

AN ASSESSMENT OF THE
**BA-HIMMAT
BUZURG**
PROGRAMME
2024



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CONTENTS

EXECUTIVE SUMMARY	1
1. INTRODUCTION	7
1.1. Overview of the BHBP.....	7
1.2. Objectives of BHBP assessment.....	9
1.3. Research questions	10
1.4. Structure of the report.....	10
2. ASSESSMENT APPROACH.....	11
2.1. BHBP theory of change.....	11
2.2. Overview of assessment framework	14
2.3. Assessment instruments.....	14
2.4. Sampling for quantitative household (and beneficiary) survey	15
2.5. Sampling for qualitative beneficiary survey.....	17
2.6. Quantitative assessment approach	18
2.7. Ethical considerations	19
2.8. Information collection and processing.....	20
3. BHBP DESIGN ASSESSMENT.....	23
3.1. Key characteristics of beneficiaries and their implications	23
3.2. Frequency of transfers	24
3.3. Modality of assistance.....	25
3.4. Delivery mechanism	26
3.5. Adequacy of transfers: A case for inflation indexing in BHBP transfers.....	26
3.6. Adequacy of transfers: Value of transfers received in the last 12 months	27
3.7. Adequacy of transfers: The challenge of disabilities.....	28
3.8. Control over the cash received from BHBP	29
3.9. Communication between PSPA and beneficiaries	30
3.10. Grievance redressal	32
4. BHBP IMPLEMENTATION ASSESSMENT	35
4.1. Beneficiary mobilisation.....	35
4.2. Beneficiary coverage.....	37

4.3.	Dissemination of information about BHBP	38
4.4.	Revised beneficiary mobilisation process	40
4.5.	Stakeholder suggestions for BHBP improvement.....	41
4.6.	Sources of information about BHBP	42
4.7.	Beneficiary understanding of the BHBP.....	44
4.8.	Beneficiary experience at the time of registration	46
4.9.	Payment mechanisms	51
4.10.	User feedback on transfer mechanisms	53
4.11.	User costs related to collecting transfer.....	54
5.	SOCIOECONOMIC IMPACT	55
5.1.	Impact of BHBP transfers on household income	55
5.2.	Outcome 3 (a): Food and nutrition.....	56
5.3.	Outcome 3 (b): Health.....	58
5.4.	Outcome 2: Reduced vulnerability	60
5.5.	Outcome 1: Improved consumption	62
5.6.	Qualitative socioeconomic impact results.....	63
5.7.	Summary	64
6.	IMPACT OF BHBP ON PSYCHOSOCIAL WELLBEING AND SOCIAL INCLUSION	65
6.1.	Outcome 4 (a): Sense of self-reliance	65
6.2.	Outcome 4 (b): Dignity	66
6.3.	Outcome 4 (c): Perceptions of agency in family decisions	67
6.4.	Outcome 5 (a): The influence of the elderly on household decision-making.....	68
6.5.	Outcome 5 (b): Social interactions	69
6.6.	Impact of BHBP on beneficiary wellbeing – qualitative survey	69
6.7.	Summary	73
7.	CONCLUSIONS AND POLICY RECOMMENDATIONS	75
7.1.	Design recommendations.....	78
7.2.	Process and implementation recommendations	81
	REFERENCES	82

APPENDICES	85
A. BHBP potential and actual beneficiaries	86
B. PC-1 – BHBP	87
C. Sample-size calculation	100
D-I. Quantitative questionnaire – English	102
D-II. Quantitative questionnaire – Urdu	115
E. Qualitative interview guidelines beneficiaries of the BHBP	131
F. Family / Household size	134
G. Demographic and socioeconomic indicators of BHBP households	136
H. PSPA’s BHBP communication strategy and activities: sample BHBP brochure	140
I. Psychosocial profile of 64 BHBP beneficiaries	143
J. Socioeconomic profile of 64 BHBP beneficiaries	146
K. Literature review	150

LIST OF TABLES:

Table 2.1: Assessment matrix for the Ba-Himmat Buzurg Programme	13
Table 2.2: Quantitative survey sample size	17
Table 2.3: District-wise quantitative sample size	17
Table 2.4: District-wise qualitative sample size	17
Table 3.1: Distribution of beneficiaries by disabilities (%)	28
Table 4.1: BHBP beneficiaries 2020-2022	38
Table 4.2: Sources of information for BHBP registration (%)	43
Table 4.3: Initial contact with registration camp of BHBP (%)	43
Table 4.4: Difficulties faced during registration	48
Table 4.5: Payment made for registration	49
Table 4.6: Beneficiaries’ views about registration process	50
Table 4.7: Payment collection mechanism (%)	52
Table 4.8: Beneficiaries’ views about payments and payment mechanisms	53
Table 4.9: Money paid for receiving payments	54
Table 5.1: Household per capita average monthly income of BHBP recipients and non-recipients during last 12 months	56
Table 5.2: Per capita health expenditures	58

Table 5.3:	Impact of BHBP transfers on health of beneficiaries	59
Table 5.4:	Comparative asset score	61
Table 5.5:	BHBP transfers used to repay beneficiary loans	61
Table 5.6:	Beneficiary use of BHBP transfers to finance personal expenditures (% of beneficiaries)	62
Table 6.1:	Sense of self-reliance	66
Table 6.2:	Perception of dignity in society	66
Table 6.3:	Beneficiary perception of agency in family decisions	67
Table 6.4:	The influence of beneficiaries on household decision-making	68
Table 6.5:	Social interaction	69

LIST OF BOXES:

Box 1.1:	BHBP freeze	9
Box 2.1:	BHBP results framework	11
Box 2.2:	Brief profile of selected districts	16
Box 4.1:	Bank of Punjab vendor network overview	52

LIST OF FIGURES:

Figure 2.1:	Number of transfers received per beneficiary in the last 12 months (%)	19
Figure 3.1:	Age distribution of beneficiaries (%)	23
Figure 3.2:	Beneficiaries' educational attainment (%)	24
Figure 3.3:	Payment frequency – beneficiaries' preferences (%)	25
Figure 3.4:	Cash vs. in-kind transfers (%)	25
Figure 3.5:	Real and nominal quarterly value of the transfer (PKR)	27
Figure 3.6:	Value of transfer received per beneficiary in last 12 months (%)	28
Figure 3.7:	Who decides how the BHBP transfer is used? (%)	29
Figure 5.1:	Per Capita food expenditure (PKR)	57
Figure 5.2:	BHBP transfer use to finance food expenditure (%)	57
Figure 5.3:	BHBP transfer use to finance health expenditure (%)	59

ACRONYMS

ATM	Automated Teller Machine
BHBP	Ba-Himmat Buzurg Programme
BISP	Benazir Income Support Programme
BoP	Bank of Punjab
BV	Biometric Verification
CNICs	Computerized National Identity Cards
CPI	Consumer Price Index
DAs	District Administrations
GFA	Gesellschaft für Agrarprojekte
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (GmbH)
HBL	Habib Bank Limited
HDI	Human Development Index
HH	Household
I-SAPS	Institute of Social and Policy Sciences
LHWs	Lady Health Workers
M&E	Monitoring & Evaluation
NADRA	National Database and Registration Authority
NSER	National Socio-Economic Registry
PKR	Pak Rupees
PMT	Proxy Means Test
PSPA	Punjab Social Protection Authority
SPDC	Social Policy and Development Centre
SWD	Social Welfare Department
SWOs	Social Welfare Officers
ToC	Theory of Change
UC	Union Council

EXECUTIVE SUMMARY

The Punjab Social Protection Authority (PSPA) has been entrusted with the responsibility to roll out multiple interventions for social protection of vulnerable groups in Punjab. Through its *Ba-Himmat Buzurg*¹ Programme (BHBP), PSPA aims to provide a non-contributory social pension to the elderly in Punjab through regular unconditional cash transfers of PKR 6,000 per quarter. The Benazir Income Support Programme (BISP) also provides unconditional cash transfers to lowest-income households based on a Proxy Means Test (PMT) score of up to 16.17, but this assistance is provided at a household level and it does not consider elderly persons' needs. To avoid overlap with the BISP, BHBP has been designed to target elderly women², aged 65 years and above – specifically those within households having a defined PMT range of 16.18 to 30. This upper limit is set by budgetary allocations approved by the Planning and Development Board and provided as a one-line budget to PSPA.

The present assessment exercise has been conducted at the request of the PSPA to ascertain the extent to which the BHBP made a difference in the lives of the beneficiaries while they received financial assistance. A mixed-methods approach employing both quantitative and qualitative analyses aims for a comprehensive understanding. The quantitative analysis examines the impact of BHBP on the socioeconomic status, the psychosocial wellbeing and social inclusion of its beneficiaries, and also evaluates the programme design and implementation. The qualitative analysis seeks to complement the quantitative results and comprises of two segments – an assessment of programme design and implementation based on stakeholder interviews and a more detailed analysis based on in-depth interviews of a small group of BHBP beneficiaries.

The assessment framework of the evaluation exercise aimed to examine the following in detail: (1) BHBP design, evaluating its potential for effectiveness; (2) BHBP implementation, identifying potential challenges; (3) socioeconomic impact on beneficiaries, specifically on income and consumption levels, access to and utilisation of healthcare services, and asset ownership; and (4) psychosocial wellbeing and social inclusion of beneficiaries.

¹ '*Ba-Himmat Buzurg*' is an Urdu phrase which may refer to a resilient or courageous elder.

² In the case of the death of an eligible female, the male head of the family, aged 65 years and above, can be registered.

The assessment exercise adopted a mixed-methods approach. Two districts, Muzaffargarh and Okara, were selected based on the highest density of BHBP beneficiaries. For quantitative data, a survey of 713 households was conducted. The qualitative data collection included 64 in-depth interviews of beneficiaries in both districts and interviews of various stakeholders. Due to the absence of a baseline survey of BHBP, forming a traditional control group was challenging. The study adopted an alternative methodology: using identified beneficiaries who received no payments in the past 12 months (July 2022–June 2023) as a proxy control group. This approach enabled comparative analysis between recipients and non-recipients. This method allowed for assessment of both socioeconomic and psychosocial impacts, including social inclusion, offering meaningful insights into the programme's effectiveness.

Research findings: BHBP design and implementation

The current BHBP design, as it relates to the frequency of transfers (quarterly rather than monthly) is supported by 46 percent of respondents/beneficiaries, while 54 percent would prefer monthly transfers. This split in opinion largely aligns with spending patterns: those prioritising daily food needs favour monthly payments, while those using the funds for larger, infrequent expenses such as healthcare, prefer quarterly disbursements. More significantly, the overwhelming majority emphasised the importance of programme continuity and regularity in receiving financial assistance.

