRSP	Ms. Salma Khalid	Gender advisor
12	EVAWG Alliance	Ms. Valerie Khan	Co. chair
13	Lok Parya	Mr. Jamil Asghar Bhatti	CEO
14	Aurat Foundation	Dr. Farkhanda Aurangzeb	Manager

15	Aurat Foundation	Ms. Fozia Kanwal	Drug Officer
16	BISP	Dr. Irum Sheikh	Deputy dir. (health product)
17	BISP	Dr. Syed Javed Abbas	Director general (health product)
18	IKF	Ms. Naseem.Ur.Rehman	CEO
19	AHKRC	Mr. Fayyaz Baqir	Director
20	The Missing P	Mr. M. Usman	CEO
21	IRM	Mr. Asad Ijaz	GD
22	Pleiades Pakistan	Ms. Fatima Anila	Executive member
23	PFFB	Mrs. Naseem Mansoor	CEO

## Academia

Sr #	Name	Institution
1	Mr. Liaqat	Quaid-e-Azam University Islamabad
2	Mr. Haider	RIPHAH International University
3	Mr. Haibat	Noor International
4	Dr. Tariq Waheed	SZABIST Islamabad
5	Dr. Taqi Bangash	SZABIST Islamabad
6	Mr. Usman Sattar	SZABIST Islamabad

## Students

Sr #	Name	Institution
1	Mr. M. Atif Sharif	Quaid-e-Azam University Islamabad
2	Mr. M. Bilal	Quaid-e-Azam University Islamabad
3	Mr. Jehangheer Malik	Quaid-e-Azam University Islamabad
4	Ms. Hafsa Andleeb	Quaid-e-Azam University Islamabad
5	Mr. Noman Fazal	TIAC Student
6	Mr. Muti Ur Rehman	Quaid-e-Azam University Islamabad
7	Mr. Naveed Ahmed	Quaid-e-Azam University Islamabad
8	Mr. Noor Jabeen	Fatima Jinnah Women University
9	Mr. Imran Malik	Quaid-e-Azam University Islamabad
10	Mr. Mujahid	Quaid-e-Azam University Islamabad
11	Ms. Salma Janan	Student
12	Mr. Rashid	SZABIST Islamabad
13	Ms. Ruqiyah Shahid	SZABIST Islamabad
14	Ms. Sidra Shakil	SZABIS Islamabad
15	Mr. Kamran Farooq	SZABIST Islamabad

16	Mr. M. Hamza Khan	Bahria University
17	Mr. M.Bilal Bahoo Khan	Bahria University
18	Mr. Humayun Zaib	Bahria University
19	Mr. Hazrat Bilal	Bahria University
20	Ms. Misal Shahzad	Bahria University
21	Ms. Iqra Shafiq	Bahria University
22	Ms. Fatima Khan	Bahria University
23	Ms. Zainab Aslam	Bahria University
24	Ms. Zoya Wasli	Bahria University
25	Ms. Manoha Arif	Bahria University
26	Mr. Malik Asimullah Khan	Bahria University
27	Mr. Imran Hassan	Bahria University
28	Mr. A.Raqeeb Abid	Bahria University
29	Mr. Abdul Jabbar	Bahria University
30	Ms. Ayman Ashraf	Bahria University
31	Ms. Urooj Shaukat	Bahria University
32	Ms. Bakhtawar Azam	Bahria University
33	Ms. Sara Sohail	Bahria University
34	Ms. Mehreen Aftab	Bahria University

### Participants from other groups

Sr #	Name	Organization
1	Mr. Asim Nawaz	NYA
2	Mr. Abdullah Qamar	FUUAST Islamabad
3	Mr. Muhammad Rizwan	FUUAST Islamabad
4	Mr. M. Mueen Ansari	Engineer
5	Mr. Riaz Ahmed	Advocate global human rights
6	Ms. Gulalai	Child representative
7	Mr. Salar	Child representative
8	Mr. Sangar	Child representative
9	Mr. Mohsin Raza	MBL Aaspara
10	Dr. Ayesha Chauhan	NA

