

BRINGING THE EXPERIENTIAL & THE UNUSUAL

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EDITORIAL

Giving in a Time of Need

Every country in the world seems to be collectively suffering from great economic and environmental hardships. The main concern of most nations is how to tighten their purse strings and reduce whatever requirements they can, even at the expense of many citizens. This, we would argue, is the wrong way to go about recovery. Of course, expenditures have to decrease when money supply is low. But giving should not. Though it sounds paradoxical, there are good reasons why this may be a beneficial idea, especially today.

The biggest problem in the modern world is resource distribution. Almost every country has the same issue: some people have too little while others have far more than they could use in even ten lifetimes. With this dynamic in mind, charitable giving can become an effective means of helping a country out of crisis. Though it is imperfect, if it became a part of the agenda for large communities, it could be streamlined and improved in such a way as to create larger structural change.

Poverty leads to a massive loss of potential, due to a variety of reasons. In Pakistan, harrowing stories of people losing their lives to the mental strain that poverty causes are common. Added to this, the modern economy requires a great deal of intellectual work which is only possible if people are fed, sheltered and healthy, for starters, given the energy such work requires.

Given the state of poverty in Pakistan in which now an estimated 30% of the population is living in the absence of a social security system, it is heartening and remarkable to see how acts of giving and philanthropy substitute for the government's failure to provide its citizens the social protection that is the right of every citizen. It is a tribute to the people of Pakistan how their generosity and faith-driven donations are saviors of millions from hunger, shelter and just day-to-day survival.

NUMBERS TELL A STORY



PKR 240 BILLION

The amount that Pakistanis donate per year



98 %

Of the total population of Pakistan that gives charity



38%

Of Pakistani citizens are living in poverty.

WIT'S END

Zain Ashir



"I said I have an open DOOR policy, you idiots!!"

TAKE 5

Dr. Abdul Bari Khan on Philanthropy & Poverty in Pakistan

This interview has been edited for length and clarity

Dr. Abdul Bari Khan is a very active philanthropist one of the founders and CEO of Indus Hospital. The well-known and vital Indus Hospital not only provides free medical care to the needy in Karachi and around the country but also has implemented paperless health delivery system. There are now thirteen branches of Indus Hospital around Pakistan. He is a cardiac surgeon by training and studied medicine at Dow Medical College. He has received many accolades over his long career, such as the Hilal-e-Imtiaz, the Tamgha-e-Imtiaz and the Asian Leadership Award. We recently spoke with him.

Q1. Given the dichotomy in Pakistan, being one of the poorest countries in the world but also have one of highest traditions of giving, in your experience how do you explain this gap?

We are more religiously motivated to give philanthropy. And this is not based on wealth. For instance, even local neighborhood stores, on Thursday in particular, will have a small basket of coins that they will give out to those who need it. Most people will give *sadaqah* often, like when they go to travel. There is, of course, the element of *zakat* as well, which is mandatory. In our religion, even after giving *zakat*, your wealth belongs to Allah (SWT). As for the dichotomy, that is there, but a lot of the charity we receive is given by the very wealthy. Out of 50 people, around 90% of the contribution will be from the very wealthy. Unfortunately, people don't give taxes, because the state doesn't deliver, so people don't want to.

Continued on next page

Dr. Abdul Bari Khan Interview, continued

They don't see roads, infrastructure etc., so they don't want to contribute. Civic amenities are not being provided, so people give even more than their taxed amount to charity. However, no one sleeps hungry here. We have so many people, Salani, Edhi, etc. who give in that regard. Even people from Alamgir are constantly asking me if there is any meat needed for the patients [at Indus Hospital], as they have so much.

Q2. Who or what was your inspiration to drive you to establish Indus Hospital?

In my time, people would ask children what they wanted to be when they grew up and the answer was always the same: either a doctor or an engineer! Still, my passion was always to become a doctor, so I could serve and take care of people. The other thing is, my parents' prayers. My father would pray for all of us by name. His biggest prayer for me was that I become a doctor with *khidmat-e-khalq* (goodwill to all men) within myself. At that time, the poorest of the poor would come to Civil Hospital, we wanted to make a new emergency department. After the Bohri Bazaar blast of 1986, we also saw lines that were miles long of people waiting to give blood for the victims. People had brought cash, even bags full of it, and were asking us what we needed, drips, medicines or anything. We built the new emergency department with the help of donations that we collected. On the day of the inauguration I said to my friends, one day we'll make a hospital that has quality care, free of cost, has no cash counter and no one will have a look of worry on their face, the worry of how am I going to pay for my treatment? That was years ago, and here we are today. We wanted to make one hospital, today we have thirteen, and many facilities. There is nothing bigger than philanthropy.