In terms of the modality of transfers (cash rather than in-kind), 97 percent of beneficiaries expressed their strong preference for cash transfers because of ease of management, greater freedom and control, and flexibility to make personal choices. Both the qualitative and the quantitative surveys show that an overwhelming majority of beneficiaries were given the full amount of financial assistance in their hands and reported autonomy in choosing how to spend it. This underlines the advantage of BHBP in specifically addressing the needs of the elderly over programmes like BISP that provide income support at the household level.

Changes in the delivery mechanism (moving towards the network of Bank of Punjab vendors, away from ATMs and bank branches), which aimed to provide ease of access to beneficiaries and increased security, have caused concerns for beneficiaries because of regular deductions from transfers. PSPA concerns about the adequacy of the BHBP transfer amount are borne out when evaluated against rising inflation and delays in receiving payments. Grievance redressal issues have also been reported, with the PSPA and Bank of Punjab helplines remaining underutilised or found inadequate for a beneficiary population that tends to take its issues to Social Welfare Officers at the district level, who in turn report that they have not been mandated to provide assistance on BHBP and are unable to do so in many cases. BHBP

coverage (15.7 percent over a 20-month period while registrations were open) has suffered greatly due to the inaccuracy of the contact information in the 2010 National Socio-Economic Registry (NSER) data as well as the low literacy levels of the intended beneficiaries and their households.

Research findings: BHBP impact on beneficiaries

The survey results have shown that BHBP has strong potential to address the following aspects of personal wellbeing of its beneficiaries:

- ▶ **Financing higher health and food expenditures and enhancing perceived health status through increased agency over healthcare decisions:**
 - Recipients of BHBP assistance consistently exhibit higher per capita monthly food expenditures compared to non-recipients. A significant portion of beneficiaries rely on BHBP transfers to enhance their food consumption.
 - Health expenditures of all BHBP recipients are consistently higher compared to non-recipients, suggesting that BHBP transfers have empowered elderly beneficiaries, particularly in rural areas, to prioritise and address their health needs more effectively. At least 90 percent of the elderly beneficiaries utilised BHBP transfers to fully or partially finance health expenditures for themselves.
 - A substantial proportion of beneficiaries, ranging from at least 55.6 percent to a maximum of 76.6³ percent, acknowledged a positive impact of BHBP transfers on the improvement of their general health status.
 - The qualitative assessment of beneficiaries reveals that even in the 14 out of 64 cases where beneficiaries reported already having three meals a day regularly, a majority purchased medicines and better food with BHBP financial assistance. All beneficiaries reported that their health had improved as a result of the programme – mostly because they were able to obtain medicines regularly and were able to buy fruits, milk, and even meat occasionally.
- ▶ **Supporting personal expenses, particularly those related to health, clothing, travel, and religious festivals:**
 - The qualitative survey reveals several cases where beneficiaries reported being able to purchase personal items without feeling guilty about taking household resources away from necessities like food.

³ From rural and urban areas of both districts

- ▶ **Strengthening beneficiaries' perceived self-reliance, fostering a sense of dignity, and encouraging active family participation, especially in rural contexts:**
 - 84 percent of beneficiaries perceived a positive impact of BHBP transfers on their overall life satisfaction.
 - 58 percent of beneficiaries perceived a positive impact of BHBP transfers on the respect and dignity accorded by those around them.
 - 63 percent of beneficiaries perceived a positive impact of BHBP transfers on family consultations about medical treatment and healthcare decisions.
 - 65 percent of beneficiaries perceived a positive impact of BHBP transfers on negotiating their needs and preferences within households.
 - 71 percent of beneficiaries indicated that BHBP transfers have a positive impact on their involvement in planning and implementing household chores.
 - The qualitative survey reveals that in many cases beneficiaries reported improved self-esteem as a result of increased agency to act and be considered as an active member of their household, rather than as a burden.
 - Some beneficiaries also reported increased intergenerational support through sharing of benefits with other household members.
- ▶ **Creating opportunities for increased social interactions:**
 - The qualitative survey reveals several cases where beneficiaries reported being able to engage in social events like weddings and religious festivals that they had been unable to participate in without BHBP assistance, which enabled traditional reciprocal exchanges at such events.

Policy Recommendations

Based on this analysis, the following key policy recommendations have been made to strengthen and optimise the BHBP's potential for positive impact on the lives of its beneficiaries:

- ▶ **Address PSPA's human resource and financial constraints:**
 - PSPA human resource constraints need to be addressed, e.g. through fine-tuned coordination with implementing partners and training and monitoring of focal persons so that BHBP design and implementation can be made more efficient and effective overall. Research reveals that cash transfer programmes, even those involving small amounts per month, can have a substantial psychosocial impact on

beneficiaries through not only the money they provide but also through meaningful interaction between programme implementers and beneficiaries.

- Explore establishment of a PSPA Fund to achieve a greater degree of self-reliance for PSPA's social protection programmes, in addition to its regular budgetary provisions.

► **Improve BHBP transfer process:**

- Ensure regular and timely delivery of transfers to beneficiaries.
- Explore inflation indexing for the transfer amount to safeguard against rising costs of living and increasing the nominal amount for beneficiaries with disabilities considering their higher potential financial needs.

► **Optimise the delivery mechanism:**

- Prioritise ATM withdrawals as the primary point of access for transfers, maximising convenience and security.
- Investigate the integration of mobile wallets with existing ATM networks to provide additional withdrawal options.
- Address concerns surrounding the Bank of Punjab vendor network, ensuring increased administrative control and transparency in service delivery.

► **Apply beneficiary-oriented communication:**

- Translate the programme's objective of supporting '*ba-himmat buzurg*' (the courageous elderly) into clear standardised messaging that outlines BHBP eligibility, processes (including application, registration and payment withdrawal), rights, and responsibilities.
- Disseminate programme information and timely updates through mass media habitually listened to by beneficiaries and their household members, using recorded audiovisual messages in order to reduce human error in information transmission.
- Train programme implementers to engage with beneficiaries in a way that recognises their value as senior citizens who deserve respect and support, not burdens to society.

► **Organise registrations at dedicated sites and train local personnel on BHBP:**

- Involve the Social Welfare Department (SWD) and Union Councils at dedicated sites.
- Train the staff of these sites on BHBP to empower them to resolve beneficiaries' issues.

- ▶ Ensure opportunities for peer interaction among beneficiaries:
 - Explore enabling recurrent interaction at cash withdrawal points in collaboration with the SWD to facilitate beneficiaries' social connectedness, boost their confidence, and enhance their self-worth.
- ▶ Ensure functioning referral pathways:
 - Ensure proper dissemination of information on all PSPA programmes to equip *tehsil*-level staff with knowledge to refer vulnerable groups to appropriate resources.
- ▶ Enable grievance redressal at the *tehsil* level:
 - Establish a system for addressing grievances at the *tehsil* level to allow for proper case management and give BHBP beneficiaries a voice as valued and 'courageous elders'.

1. INTRODUCTION

In the realm of social protection, non-contributory social pension schemes play a crucial role in mitigating economic vulnerabilities among specific demographics. The Punjab Social Protection Authority (PSPA), entrusted with implementing various interventions for social protection in Punjab, spearheads initiatives such as the *Ba-Himmat Buzurg* Programme (BHBP). Launched in November 2020 and temporarily suspended in June 2023, this programme has provided non-contributory social pensions to poor elderly women in Punjab through regular unconditional cash transfers.

This assessment, conducted at the request of PSPA from November 2020 to June 2023, aims to gauge the impact of BHBP on its beneficiaries' lives during the period they received financial assistance.

1.1. OVERVIEW OF THE BHBP

The BHBP, initiated by the PSPA, is committed to improving the socioeconomic wellbeing of elderly individuals in Punjab, safeguarding them from livelihood risks and vulnerabilities associated with old age. Eligibility is based on poverty criteria utilising data from Pakistan's National Socio-Economic Registry (NSER).

While the Benazir Income Support Programme (BISP) also extends unconditional cash transfers to the lowest-income households with a Proxy Means Test (PMT) eligibility score of 16.17 or less based on the 2010 NSER, its assistance targets entire households and does not specifically address the unique needs of elderly individuals. To avoid overlaps with BISP, BHBP focused on elderly women in households with a lower-end PMT eligibility score of 16.18. The upper limit (PMT 30) was determined by the budgetary allocation approved by Punjab's Planning and Development Board.⁴ Within this eligibility framework, financial assistance amounting to PKR 6,000 was provided quarterly to women aged 65 years and above. This support was specifically extended to those who do not qualify for the BISP unconditional cash transfer programme but were just above BISP's cut-off point (16.17), recognising that elderly women, even if they are not living in the poorest households targeted by BISP, represent a vulnerable segment of society.

⁴ Another factor influencing the setting of the upper limit was the availability of cleaned NSER data, which was only available up to PMT 30 prior to programme launch.

Initially, beneficiary mobilisation for registration was outsourced to the Social Welfare Department (SWD) in light of its extensive presence at the *tehsil* (sub-district) levels while registry was managed by PSPA. The contact information of eligible beneficiaries obtained by the PSPA from the 2010 NSER was found to be inaccurate in approximately 70 percent of the cases. In order to overcome this issue, Social Welfare Officers (SWOs) utilised the services of Union Council (UC) secretaries and Lady Health Workers (LHWs) who had in-depth knowledge about the areas they served and tasked them with informing and encouraging potential beneficiaries to come to the registration campsites set up at the tehsil levels. At registrations camps, beneficiary information was verified using the National Database and Registration Authority (NADRA) database in real time and then Bank of Punjab (BoP) digital wallets were set up for the beneficiaries and they were issued an ATM card.

The PSPA BHBP registration camps lasted for about 4 months after which, in May 2021, PSPA decided to disperse these camps and diverted the management of the BHBP registry to BoP branches and an expanded BoP vendor network, in line with its strategy for all its other social protection programmes. PSPA uploaded the list of the target cohort to the BoP portal and an SMS was sent from PSPA and the BoP to potential beneficiaries to register themselves with a BoP vendor. If the vendor was not able to process the registration, the beneficiary was directed to a BoP branch.

By July 2022, when registrations were suspended, the BHBP initiative had reached 80,022 elderly individuals. Registration of elderly males under the BHBP occurred solely in the event of the demise of eligible women who were previously registered under the programme. A district-wise list of actual and potential beneficiaries is attached in Appendix A.

At the time of programme launch, beneficiaries had an option to use an ATM card to withdraw their cash transfers or to approach BoP vendors providing the service. PSPA sent SMS messages to beneficiaries' registered numbers to apprise them their funds were available for withdrawal. PSPA has been phasing out ATM cards in favour of withdrawals at BoP vendors to provide easier access for beneficiaries with greater security.