## SACHET Staff

SACHET Head office Staff		
Sr #	Name	Designation
1	Brig. Sajawal Khan Malik	Chief Executive Director
2	Mr. Muhammad Faheem	Secretary General
3	Mr. Amin Muhammad	General manager
4	Mr. Aatif Nuhullah	Finance Manager
5	Mr. Umer Hassan	Finance Asst.
6	Mr. Akif Khan	Intern
7	Mr. Rookan Zaman	PSU coordinator
8	Ms. Ayesha Javed	HR coordinator
9	Mr. Faisal Aziz	Admin assistant
10	Ms. Saima Bashir	Front desk
11	Mr. Imran Khan	Network & IT asst.
12	Mr. Muhammad Javed	General attendant
13	Mr. M. Zaheer	G.A
14	Mr. Amir Zaman	Driver
15	Mr. Allah Dad	Driver
16	Mr. Nazir Ahmed	Driver
17	Mr. Hanook Masih	Sanitary worker
18	Mr. Hamid Zaman	Management trainer
19	Mr. Muadassar Butt	Intern
20	Ms. Perwasha Niazi	Intern
SACHET field staff Pinyali		
21	Dr. Ishrat (Pinyali)	Medical officer
22	Ms. Maroof Bibi (Pinyali)	AYA
23	Mr. M. Ilyas ( Pinyali)	dispenser
SACHET field staff Gagri		
24	Dr. Areeba (Gagri)	Medical officer
25	Ms. Tahira (Gagri)	Community health educator
26	Ms. Bilqees (Gagri)	AYA
SACHET field staff Bari Imam		
27	Ms. Shazia Naseem (Bari Imam)	Field coordinator
28	Ms. Zubaida (Bari Imam)	Member Health and environment committee
29	Ms. Husainia (Bari Imam)	Religious Leader
SACHET field staff Banigala		
30	Dr. Shahana (Banigala)	Medical officer

## Organizing Team

S#	Name	Designation
<b>Chief Organizer</b>		
1	Mr. Amin Muhammad	General manager
<b>Organizing team</b>		
2	Mr. Muhammad Asfar	Program Development officer
4	Mr. Rookan Zaman	PSU coordinator
3	Mr. Umer Hassan	Finance asst.
5	Ms. Ayesha Javed	HR coordinator
6	Ms. Perwasha Niazi	Intern AGEHI
7	Mr. Muadassar Butt	Intern AGEHI
8	Mr. Faisal Aziz	Admin assistant
9	Mr. Muhammad Javed	General attendant
10	Mr. M. Zaheer	General attendant
11	Mr. Amir Zaman	Driver
12	Mr. Allah Dad	Driver
13	Mr. Nazir Ahmed	Driver
14	Mr. Hanook Masih	Sanitary worker

## **Annex 3**

### **Nizar Qabbani's poem & image of the poster**

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 behaviour, 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 to 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 Honourable 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 Moslem has the right to frighten another Moslem?

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?

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  
کلام اللہ کا محکم حوالہ ہے  
مسلمان کا مسلمان کو ڈرانا اور دھمکانا  
نبیؐ سے اور نبیؐ کی آلؑ سے منکر ہے ہو جانا  
مسلمان ہونہ ہو انسان ہو جو بھی  
سمجھ لو خون ناحق فسق ایماں ہے  
یہ تذلیل بنی آدم ہے اور تسکین حیواں 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 شرط اول ہی  
دیانت اور وفا سے آشنائی ہے

☆

اجازت مل سکے گی  
اپنی بیٹی کو دلا سادوں کہ وہ بے فکر ہو جائے  
نہ روئے 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 جُہ و خرقہ  
خدا سے عز و جل کے نام سے فرمان جاری کر نہیں سکتے  
یہ لوگوں کے دلوں پر خوف طاری کر نہیں سکتے

☆



## Urdu translation of the poem by Haris Khaliq

اجازت مل سکے گی اپنی بیٹی پر یہ واکردوں  
خداے عَزَّوَجَلَّ 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  
عذاب 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  
تعصب برہنہ 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

☆

## اجازت مل سکے گی کیا؟

نزارتوفیق ثانی کی عربی نظم کا تخلیقی ترجمہ از حارث خلیق

جہاں سب سوچنے اور لکھنے والوں کا مقدر

ارضِ مَقتل ہے

جہاں لبِ قید ہیں

اور جُبر و غرر نے تازہ لفظ پہ پہرے بٹھائے ہیں

جہاں کچھ پوچھ لینا لائقِ 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، ایمان داری کا

پھر اس کے بعد جی چاہے تو سوچیں

مُستحب کیا ہے

وضو کیسے کریں، کیسے نہائیں

وہ دہانے ہاتھ سے لقمہ بنائیں

☆





# THE SPOKESMAN

THURSDAY  
MARCH 21, 2013

0218174

## Violence against women the most alarming issue

Gender-based violence recognised as a threat to social harmony, justice & healthcare

SHANEE KHALIQ

**ISLAMABAD:** Pakistan now does not recognise gender based violence as a public health issue and the RACED Pakistan highlighting the importance and threat of this issue during a policy dialogue.