Q3. You started an artificial limb facility at Indus Hospital alongside Chal Foundation (Walk Foundation) and International Committee of Red Cross. What brought about this collaboration and how was the experience compared to other projects?

I had many meetings with Chal Foundation. I also had a meeting with the country head of ICRC, who visited the Indus Hospital. After seeing what a well-made and run hospital it was, they saw that the organization could deliver and continue with the work that this facility would need. Chal Foundation helped with technical support, funding and material support were provided by ICRC. So this was the first time that ICRC had made this collaborative model. First there was one center, now there are four. Internationally, there was a good response as well. Other countries also replicated this model. If the international NGO does not have credibility they can gain from working with local NGOs. This is a win-win situation for both, local and international NGOs involved in these types of collaborations

Q4. Given Pakistan's healthcare environment, the role of hospitals like Indus is critical. How does Indus plan to sustain itself given the challenges of a large population and rising medical costs?

There is no one sector that can fix these gaps and challenges, whether public, private or not-for-profit. The best thing is public-private partnerships. This has started in Pakistan as well. Each sector has their own strengths and weaknesses. The public sector has great record keeping, which is not as strong in the private sector. So, to combine the strengths of both sectors and put aside their weaknesses helps create a win-win situation for everyone. Importantly, every sector has to respect the other sector. There should be no negativity and accusations. *Zakat* is our biggest endowment. If everyone gives *zakat*, we can do any work in this country. In Islamic history, healthcare was never a paid good. It was always paid for by public trust. We need to return to that, create an endowment. People also give machines as charity, *sadaqah jariyah*, which will go on. People are giving a great deal of *zakat* and institutions are gaining from them.

Just recently, we imported our angiography machines without the money at the time. As the time came for the machines to reach, I got a phone call. A foundation I had applied to for the funding of these machines had approved the request. As I close the phone an envelope from DHL came, which was to inform us that the machines would be delivered next week.

Q5. What measures do you think can be taken by our government and people to help spring people from the so called Poverty Trap in Pakistan, as many people feel there is a lack of upwards social mobility?

Our major challenge is human resources with high percentage of youth. Every sector requires trained human power, whether craft, skills or professionals in medical field particularly nursing for which there is a very high demand all over the world. So many people say that when you train medical professionals, they go abroad, true but these same people will send foreign exchange back to the country which is our main source of remittance. Other countries in the region like Thailand, Philippines also get their major remittances from export of nurses.

SPOTLIGHT

A Profile in Service: Gertrude Lemmens

Syed Maroof Ali

Dar-ul-Sukun and Sister Gertrude Lemmens are two complementary names where one would appear lacking without the other. Translated as Home of Peace, Dar-ul-Sukun was founded by a Dutch nun, Sister Gertrude Lemmens on 17th February, 1969 to serve children with disabilities, many of whom were disowned and left behind by their families. Today, Dar-ul-Sukun is a renowned organization in the local social sector and international philanthropy space owing to the efforts of Sister Gertrude Lemmens. She led the organization in a remarkable manner, until her demise on 30th October 2000 in Karachi.

She was rightfully called the Mother Teresa of Pakistan and the Angel of Karachi during her time. It is worth noting that her journey was not in a linear fashion. Particularly, the timeline during which she grew and managed Dar-ul-Sukun was devoid of the current level of awareness and advocacy surrounding disabilities, which makes her journey, determination, and courage even more inspirational.

Sister Gertrude Lemmens' first visit to Karachi was back in 1939 to visit her brother. After participating in social work for a month, she left for the Netherlands, only to return back to Karachi and continue the mission because of her strong desire for social impact in the local populations of Sindh and Balochistan. Having seen the destitute nature of the vulnerable and marginalized community with disability, she saw a golden opportunity in 1969, when Archbishop Joseph Cordeiro bought a single-story apartment on Kashmir Road, Karachi to start a school. Emphasizing the need of a physical space to facilitate mentally handicapped individuals, she earnestly requested to the Archbishop to let her utilize the apartment. She was granted permission to do this, and the rest as we all know is history.

From travelling back to the Netherlands - one year after Dar-ul-Sukun started - in 1970 for raising funds to support the organization to finally receiving the Sitara-i-Quaid-i-Azam on 23rd March, 1989, which is one of the highest honors given to foreign nationals, the legacy of Sister Gertrude Lemmens - the Mother of Motherless - continues in the shape of Dar-ul-Sukun. Now, it is seen as a centre for peace and love in a chaotic and troubled city.