A temporary freeze was placed on BHBP in July 2022 (see Box 1.1), following the availability of updated data from the 2021 NSER, which resulted in changes in eligibility for some beneficiaries; those beneficiaries whose revised scores rose above BHBP's PMT range received a transitional payment of PKR 12,000 and were removed from the programme. Currently, PSPA awaits Board approval to re-launch BHBP using the updated NSER data and a revised eligibility range.

Box 1.1: BHP freeze

Since 1st July 2022 the BHP is subject to a programme freeze – registrations have been completely halted. This programme freeze occurred because the 2021 NSER data became available, introducing a new PMT scale, and the PMT scores of beneficiaries changed, resulting in changes in eligibility. Those beneficiaries who became ineligible according to NSER 2021 were paid PKR 12,000 as a transitional payment after which they received no further payments. Currently, PSPA is awaiting board approval to re-commence BHP using NSER 2021 and a revised eligibility range starting from PMT scores of 32.1, which is just above the revised PMT eligibility range of 1 to 32 for BISP. The cut off range for BHP eligibility will be based on budgetary allocations to PSPA for its social protection programmes as a whole. Presently, no payments can be disbursed based on 2010 NSER data: all disbursements ceased at the end of the financial year 2022/23, the last payment having been made by June 2023 – and only to those beneficiaries who still fell into the 16.18 to 30 PMT range according to the 2021 NSER.

BHP objectives

The BHP, as described in its PC-1⁵, aims to ‘improve socioeconomic wellbeing of the poor elderly people in the Punjab’ to meet three key objectives:

1. To improve the social inclusion of its beneficiaries by providing them dignified social assistance,
2. To improve their subsistence, and
3. To reduce the dependency of this vulnerable segment of society on its social network.

Additionally, the BHP project aims to achieve five key outcomes, each contributing to enhanced wellbeing of elderly beneficiaries. The first three directly address material needs: 1) improved consumption, 2) reduced vulnerability, and 3) enhanced health and nutrition. Outcomes 4 and 5 aim respectively to improve psychosocial wellbeing and increase the social inclusion of beneficiaries.

1.2. OBJECTIVES OF BHP ASSESSMENT

The primary goal of the present assessment is to assist the PSPA in assessing the BHP's impact on enhancing the socioeconomic wellbeing of economically disadvantaged elderly individuals in Punjab with a view to continuing and improving the programme in the future. To achieve this overarching objective, specific aims include:

- Analysing the channels through which the programme has elevated the economic and social status of its beneficiaries and the extent to which the five key outcomes of the BHP have been achieved.

⁵ PC-I stands for Planning Commission Form -I: a project document describing project need, its description, justification, location, duration, cost estimates and the tangible/non tangible benefits associated with it. BHP PC-1 is attached as Appendix B.

- Examining the implementation process, exploring the lessons learned and insights gained during the course of implementation.
- Identifying potential avenues for improvement, particularly in relation to refining the programme's design and implementation.

1.3. RESEARCH QUESTIONS

The assessment is guided by four research questions:

1. In what manner has the overall socioeconomic status of the beneficiaries and their households improved?
2. To what extent has the social inclusion of the beneficiaries been enhanced, considering shifts in their participation, representation, and integration within their communities?
3. Is there a need for improvement in the design of the support programme? If yes, what specific measures are to be put in place, and what are their implications?
4. What are the key implementation issues, and how could they be addressed?

1.4. STRUCTURE OF THE REPORT

The report begins with Chapter 1, introducing the BHBP as a social protection programme with carefully designed key objectives and five programme outcomes as well as the research questions on which this assessment is based. Chapter 2 details the assessment approach, guided by the BHBP Theory of Change as articulated in its PC-1, including instruments and processes used to operationalise research questions. Chapter 3 deals with BHBP design elements such as adequacy, frequency and modality of transfers to assess the capacity of the programme to achieve its objectives. Chapter 4 provides an assessment of BHBP implementation based on stakeholder analysis and beneficiary feedback on every stage of the programme from mobilisation to grievance redressal. Chapters 5 and 6 examine the impact of the BHBP on its beneficiaries in terms of the five programme outcomes: 1) improved consumption, 2) reduced vulnerability, 3) enhanced health and nutrition, 4) improved psychosocial wellbeing and 5) increased social inclusion. Chapter 7 concludes the assessment, highlighting key achievements and concerns and presents policy recommendations to optimise BHBP performance.

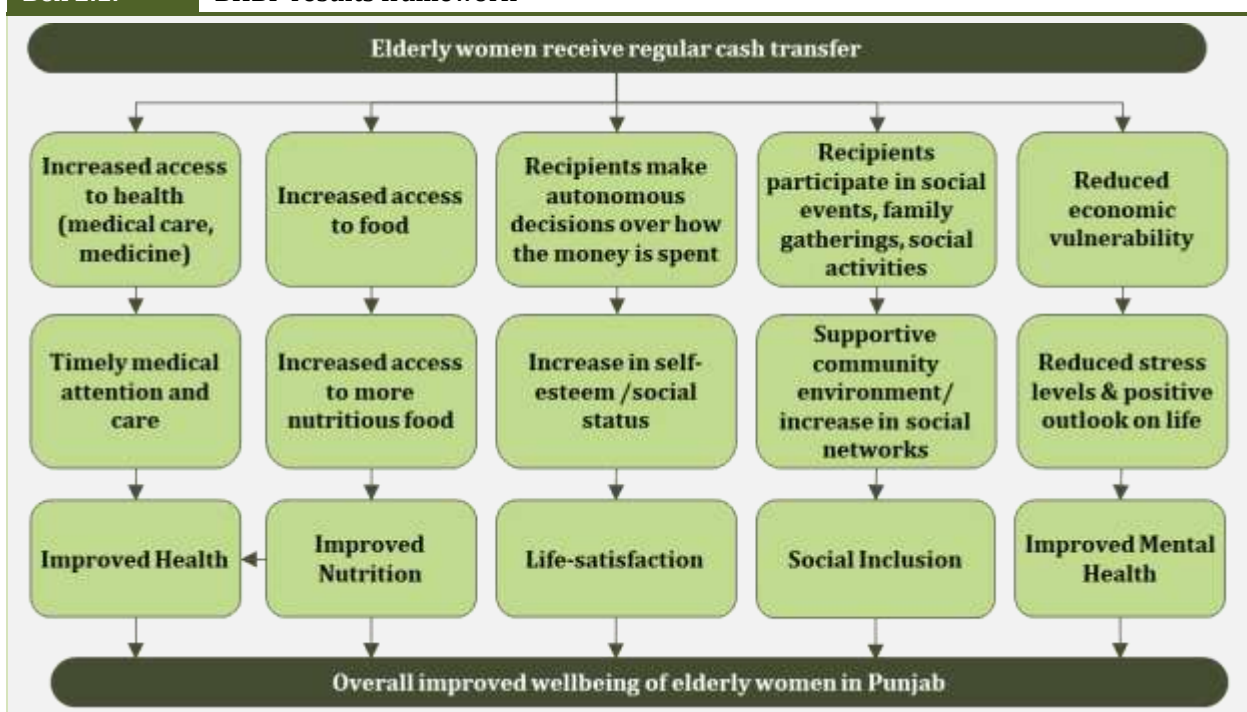
2. ASSESSMENT APPROACH

This assessment takes a theory-driven approach, guided by the BHBP's detailed Theory of Change (ToC) explained in the next section. Employing a mixed-methods approach, primary quantitative and qualitative data collection are combined to strike a balance between depth and breadth in generating insights. Qualitative research facilitates an in-depth exploration from the subjects' perspectives, but its findings lack generalisability due to limited sample sizes and specific sampling strategies. In contrast, quantitative research, characterised by randomised sampling and larger sample sizes, allows for broader generalisation but provides less depth for the analysis.

2.1. BHBP THEORY OF CHANGE

This section outlines the Theory of Change (ToC) for the BHBP, aligning it with the main assessment dimensions and programme objectives. The ToC is firmly rooted in the BHBP PC-1, which adopts a multi-faceted approach focused on improved health and food consumption, individual wellbeing, social inclusion, and psychosocial wellbeing for elderly women aged 65 and over and belonging to a lower socioeconomic cadre.

Box 2.1: BHBP results framework



BHBP Results Framework:

In line with the theory of change, the BHBP Results Framework, outlined in Box 2.1, uses a multi-dimensional approach to assess the programme's impact on elderly women. It considers five key areas: improved general health, enhanced food consumption, individual well-being, social inclusion, and psychological wellbeing. The framework assumes timely and regular transfers, full receipt of the intended amount by beneficiaries, and their control over how the money is spent, including using it for their personal, household and social participation needs.

Improved general health status:

Regular financial assistance to elderly women facilitates increased access to healthcare services. By alleviating financial barriers, beneficiaries are empowered to prioritise their health, seeking timely medical attention, medications, and preventive measures. This, in turn, contributes to an improved general health status among the beneficiaries.

Enhanced food consumption and nutrition:

Regular financial support directly influences food consumption and nutrition. By providing a consistent income stream, BHBP enables beneficiaries to enhance the quality of their diets, contributing to improved nutritional status and creating a positive impact on their overall health and wellbeing.

Individual wellbeing and consumption:

Regular financial assistance positively influences individual wellbeing. By offering a reliable income source, elderly women can be enabled to engage in personal consumption choices and to participate in social events. This autonomy in individual spending enhances the overall life satisfaction and self-esteem of the beneficiaries.

Social inclusion:

Financial stability enhances social inclusion. With increased economic resources, elderly women are more likely to be able to contribute and participate in community events, family gatherings, and social activities. This can create a ripple effect whereby the social engagement of beneficiaries contributes to a more interconnected and supportive community environment. This is of particular importance for women who are facing intersecting inequalities.

Psychosocial wellbeing:

Central to the BHBP ToC is the impact on psychosocial wellbeing. Financial support is anticipated to alleviate stressors associated with economic vulnerabilities, fostering a positive impact on mental health. The sense of dignity, control over personal decisions, and

perceived social value are expected to contribute significantly to the psychosocial wellbeing of elderly women.

In summary, the Theory of Change for the BHBP delineates a pathway whereby financial assistance serves as a catalyst for improved health, enhanced food consumption, individual empowerment, increased social inclusion, and a heightened sense of psychosocial wellbeing among elderly women in poor households, thus creating a positive cycle of holistic development.