The conflict continued and discussed the situation in the country with impact on the research study. Rapid assessment health status survey and response to gender-based violence in Pakistan published by WHO Regional Office for the Eastern Mediterranean in 2011. The violence against women is one of the most urgent and alarming issues in the country today. This affects itself in form of health issues and a loss of social and economic well-being.

According to UNDP report, Pakistan ranks 145 on the Human Development Index and shares its position with Bangladesh. The parallel continued of expressions from the development social legal reports and gender and women rights activists, representation from women Pakistan, PAKA and UNICEF Pakistan were also present. They emphasised the importance of the day in eradicating gender based violence as a threat to the social harmony, justice and the state of healthcare.

Senior international gender expert, two day programme from the Global Gender of Uighi Haddan where gender violence and many presents an attack on the existing norms

and the value among women have increased dramatically over the years from an estimate in 2000 to 2004 till 2008 increase to 2011. The also said that the few medical facilities were present by the national government in the last few years have failed to meet an international standard or high standard.

The parallel emphasized that the violence against women was of two types, direct and indirect. Both have consequences that could be ignored. Physical violence resulting in death or complications or child birth and the overall health of women. The second gender expert Masooda Butt, representing WHO, said that it was imperative for the health sector to recognise gender based violence as a health issue and it was not simply a social or domestic issue which must contain gender violence types.

Middle discussion also needs to be increased so that they can address health as a public when required. Furthermore, most of the cases regarding violence are not even reported. Hence, the speakers emphasized that it was important to not depend on personal approach that prevent victims from coming out in the open and state justice. Kalsoo Zaidi, a female journalist, emphasized that such social and health care system should also be highlighted in the media.

The session was chaired by Nadia Raza and moderated by Dr. Rukhsana Farooq.



## 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 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  
بند 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)



### **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.

# Vision Statement of SACHET Pakistan

SACHET operates on the deep conviction that it is here to give optimism to the disadvantage in society. Therefore Faiz's stirring: poetic salute to the socially marginalized serves as an appropriate poetically articulates vision statement for our organization.

## *We Shall live to see*

We Shall live to see,  
so it is written,  
We shall live to see,  
The day that's been promised,  
The day that's been ordained;  
The day when the mountains of oppression  
Will blow away like wisps of cotton;  
When the earth will dance  
Beneath the feet of the once enslaved;  
And heavens'll shake with thunder  
Over the heads of tyrants;  
And the idols in the House of God  
Will be thrown out;  
We the rejects of the earth,  
Will be raised to a place of honour.  
All crowns'll be tossed in the air,  
All thrones'll be smashed,  
And God's word will prevail,  
He who is both present and absent  
He who's beheld and is the beholder.  
And truth shall ring in every ear,  
Truth which is you and I.,  
We, the people will rule the earth  
which means I, which means you.

(Faiz Ahmed Faiz)  
Translated by Khalid Hassan

## ہم دیکھیں گے

ہم دیکھیں گے  
لازم ہے کہ ہم بھی دیکھیں گے  
وہ دن کہ جس کا وعدہ ہے  
جو لوحِ ازل میں لکھا ہے  
جب ظلم و ستم کے کوہِ گراں  
روئی کی طرح اُڑ جائیں گے  
ہم محکوموں کے پاؤں تلے  
جب دھرتی دھڑ دھڑ دھڑے گی  
اور اہلِ حکم کے سر اُپر  
جب بجلی کوڑکڑے گی  
جب ارضِ خدا کے کعبے سے  
سب بُت اٹھوائے جائیں گے  
ہم اہلِ صفاءِ مرد و دُورم  
مسند پہ بٹھائے جائیں گے  
سب تاج اُچھالے جائیں گے  
سب تخت گرائے جائیں گے  
بس نام رہے گا اللہ کا  
جو غائب بھی ہے حاضر بھی  
جو منظر بھی ہے ناظر بھی  
اور راج کرے گی خلقِ خدا  
جو میں بھی ہوں اور تم بھی ہو

(فہیم احمد فیض)