OBSERVATIONS FROM THE FIELD

Poverty and Mental Health: A Chicken and Egg Question

Ayesha Tarek

Recently in Tharparkar, one of the most impoverished districts of Sindh, a 25-year-old man killed 3 of his children, before committing suicide by jumping in to a well due to an ongoing financial crisis. The three children were aged four years, three years, and three months old.[1] Additionally, a recent study, a first of its kind, conducted by the Sindh Mental Health Authority (SMHA), showed the highest rate of suicides reported in Tharparkur, while an exceeding number in other impoverished areas of Sindh.

It is often ignored that the mental health of an individual is shaped by the social, environmental and economic conditions in which they live. Whereas poverty can be both, a cause and a consequence of poor mental health. It negatively impacts mental health through social and financial stresses, stigma and trauma. And, declining mental health can also lead to destitution, due to loss of employment, underemployment, or deteriorating social relationships. This brutal cycle is also multifaceted, since many people suffering from mental health problems live precariously, moving in and out of poverty. In Pakistan, roughly a quarter of all Pakistanis are currently living below the poverty line.[2]

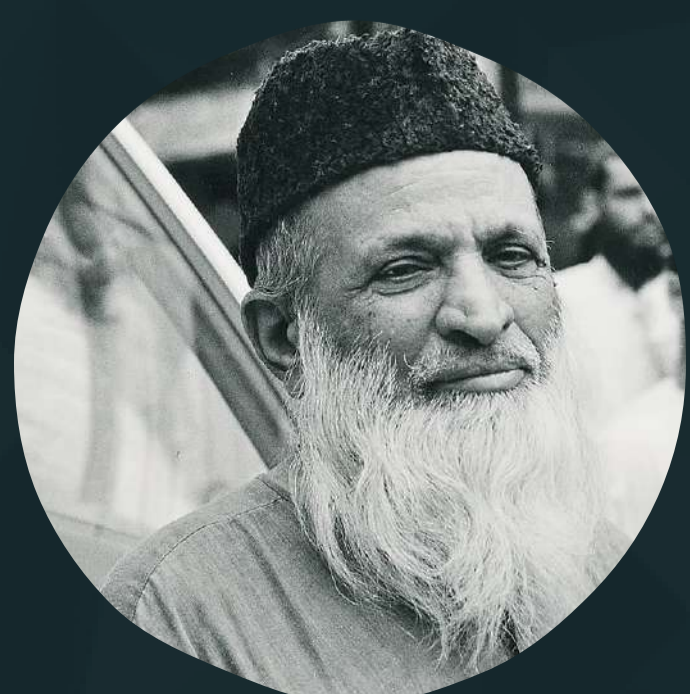
Moreover, in a discussion on the previously mentioned study, reported by Dawn[3], speakers emphasised the need for training health workers in identification of mental illness, and access to psychological counselling. During the discussion, youth engagement in skill development was also emphasised to raise chances of employment and lower the cases falling below the poverty line.

Looking at the situation of our country, it is imperative that there should be increased access to mental health facilities, especially to the impoverished communities of our country. For instance, Taskeen, a non-profit organisation, works for the promotion of wellbeing and prevention of mental illness in Pakistan. They have a free mental health helpline, run public mental health information campaigns, give free counselling services, and partake in mental health advocacy. Such services should not be accessible to a few but to the public at large. This way, we may not be able to save everyone in our communities from poverty, but we can certainly save many of them from losing their lives and sanity before they reach the light at the end of the tunnel.

[1] <https://www.dawn.com/news/1648972>
 [2] <https://www.dawn.com/news/1651272/youth-poverty-and-mental-health>
 [3] <https://www.dawn.com/news/16145>

QUOTE OF THE MONTH

"So, many years later there were many who still complained and questioned, 'Why must you pick up Christians and Hindus in your ambulance?' And I was saying, 'Because the ambulance is more Muslim than you'." - **Abdul Sattar Edhi**



Abdul Sattar Edhi NI LPP GPA was a Pakistani humanitarian, philanthropist and ascetic who founded the Edhi Foundation, which runs the world's largest volunteer ambulance network, along with various homeless shelters, animal shelters, rehabilitation centers, and orphanages across Pakistan.