Table 2.1: Assessment matrix for the Ba-Himmat Buzurg Programme

Assessment area	Key questions	Methods & data sources	Expected findings
Programme design	<ul style="list-style-type: none"> ▶ Are eligibility criteria effective in reaching intended beneficiaries? ▶ Is the current transfer amount adequate to achieve desired outcomes? 	<ul style="list-style-type: none"> ▶ BHBP documents like PC-1 ▶ In-depth stakeholder consultation ▶ Beneficiaries quantitative survey ▶ Qualitative interviews with beneficiaries 	<ul style="list-style-type: none"> ▶ Insights into stakeholder perspectives ▶ Beneficiaries' perspectives on programme design effectiveness and potential improvements.
Operations and implementation	<ul style="list-style-type: none"> ▶ Are registration processes efficient and accessible? ▶ Are disbursement methods efficient and accessible? ▶ Are monitoring and evaluation systems effective? ▶ Are grievance redressal mechanisms effective? ▶ Is stakeholder engagement adequate? 	<ul style="list-style-type: none"> ▶ In-depth stakeholder consultation ▶ Beneficiaries quantitative survey ▶ Qualitative interviews with beneficiaries 	<ul style="list-style-type: none"> ▶ Identification of challenges in implementation ▶ Recommendations for streamlining processes.
Socioeconomic impact	<ul style="list-style-type: none"> ▶ Has the programme impacted income and consumption levels? ▶ Has it impacted asset ownership? ▶ Has it influenced access to and utilisation of healthcare services? 	<ul style="list-style-type: none"> ▶ Household quantitative survey ▶ Beneficiaries' quantitative survey ▶ Qualitative interviews with beneficiaries 	<ul style="list-style-type: none"> ▶ Evidence of the programme's impact on beneficiary socioeconomic status.
Psychosocial wellbeing and social inclusion	<ul style="list-style-type: none"> ▶ Has the programme impacted psychosocial wellbeing? ▶ Has it increased social participation and engagement? 	<ul style="list-style-type: none"> ▶ Beneficiaries quantitative survey ▶ Qualitative interviews with beneficiaries 	<ul style="list-style-type: none"> ▶ Understanding the programme's impact on beneficiary wellbeing and social inclusion.

2.2. OVERVIEW OF ASSESSMENT FRAMEWORK

Building upon the assessment objectives and research questions laid out in sections 1.2 and 1.3, Table 2.1 (assessment matrix) presents a comprehensive roadmap for navigating the BHBP's impact assessment. It deconstructs the overall evaluation into four distinct yet interconnected components, allowing us to examine: (1) the programme's design, evaluating its potential for effectiveness; (2) programme implementation, examining adherence to intended procedures and identifying potential challenges; (3) the tangible socioeconomic impacts on beneficiaries, encompassing changes in income, consumption, and asset ownership; and (4) the programme's contribution to intangible, yet vital aspects of wellbeing, including psychosocial wellbeing and social inclusion.

2.3. ASSESSMENT INSTRUMENTS

To address the evaluation objectives, we employed a mixed-methods approach, utilising both quantitative and qualitative data collection tools.

- ▶ **Quantitative assessment:** This assessment component relies on a comprehensive household survey. With a final sample size of 713 households, the survey spans both urban and rural beneficiaries across the districts of Muzaffargarh and Okara. One questionnaire per household was administered, each containing two major components: household profile and beneficiary's assessment of BHBP.
 - *Household profile:* The household profile included questions on demographics, engagement in economic activities, asset ownership, and consumption expenditure. This information was primarily obtained from the head of household (HH). In case the HH head was not available, his/her spouse or any other adult member who was well-versed in household matters (including the income of HH members) was interviewed.
 - *Beneficiary assessment:* The beneficiary's assessment component was administered to all beneficiaries in each selected household and contained questions about beneficiary experience at each stage of BHBP engagement to identify implementation challenges, programme usefulness, and perceived impacts. Beneficiaries were also asked for their suggestions to improve BHBP design.
- ▶ **Qualitative assessment:** In-depth interviews were conducted with beneficiaries and key stakeholders involved in the programme's design, implementation, and fund disbursement.

- *Beneficiary interviews:* 64 semi-structured interviews were conducted with beneficiaries, focusing on:
 - **Personal experiences:** programme utilisation, impact on wellbeing, and challenges encountered.
 - **Programme insights:** suggestions for improvement and insights into beneficiary perspectives.
- *Stakeholder interviews:* to gather further perspectives on the programme's implementation and effectiveness, interviews were also conducted with key BHBP stakeholders:
 - **Punjab Social Protection Authority (PSPA) officials:** responsible for overall programme design, management, and monitoring.
 - **Social Welfare Department (SWD) officials:** tasked with beneficiary mobilisation and registration at the district level.
 - **Bank of the Punjab (BoP) representatives:** serving as the designated financial service provider for the programme.

2.4. SAMPLING FOR QUANTITATIVE HOUSEHOLD (AND BENEFICIARY) SURVEY

This section outlines the sampling strategy employed for the quantitative household survey conducted as part of this assessment.

The sampling process involved a two-stage approach. First, two districts were selected based on the geographical distribution of BHBP beneficiaries across all districts in Punjab. The selection criteria considered the district-wise data provided by PSPA. Muzaffargarh and Okara were selected as the districts with the highest density of BHBP beneficiaries, representing the southern and central regions of the province, respectively. Muzaffargarh, characterised by a low-medium Human Development Index (HDI), and Okara, characterised by high-medium HDI⁶, were chosen due to their significant share –approximately 13 percent – of the total BHBP beneficiary population. In the second stage, respondents were randomly chosen from the list of beneficiaries in each selected district.

⁶ UNDP 2017

Box 2.2: Brief profile of selected districts

Okara is situated in the central part of Punjab. As of the Population Census of 2023, the population of Okara was around 3.5 million people. The district is further subdivided into three tehsils: Okara, Depalpur and Renala Khurd. It shares borders with districts like Kasur, Pakpattan, Sahiwal, and Faisalabad. Okara's economy primarily relies on agriculture. The district is known for its fertile agricultural land, producing crops such as wheat, rice, sugarcane, and fruits. Livestock farming is also a significant part of the economy. Okara has a rich cultural heritage with diverse traditions, festivals, and local crafts. Okara city is about 130 km away from the provincial capital, Lahore.

Muzaffargarh is situated in the southern part of Punjab, bordered by the districts of Layyah, Multan, and Dera Ghazi Khan. The Chenab River flows on its eastern side. The district is further divided into four tehsils: Muzaffargarh, Alipur, Kot Addu*, and Jatoi. As of the Population Census of 2023, the population of Muzaffargarh was around 5 million.

* Kot Addu has now become a district.

The economy of Muzaffargarh is predominantly agrarian, with products such as cotton, wheat, sugarcane, and rice. The district is home to a diverse population with a mix of cultural influences. Saraki is the predominant language spoken in the region. Muzaffargarh city is about 350 km away from Lahore.

A comparison of selected socio-economic indicators reveals that Muzaffargarh is the relatively less developed district of the two (see table below).

	Okara	Muzaffargarh
Rural population (%)	72.3	83.9
Urban population (%)	27.7	16.1
Literacy rate, age 10+ (%)	58.3	47.1
Multidimensional poverty (%)	39.5	64.8
Sources: a) Population and literacy indicators: Population Census 2023; b) Multidimensional Poverty: UNDP-Planning Commission, 2014-15		

Since the details of multidimensional poverty are not presented in UNDP 2014-15, an attempt is made to compare sectoral deprivation indicators using the latest available Pakistan Social and Living Standards Measurement (PSLM) 2019-20 data.

Sectoral deprivation indicators (%)			
		Okara	Muzaffargarh
Education:	Adult female illiteracy (15 years and above)	41.9	47.5
	Adult male illiteracy (15 years and above)	28.2	22.6
	Out of school girls (5-16 Years)	17.5	40.3
	Out of school boys (5-16 Years)	15.1	29.0
Health:	No prenatal health care	19.9	12.8
	No postnatal health care	54.7	51.0
	Child delivery at home	25.4	47.3
Housing quality:	Households with inadequate roof structure	1.3	19.3
	Households with inadequate wall structure	84.2	97.3
	Congested households (Households with only one room)	15.6	39.8
	Households without in-house latrine facility	4.0	26.6
Housing services:	Households with no electricity	1.5	12.2
	Households using unsafe (not covered) water	53.0	90.5
	Households with no telephone connection (landline or mobile)	3.5	15.9
Asset deprivation:	Do not possess any household large assets (refrigerator, air conditioner, motorcycle, car, or computer)	16.7	39.0

Quantitative survey sample size

The sample size for the quantitative survey was determined using Cochran's (1977) formula for cross-sectional studies. Initially, 718⁷ beneficiaries were selected (Okara 355 and Muzaffargarh 363) for the survey to ensure representation at the district level, as shown in Table 2.2. However, five cases were rejected, resulting in an adjusted sample size of 713.

⁷ Please see Appendix C for details.

Table 2.2: Quantitative survey sample size

District	Number of beneficiaries	Sample size	Error	Confidence
Muzaffargarh	6,016	363	0.05	0.95
Okara	4,449	355	0.05	0.95
Total		718		

Table 2.3 illustrates the finalised sample size for both districts, broken down by rural and urban areas. In Okara, 69 beneficiaries were interviewed in urban areas, while 281 were interviewed in rural areas, bringing the total sample size for Okara to 350. Similarly, for Muzaffargarh, the urban sample consisted of 22 beneficiaries, and the rural sample comprised 341 beneficiaries, resulting in a total sample size of 363. In both districts combined, 713 beneficiaries were interviewed, with 622 (87.2 percent) in rural areas and 91 (12.8 percent) in urban areas.

Table 2.3: District-wise quantitative sample size

District	Urban	Rural	Total
Okara	69	281	350
Muzaffargarh	22	341	363
Total	91	622	713
Share (%)	12.8	87.2	

2.5. SAMPLING FOR QUALITATIVE BENEFICIARY SURVEY

As part of the qualitative assessment exercise, detailed interviews of 64 BHBP beneficiaries, randomly selected from the quantitative sample, were conducted for a deeper understanding of changes in their socioeconomic wellbeing as well as in their psychosocial wellbeing as a result of their engagement with different aspects of the programme. Eight heads of households were also interviewed.

Generally, interviews with beneficiaries could not be conducted alone: most often, there was no physical space to afford privacy while in other cases beneficiaries themselves did not feel comfortable without the presence of another family member.

Table 2.4: District-wise qualitative sample size

District	Urban	Rural	Total	Upper PMT**	Lower PMT**
Okara	11	21 (4 hHH*)	32	19	13
Muzaffargarh	8 (2 hHH*)	24 (2 hHH*)	32	10	22
Total	19	45	64	29	35

*hHH = interviews with heads of households
 **Upper PMT range = 25-30 **Lower PMT range = 16.18-24.99

2.6. QUANTITATIVE ASSESSMENT APPROACH

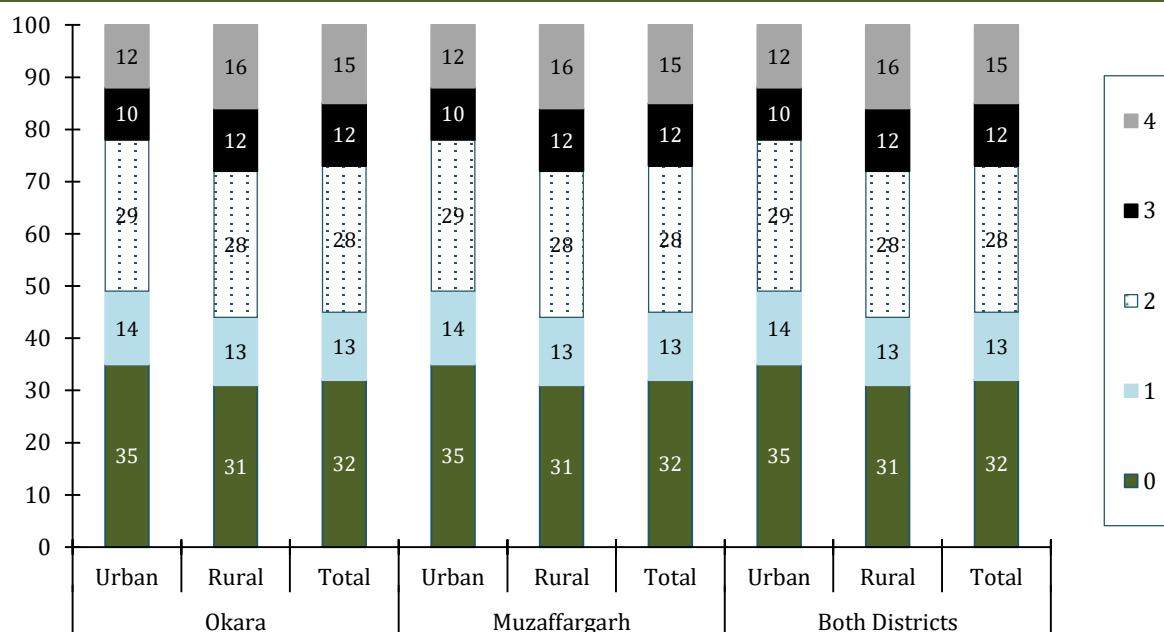
Ideally, baseline data would have been instrumental for a comprehensive impact analysis, which was unfortunately not available in the case of BHBP. A possible alternative approach involves comparing programme recipients with a control group that shares similar characteristics except for receiving BHBP transfers. However, forming an appropriate control group was challenging due to the BHBP's aim of covering all eligible elderly women (65+ years) with PMT scores between 16.18 and 30. This universal coverage made finding a truly comparable control group in the same region difficult.

In consultation with the PSPA and technical experts of Gesellschaft für Agrarprojekte (GFA), the project opted for two key data collection strategies at the outset. First, detailed quantitative information was gathered on how beneficiaries utilised BHBP transfers to finance various types of consumption, including for food and health. This provided insights into the programme's immediate impact on beneficiary wellbeing, even for those who received fewer or no disbursements. Second, in the qualitative survey, beneficiary perceptions of BHBP's impact on various aspects of their lives were collected, covering all the programme's performance indicators. These qualitative data complement the quantitative information and help capture beneficiaries' subjective experiences.

Analysis of the household survey data revealed that not all beneficiaries received the same number of payments in the 12 months preceding the survey, from July 2022 to June 2023. Figure 2.1 illustrates this finding, highlighting that, on average, 23 percent of beneficiaries across both districts received no payments in the last 12 months. This number rose significantly in Okara, where 32 percent of respondents reported receiving no payments. Muzaffargarh, on the other hand, showed a lower proportion of non-recipients, only 14 percent. The qualitative survey further confirmed this uneven distribution, with many beneficiaries reporting their last payment having been received between January and December 2022.

Given these findings, we opted to use the 'non-recipient' group (those who received no payments in the past 12 months) as a control group for both socioeconomic and psychosocial impact assessment, including social inclusion. We acknowledge the limitations of this approach due to potential selection bias and the disparity in group sizes. However, this strategy provides a valuable basis for comparison and offers unique insights into the programme's effects, even with its imperfections.

Figure 2.1: Number of transfers received per beneficiary in the last 12 months (%)



2.7. ETHICAL CONSIDERATIONS

SPDC is dedicated to ensuring the integrity and quality of the proposed research at every stage, from inception to completion, and through the publication of results and beyond. Given the involvement of human subjects, ethical considerations are paramount. During the project's inception, comprehensive ethical guidelines were issued, outlining standard protocols for ongoing ethical checks throughout the project.

To ensure the thorough understanding and compliance of all team members with the ethical guidelines and procedures, training sessions incorporated discussions on the content and implications of these guidelines. Several examples of ethical considerations are outlined below:

Informed consent: Since the study involves interviews with individuals, procedures were put in place to ensure that respondents fully comprehend the engagement process and provide voluntary and informed consent. Research objectives were meticulously explained to interviewees during the interviews, and explicit verbal consent was obtained.

Withdrawal option: Participants were clearly informed of their option to withdraw from the study at any time. Participants were assured that, even after giving consent, there was no obligation to provide information or respond to questions.

Confidentiality: Special attention was given to maintaining the confidentiality of information. Informants were assured that the information collected will be used solely for analysis purposes. No individual-specific information will be disclosed publicly, and informants will remain anonymous.

Conflict of interest: All members of the research team were required to declare any personal interests that may pose a conflict of interest or compromise the independence of the research. This transparency ensures the unbiased and impartial nature of the research endeavour.

2.8. INFORMATION COLLECTION AND PROCESSING

Quantitative survey: 718 beneficiary households in Okara and Muzaffargarh were selected for the survey. The beneficiary households were randomly chosen from the list of beneficiaries provided by PSPA, which contained information about beneficiaries' names, addresses, cell phone numbers, CNIC numbers, household head names, etc. The list of sampled beneficiaries/households was provided to enumerators who visited the selected houses and conducted face-to-face interviews with respondents in Urdu. The survey information was collected on Android tablets/phones, which helped in real-time monitoring of the survey and also facilitated the data editing and processing, as it was being stored on a back-end server and was accessible to the research team. The quantitative survey was conducted between August to September 2023 and the questionnaire is included in this assessment as Appendix D-I and D-II (in English and Urdu).

Qualitative survey: The interviews of the 64 beneficiaries were conducted by an interviewer and a support staff member between August to September 2023. Verbal permission was requested to record the interviews, but it was not always forthcoming. Interviewers jotted down interview details on a question-answer template and transcribed the interviews. These transcriptions were translated from Urdu to English, where required, reviewed to filter out discrepancies, and the information was summarised and then analysed. The qualitative interview guidelines are included in this assessment as Appendix E.

Challenges: Identification of the selected beneficiary or beneficiary household proved to be a challenging task for enumerators due to several reasons. First, most of the addresses were incomplete, and it took a lot of effort to reach the beneficiary household. Second, in many cases, there was no response on the cell phones of the beneficiaries. Third, in most cases, name of the household head⁸ was missing in the beneficiary list. In rural areas, people

⁸ Name of beneficiary's husband or her son (in case she is a widow).

generally do not know the names of elderly women since they are mostly identified by the names of their husbands or sons. Therefore, locating the beneficiaries was a painstaking task. Nonetheless, enumerators ensured they interviewed the correct respondent by adopting various strategies. For instance, information about the whereabouts of beneficiaries was obtained from local shopkeepers and vendors. Vendors with facilities for e-payment, such as Jazz Cash, Easypaisa, etc., were particularly helpful in identifying the beneficiaries. Once the beneficiary was identified, further verification was also done by matching their CNIC numbers. And finally, in a number of cases, the team got to know after reaching the target household that the beneficiary had expired a few days/weeks before. In these cases, replacement sampling was applied. In a few cases, the replaced beneficiary was also reported to have passed away and was then replaced by another beneficiary.

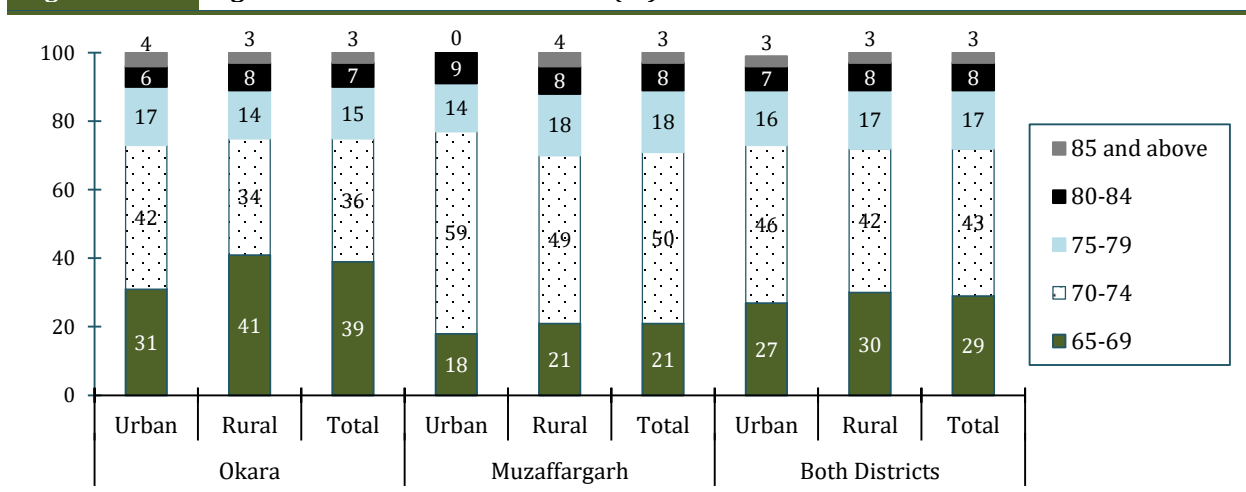
3. BHBP DESIGN ASSESSMENT

This chapter scrutinises the key components of the BHBP design and their potential for effectiveness. We report the targeted population's characteristics, assessing their influence on the design's impact potential. We also focus on crucial elements such as payment frequency, transfer modality (cash versus in-kind), delivery mechanism, adequacy in inflationary times, and for disabled recipients, alongside the effectiveness of communication and grievance redressal mechanisms. We aim to assess the capacity of the BHBP design to empower underprivileged elderly individuals in Punjab. This, in turn, will pave the way for informed recommendations to further strengthen and optimise the programme, maximising its positive impact.