EMERGING ISSUES

A Band-Aid Without a Cure: Philanthropy in Pakistan

Anoosha Imran

It would not be wrong to say that Philanthropy is a concept that has originated within the context of a capitalist economic system. This is not a moral or ethical statement. Rather, it shows that human actions are tied within the social bounds and structures that they live under. However, it would be inaccurate to claim that poverty is a product of capitalism, or that poverty did not exist in pre-industrial societies. Yet, if we consider the current economic forces of the world, philanthropy and poverty go hand-in-hand, in a manner, as the former exists because of the latter. Yet, why is it that the desire to give is strongest where there is a great deal of poverty? The question brings forward the case of Pakistan.

A study conducted by the Pakistan Centre for Philanthropy shows that Pakistan contributes around 1% of its total Gross Domestic Product (GDP) to charitable causes. This also makes Pakistan stand high on the list of most charitable nations. But the contrast here is glaring - Pakistan places among the most developed countries in the world, such as England (1.3), Canada (1.2) and twice as high as India. The total amount reaches up to 2 billion US dollars annually, according to the latest estimates published on the Stanford Innovation Journal.



The reason for poverty and philanthropy both being so high are due to three causes. One, Pakistan pays a great deal of charity to religious organizations. These organizations do not directly invest into structural development, but rather carry out their specific interests. Two, charity is paid in small amounts and is paid informally in the spur of the moment. These types of investments are not made directly into some donor organizations, but rather remain within the informal sector. The above two examples show that the charities are looking at giving on an individual basis. Rather than communitarian and structural reform, the individuals are informally getting the benefits of the charity. Lastly, NGO's and INGO's are not trusted in Pakistan. Their legacy of this mistrust might be rooted in Bretton Woods' exploitative policies, the war in Afghanistan and colonialism, where anything from the west is seen with apprehension.

So, it turns out that the reason why philanthropy is not working as well as it could in Pakistan and poverty levels are still inflated is, in part, due to a highly individualistic approach towards philanthropic action. This can be changed by shifting the focus to impact-oriented, targeted steps towards structurally understanding poverty and enabling reforms through donations and charities that can create vast and long-lasting change. If we can effectively use the existing enthusiasm for giving charity among Pakistanis, perhaps we could even make the need for philanthropy a thing of the past.

[https://ssir.org/articles/entry/philanthropy_in_pakistan]

FEATURE STORY

Telling Stories: the Impact of Literacy

A story based on our work-related experiences, as told through the perspective of a child

Sabeen Rizvi



Halima and her friends loved to play together, make jokes and listen to stories told by the elders. However, they had trouble remembering the stories they heard. They had seen a few of the adults read them out of books. Halima decided to learn how to read the words in the books. One of the women in her village had taught a few people how to read. Halima begged the woman to teach her, even something simple. The woman agreed and Halima enthusiastically started learning the alphabets. It was not fun at all. There were so many things she had to know before enjoying the stories she loved. The hard work paid off, and soon Halima could read simple things, even unfamiliar words. She shared her newfound skill with her friends, telling them stories and helping them read words around the village.

One day, a group of people came to the village with a truck full of books and notebooks. Everyone was surprised, many were too busy to look at them, but Halima was overjoyed. She found stories and ideas and much more. There were simple children’s books, ones with long stories and even extremely complicated ones with tiny little text. Her favourite books were the ones with stories and beautiful pictures in them, which she would go through for hours on end.

Over time, Halima became curious about the longer, more difficult books as well. What were the stories in them? She picked up one of the longer books and found out it was about the past. She saw big triangles that were called pyramids and read that people were buried in them. She even read about Pakistan and how there used to be great Mughal kings who made amazing buildings right where she lived.

As she kept reading, she started to pick up skills that helped her improve her own life. From stitching to growing little plants to how to conserve water and even how to fix broken things around the village. It wasn’t a long time before other people wanted to learn from her. Whether it was her skills or just how to read the books she had learned from, everyone had a request. Soon, there were too many people to help!

Halima had an idea: open a school that anyone

could attend, with classes for children and separate ones for older children and adults. Many people sent their children and a few adults even attended. As months and years went by, the village had more and more people who could read and write, and Halima was able to get people from outside the village to help with her school. As the school developed, children and adults were able to work toward degrees and professions they had never even thought about before. Her village became more prosperous and so did her fellow villagers. Through the simple tools of literacy and knowledge, Halima was able to help many people not just read stories, but write their own.

Source: Poverty Focused Investment Strategy (PFIS) for Punjab – 2006, Government of Punjab, by AASA Consulting

READERS TALK BACK

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