3.1. KEY CHARACTERISTICS OF BENEFICIARIES AND THEIR IMPLICATIONS⁹

The BHBP's focus on elderly women aged 65 and above was carefully considered, with beneficiary age distribution playing a crucial role in the programme design. Figure 3.1 reveals interesting variations across districts. In Okara, nearly 41percent of beneficiaries fall within the 65-69 age group, compared to just 21percent in Muzaffargarh. Combining both districts, this age cohort still constitutes a significant 29 percent of beneficiaries.

Figure 3.1: Age distribution of beneficiaries (%)

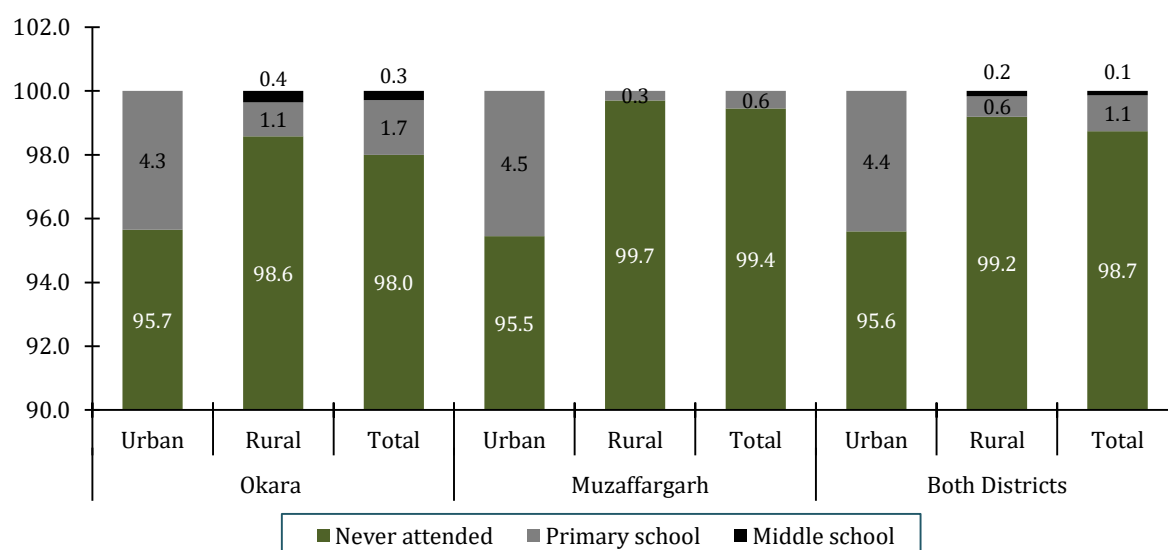


⁹ Due to the survey's specific focus, the characteristics of the beneficiaries and their households are likely to differ from those captured in broader sources like the Population and Housing Census 2017, Pakistan Social and Living Standards Measurement Survey 2019-20, and Labour Force Survey 2020-21. For reference, a comparison of household size between the SPDC survey and these other sources is presented in Appendix F.

This distribution raises important considerations for potential adjustments to the beneficiary age threshold. While there is no accepted definition of ‘universal’ for such programmes, a higher age threshold, for example, 70 years and above, could have unintended consequences. Specifically, it would disproportionately affect different regions, potentially excluding nearly one-fifth of beneficiaries in Muzaffargarh alone.

Figure 3.2 presents a clear picture of beneficiaries' educational attainment levels. Consistent with the predominantly rural nature of the sample, a staggering 99 percent of beneficiaries have never received formal schooling. Even in urban areas, this statistic remains high at 96 percent, indicating that nearly all beneficiaries lack basic literacy skills.

Figure 3.2: Beneficiaries' educational attainment (%)



This critical finding has significant implications for designing an effective communication strategy. To overcome the literacy barrier, integrating visual elements and pictorial and or recorded voice messages alongside written text must be considered, ensuring clear and accessible communication for the BHBP's target audience. Details of household demographic and socioeconomic characteristics compiled from the quantitative survey for both Okara and Muzaffargarh have been included in Appendix G.

3.2. FREQUENCY OF TRANSFERS

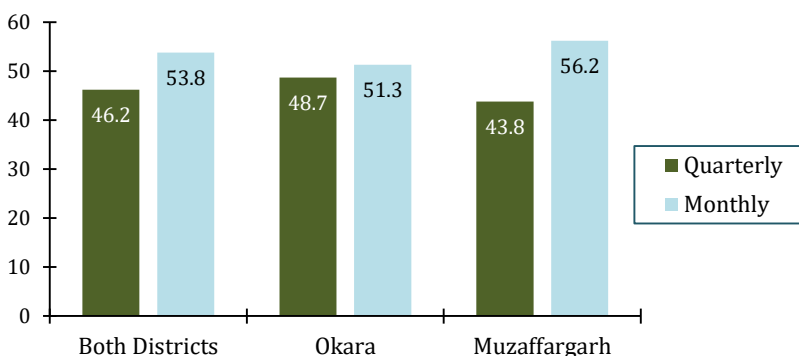
While BHBP currently provides PKR 6,000 quarterly (equivalent to PKR 2,000 monthly), a crucial question arises: how do beneficiaries envision the programme's future payment frequency? Figure 3.3 reveals that nearly 54 percent of beneficiaries across both districts favour monthly transfers while the remaining 46 percent opt for the existing quarterly

arrangement. The qualitative survey also reports a similar, almost even split between monthly and quarterly payments; more significantly however, the majority emphasised the importance of programme continuity and regularity in receiving financial assistance.

As beneficiary #48¹⁰ explained, ‘We old people, like everyone else, need financial support for ourselves, our medicines and so that we don’t become a burden on our children. I respected myself more because I had money of my own and

didn’t need to ask others just to eat or buy medicines. I was able to buy food and medicines for myself and my sons were aware of this and that I wasn’t being a burden on them. Regular and more money for health would create a change in our lives. I just received 4 instalments.’

Figure 3.3: Payment frequency – beneficiaries' preferences (%)

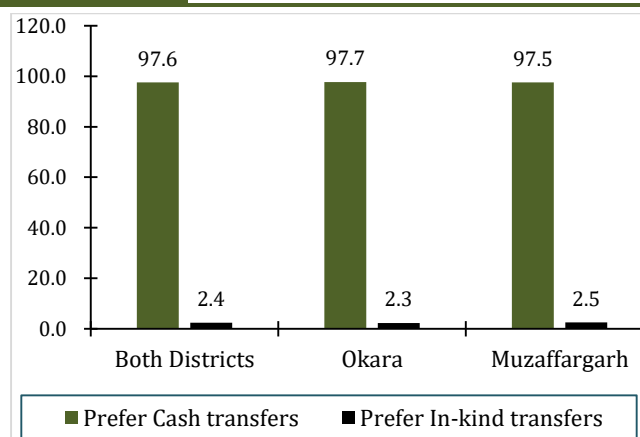


The qualitative survey revealed a subtle link between payment preferences and spending patterns. Beneficiaries who used BHBP assistance primarily for food expressed a preference for monthly instalments, likely for easier budgeting and daily needs management. Conversely, those prioritising medical expenses favoured quarterly disbursements, possibly to accommodate larger health-related expenditures.

3.3. MODALITY OF ASSISTANCE

Both quantitative and qualitative surveys inquired about beneficiaries' preferred mode of transfer: cash or in-kind support for the same PKR 6,000 amount. Figure 3.4 presents a clear picture: 97 percent of beneficiaries across both districts overwhelmingly favour cash transfers. Their reasons included ease of management, greater freedom and control, and flexibility to make choices.

Figure 3.4: Cash vs. in-kind transfers (%)



¹⁰ Real names of beneficiaries have been replaced by unique serial numbers to maintain respondents' anonymity.

The qualitative survey echoes this sentiment, revealing a unanimous preference for cash assistance. Whether it was used for food, medicine, or other necessities, cash assistance allowed beneficiaries the flexibility to make these crucial decisions themselves.

3.4. DELIVERY MECHANISM

The qualitative survey reveals a clear beneficiary preference for ATMs over BoP vendors. Beneficiaries valued being able to send family members to withdraw cash, particularly due to two key factors. First, nearly half of the qualitative survey beneficiaries struggled with limited mobility due to health issues, making ATM access through trusted representatives more convenient. Secondly, 56 out of 64 beneficiaries who used an ATM card¹¹ reported receiving the full BHBP amount, regardless of who withdrew it, allowing them to spend the money according to their own wishes. Only 4 cases were reported where beneficiaries either said they willingly handed over part of their BHBP money to the male heads of households or were not given the entire amount because of filial neglect. Even in these 4 cases, only PKR 1,000 or PKR 1,500 was withheld, and the rest was given to the beneficiary.

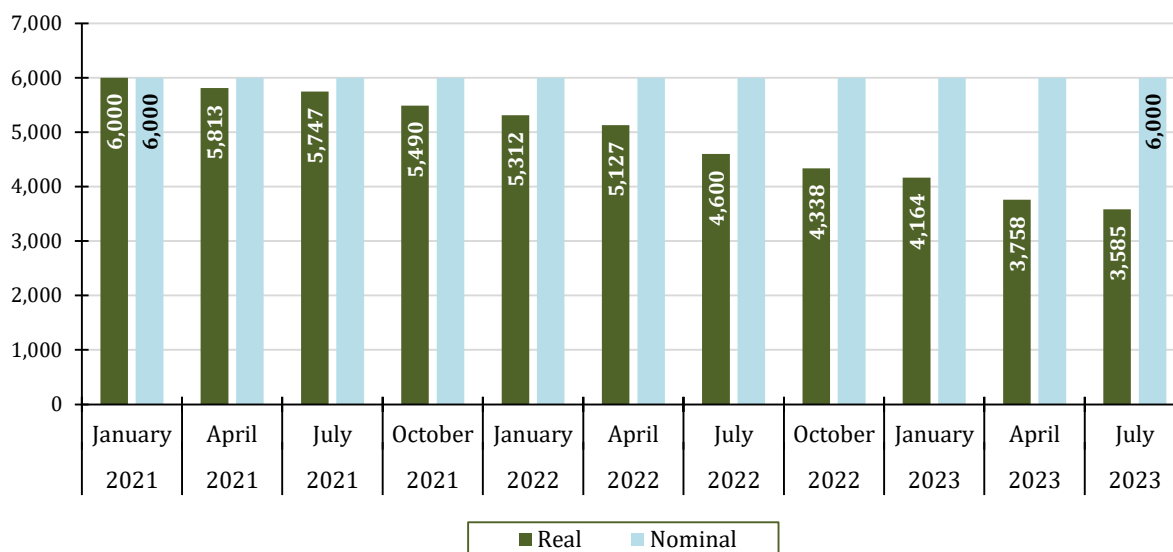
Although BoP vendors offer increased security with two-step verification and wider network coverage, most beneficiaries did not find them advantageous. Those who were forced to shift away from ATMs towards BoP vendors found the process more difficult because it did not necessarily cut down their transport costs or waiting times: BoP vendors service several PSPA programmes and long lines and long waits are a norm. But, by far the most serious issue all beneficiaries reported was the deduction made by BoP vendors at every withdrawal, ranging in amount from PKR 100 to 700. A few beneficiaries also reported that staff at BoP branches were more helpful to them or their daughters when they went without male escorts.

3.5. ADEQUACY OF TRANSFERS: A CASE FOR INFLATION INDEXING IN BHBP TRANSFERS

The fixed nominal value of BHBP transfers, unchanged since its inception in 2021 at PKR 2,000 monthly (PKR 6,000 quarterly), is failing to maintain pace with rising inflation. Figure 3.5 illustrates this disconnect: while the nominal value remains stagnant, the real value has plummeted due to a 67 percent surge in the Consumer Price Index (CPI) from January 2021 to July 2023. This sharp decline in the real value of the transfer, now at PKR 3,585 quarterly, significantly undermines the programme's intended impact and raises serious concerns about its adequacy in meeting beneficiaries' basic needs, especially during emergencies.

¹¹ 31 beneficiaries used only an ATM card while 23 used an ATM card initially and then moved to BoP vendors over the time period they received BHBP financial assistance.

Figure 3.5: Real and nominal quarterly value of the transfer (PKR)



This concern finds strong validation in the quantitative survey. Over 80 percent of beneficiaries reported the current transfers as insufficient for urgent/emergency needs. The qualitative data paints an even starker picture, with all participants emphasising the inadequacy of PKR 2,000 monthly, particularly in light of rising costs of necessities like food and electricity. Suggestions for bolstering the transfer amount ranged from PKR 5,000 to PKR 20,000 per month, highlighting the urgent need for adjustments.

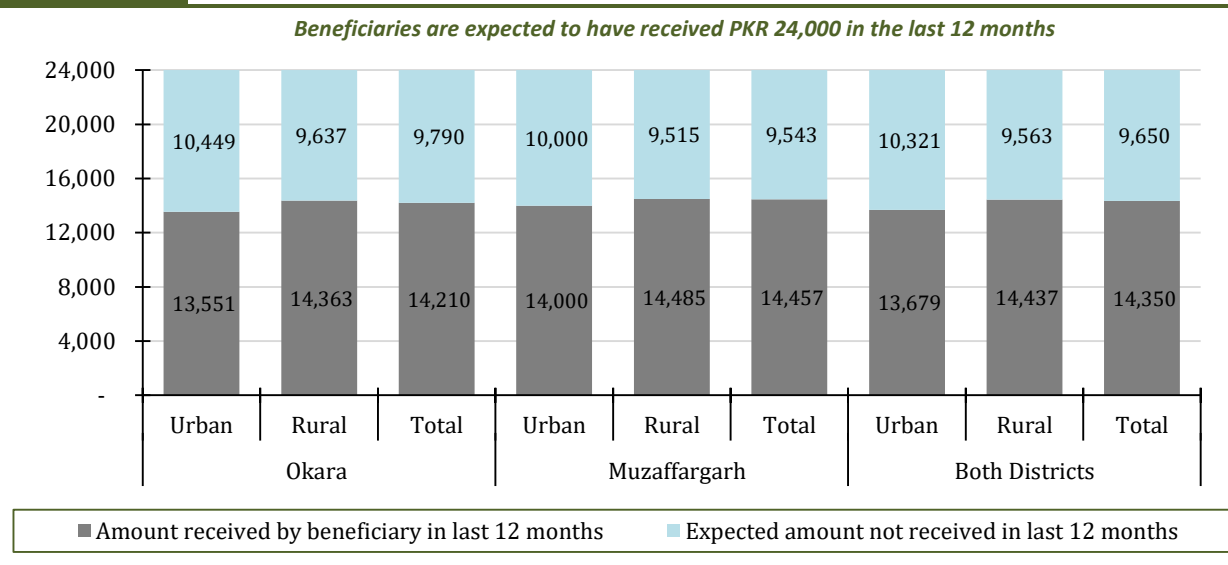
Implementing an inflation-indexed adjustment mechanism could ensure the sustained effectiveness of BHBP transfers, safeguarding beneficiaries' purchasing power and guaranteeing the programme's relevance in times of economic pressure. By automatically adapting to inflation fluctuations, such a mechanism would preserve the programme's intended impact and deliver on its promise of financial support to its vulnerable beneficiaries.

3.6. ADEQUACY OF TRANSFERS: VALUE OF TRANSFERS RECEIVED IN THE LAST 12 MONTHS

In addition to inflation, the gap between expected and actual transfers further affected the adequacy of BHBP support. Over the 12 months preceding the survey, beneficiaries expected PKR 24,000 in an annual cycle, in four quarterly payments. However, as indicated by Figure 3.6, on average beneficiaries had received only PKR 14,350 in the last 12 months, perhaps due to irregular payments (see Figure 2.1). This shortfall, equivalent to 60 percent of the total expected value, highlights a substantial discrepancy between anticipated and actual

disbursements. These findings underscore the need for urgent attention to ensure that beneficiaries are regularly paid in order to receive the full intended value of BHBP support.

Figure 3.6: Value of transfer received per beneficiary in last 12 months (%)



3.7. ADEQUACY OF TRANSFERS: THE CHALLENGE OF DISABILITIES

Table 3.1 sheds light on the prevalence of disabilities among sampled beneficiaries, revealing a significant challenge for programme adequacy. Nearly 31 percent reported experiencing one or multiple disabilities, with evident district-wise disparities: 38 percent in Muzaffargarh compared to 23 percent in Okara. Notably, 9 percent of beneficiaries (6 percent in Okara and 11 percent in Muzaffargarh) deal with multiple disabilities.

Table 3.1: Distribution of beneficiaries by disabilities (%)

	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
No disability	78.3	77.2	77.4	63.6	61.6	61.7	74.7	68.6	69.4
Deafness	1.4	0.4	0.6	4.5	0.6	0.8	2.2	0.5	0.7
Hearing impairment		2.5	2.0	9.1	4.7	5.0	2.2	3.7	3.5
Blindness		1.8	1.4					0.8	0.7
Vision impairment	7.2	7.5	7.4	13.6	10.0	10.2	8.8	8.8	8.8
Physical disability	4.3	4.6	4.6		10.9	10.2	3.3	8.0	7.4
Mental disorder		0.4	0.3	4.5	0.6	0.8	1.1	0.5	0.6
Multiple disabilities	8.7	5.7	6.3	4.5	11.7	11.3	7.7	9.0	8.8
Beneficiaries with disability	21.7	22.8	22.6	36.4	38.4	38.3	25.3	31.4	30.6

These disabilities, mainly physical and vision impairments, exacerbate the limitations of the BHBP's uniform transfer value. Treating disabled and non-disabled beneficiaries equally

overlooks the additional expenses and support needs associated with disability¹². This disconnect is highlighted in the quantitative survey, where 89 percent of disabled respondents explicitly stated requiring additional financial assistance to manage their disability. Their suggestions included a one-time average grant of PKR 20,000 to address specific disability-related needs.

3.8. CONTROL OVER THE CASH RECEIVED FROM BHBP

A fundamental objective of the BHBP cash transfer is to foster women's empowerment and social inclusion, with a key emphasis on ensuring that the beneficiary herself retains control over how the transfer is utilised.

Figure 3.7: Who decides how the BHBP transfer is used? (%)

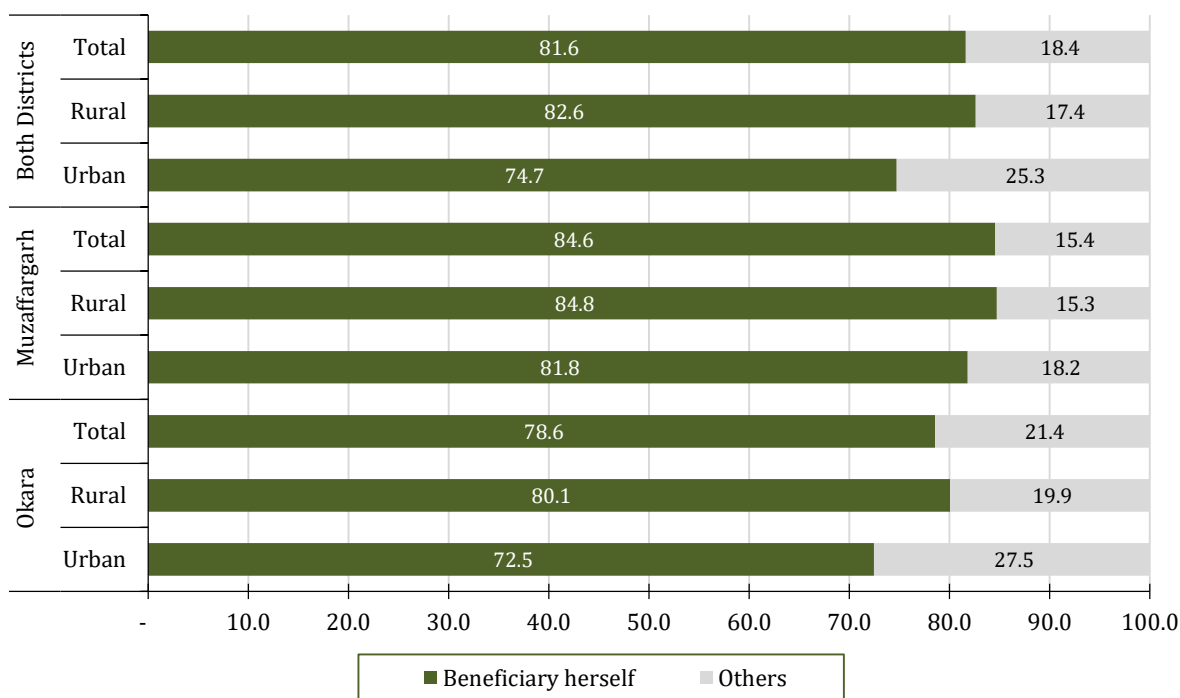


Figure 3.7 presents an overall positive picture, with 81.6 percent of beneficiaries reporting that they remained the primary decision-makers regarding the utilisation of the BHBP cash transfer. As we saw in 3.6 'Delivery mechanisms', part of the cash is sometimes paid to the intermediary who facilitates the transfer to the beneficiary. Notably, the percentage of beneficiaries exercising control is higher in Muzaffargarh (85 percent) than in Okara (78.6

¹² PSPA has a Persons with Disabilities programme that provides PKR 2,000 monthly as an unconditional cash transfer to beneficiaries living in households with a PMT score of up to 30. Cross-programme linkages may be explored to address the inadequacy of the BHBP transfer amount for the elderly with disabilities.

percent). These findings underscore the programme's success in promoting women's autonomy and decision-making power.

3.9. COMMUNICATION BETWEEN PSPA AND BENEFICIARIES

According to the PC1, BHBP's communication strategy relies essentially on the process being demand driven. The information channels used by PSPA to communicate with beneficiaries comprised the following:

- ▶ For registration mobilization: Information, Education and Communication (IEC) material including posters, brochures and flyers developed by PSPA for dissemination through the BoP, local Government and SWD at registration camps and public places such as health facilities, schools, mosques etc. PSPA's BHBP communication strategy and activities as well as a sample of the programme brochure shared during a training workshop with SWD focal persons is included as Appendix H. However, during the implementation of the programme, word-of-mouth communication was relied upon heavily, especially at the sub-district levels, where UC secretaries and LHWs sought out potential beneficiaries, either through announcements at public places such as mosques and schools or through door-to-door visits.
- ▶ For post registration communication on BHBP: through SMS on mobile phone numbers registered with beneficiary CNICs on the NADRA database or those registered with the PSPA at the time of beneficiary registration.

These channels appear inadequate when comparing the vast size of the BHBP target group (first beneficiary cohort size identified was more than 75,000; see Table 4.1) to the small pool of 145 SWOs given the responsibility of registering them. This was further aggravated by the fact that UC secretaries and LHWs had to be relied upon to physically reach beneficiaries because contact information provided in the target lists was not accurate. This inclusion of sub-district staff who were not trained to communicate programme details and objectives allowed a lot of human error in transmission of programme information. The PSPA SMS system, which is used to inform beneficiaries about registration or cash withdrawal availability is often ineffective because many beneficiaries had no one to read the messages for them. For example, beneficiary #20 reported that she was able to tell that her money had arrived, not through the SMS because her husband does not know how to read, but because other people – who did grasp the message – were going from the village.

Worse, PSPA in many cases does not use its existing channels to communicate vital information to BHBP beneficiaries. An example is the programme freeze (see Box 1.1), which has not been communicated to the beneficiaries – with catastrophic consequences

for many. This important departure of implementation from BHBP design will be developed in Chapter 4.

Inadequate communication channels create confusion and unnecessary expenditures for beneficiaries. Some beneficiaries reported finding out about their options to get cash withdrawals from BoP vendors rather than ATMs from informal sources rather than from PSPA/SWD. For example, beneficiary #51, a 74-year-old widow, was told by someone in her locality that she could withdraw money from BoP vendors, and she started to use this method because the shop was closer to her house. Most of the 23 beneficiaries who first used an ATM and then started going to BoP vendors only did so when their ATM cards stopped working or got stuck or were lost. According to beneficiary #1, a 70-year-old widow, *'When my card got stuck in the ATM machine, I was told a new one would not be issued and I would have to go to a shop. This was distressing because there are huge lines there and a lot of fights and many women also faint because of the heat and the long wait.'* Beneficiaries' lack of confidence in being kept abreast of latest BHBP news also caused considerable inconvenience to them. For example, beneficiary #52, a 72-year-old widow, opted to hire transportation to go twice more to the BoP vendor where she received her one and only instalment of PKR 12,000 in December 2022, despite her fractured hip, but was told that there is no money.

The absence of a beneficiary-centred communication strategy is a serious concern in BHBP's design - this information vacuum not only inflicts emotional distress but also exacerbates financial burdens for those who relied on the programme, potentially pushing them into debt to bridge the gap. The inability of beneficiaries to reach out to public institutions amplifies the damage, eroding trust and adding to the pre-existing struggles of these vulnerable individuals. The psychosocial impact of this uncertainty cannot be overstated, highlighting a critical design oversight requiring immediate attention.

*'Where extreme poverty and social exclusion prevail, the scope for active and independent engagement is often limited, as the most vulnerable are not always able or willing to provide feedback on programmes, let alone complain to higher authorities, often fearing reprisals.'*¹³.

The BHBP design needs to be cognisant of how poverty, beyond its material dimensions, affects the lives of elderly women and their response to dealing with these realities. This will help to analyse how different elements of programme design could be improved in order to

¹³ Molyneux et al (2016) 'Can Cash Transfer Programmes have 'Transformative' Effects?', The Journal of Development Studies, 52:8, 1087-1098

serve the social protection goal of cash transfer programmes like BHBP. The reality is that social protection cash transfers can go beyond simple provision of income support; they can address the capability deprivations¹⁴ that result in chronic poverty and thus affect the change that development policies hope to achieve. A detailed analysis of the psychosocial profile of the beneficiaries is given in Appendix I.

The main highlights of the psychosocial profile of beneficiaries that have programme design implications are as follows:

- ▶ Most beneficiaries reported a decline in their sense of self-worth as a result of having become a burden on their children due to their old age and/or health issues.
- ▶ Poverty creates a sense of isolation, which leads to a deterioration in informal support systems and reduced agency.
- ▶ Beneficiaries avoid social gatherings because they cannot engage in traditional reciprocal exchanges at events such as weddings, funerals, religious festivals etc.
- ▶ Poverty is putting traditional informal support systems under stress - among 64 beneficiaries interviewed, 14 were cases where sons living with them had separated their households from the beneficiary's.
- ▶ There is considerable distrust of public institutions among many beneficiaries.

3.10. GRIEVANCE REDRESSAL

The PSPA and BoP have both set up helplines to provide grievance redressal for registered beneficiaries, but knowledge about these was only reported in 3 out of 64 cases during the qualitative assessment. A few beneficiaries wanted to change the phone numbers registered with their CNICs to make the process smoother for themselves or because their registered SIMs had been lost, but were not able to resolve their issues because they had no idea how to do this.

Grievance redressal is a crucial element in the participatory mechanisms embedded in effective social protection programme design that can serve to increase the voice of the excluded and their participation in community affairs. Social protection programmes such as BHBP should aim at improving all dimensions of wellbeing in a holistic way, because psychosocial wellbeing is potentially a powerful driver for the achievement of material gains

¹⁴ Sen, Amartya K. (1999), *Development as Freedom*, Oxford: Oxford University Press. Sen's capability approach includes the notion of wellbeing assessed in terms of one's capability to achieve valuable 'functionings', both elementary and complex, such as achieving self-respect, participating in community life and 'appearing in public without shame'. In this context, 'poverty' is understood as deprivation in the capability to live a good life, and 'development' is understood as capability expansion.

and for achieving larger and more sustainable impacts on ‘traditional’ outcomes such as improvement in socioeconomic indicators. Where beneficiaries find that their issues cannot be resolved or are not important, it erodes the social capital painstakingly accumulated throughout different stages of programme implementation and can adversely impact beneficiaries’ ability and willingness to engage with the programme when it resumes. To conclude, grievance redressal is a valid aspect of BHBP design but, like many other aspects of the programme, this option and how to access it needs to be effectively communicated to beneficiaries.

4. BHBP IMPLEMENTATION ASSESSMENT

This chapter examines the key stages of the implementation of BHBP in Okara and Muzaffargarh to assess their effectiveness in delivering meaningful results for beneficiaries. By uncovering strengths and weaknesses in the programme's execution, we aim to empower policymakers and programme implementers with the insights and recommendations needed to unlock BHBP's true potential and ensure its maximum impact on the lives of its beneficiaries.

Our investigation focuses on two crucial areas:

- ▶ Stakeholder engagement: exploring the process of beneficiary mobilisation, beneficiary coverage and dissemination of programme information from the perspective of the key BHBP stakeholders.
- ▶ Operational efficiency: analysing both qualitative and quantitative data to understand beneficiaries' experiences during registration and accessing funds, assessing the influence of these experiences on the programme's potential impact. Critical elements such as the effectiveness of payment mechanisms and user costs associated with payment collection are also examined.

4.1. BENEFICIARY MOBILISATION

PSPA is the sponsoring agency of BHBP and is also responsible for the programme's execution, operations and maintenance in collaboration with the SWD. The SWD role in BHBP is institutionalised through its place on the board of PSPA but, for BHBP, its mandate was restricted to a task-based assignment of mobilising beneficiaries for programme registration, by leveraging its extensive network at the *tehsil* (sub-district) levels. PSPA provided Social Welfare Department officers (SWOs) and focal persons with tablets that had an application for BHBP registration, containing *tehsil*-level beneficiary cohort lists. PSPA conducted one training session for 135 *tehsil*-level staff at SWD premises (and for about ten SWD staff later at PSPA) on how to add beneficiary profiles and register them on the app. Brochures were prepared and handed over to SWOs, containing information on programme eligibility, registration process and disbursement mechanisms, which were to be handed to beneficiaries at the time of their registration.

Post-training, the only engagement of the PSPA with the SWOs and focal persons at registration camps was through a district-wide WhatsApp group, to answer all questions arising in the field in real time. SWOs reported that this group was not effective for a significant proportion of their field officers because they did not have mobile phones that supported WhatsApp.

Devising an effective strategy to mobilise BHBP beneficiaries for registration was a challenge for the SWD and relevant District Administrations (DAs) because of the inaccuracy of the contact information data in the 2010 NSER: addresses and phone numbers were found inaccurate in an estimated 70 percent of overall cases. SWD officials held meetings with the various District Commissioners in order to decide how to meet the targets of the PSPA *tehsil*-level lists. The first main outcome of these meetings was to select a central registration campsite at each tehsil level. To overcome the difficulty posed by inaccurate telephone numbers and incomplete addresses, it was also decided that SWOs would utilise the services of Union Council (UC) secretaries and Lady Health Workers (LHWs) who had in-depth knowledge about the areas they served and would task them with informing and encouraging potential beneficiaries to come to the registration campsite. For this purpose, tokens were prepared by the SWD with beneficiary names and Citizen National Identification Card (CNIC) numbers. These were distributed to beneficiaries once they were located, along with information on where to go for registration.

The PSPA, in accordance with its PC1, reported carrying out mass awareness activities across the province through electronic/print media, radio, cable TV and social media (for details, see Appendix H). However, SWOs who conducted BHBP camps in DG Khan district reported that they were given the entire responsibility for organising the registration mobilisation drive with support only from the District Administrations. In DG Khan district, for example, the SWD used local newspapers and cable TV ads, on SWD budget, to publicise BHBP and its registration drive, and partner NGOs were also used to spread the word about the programme. In Okara district, SWOs, in addition to calling contact numbers provided in the PSPA lists, went to Union Councils, high schools and mosques to mobilise target beneficiaries through general announcements about financial assistance being given by the government to the elderly and encouraging above 65-year-old women to come to designated registration camps. By and large, beneficiaries were responsible for getting themselves to the designated campsites and their registration was facilitated as much as possible by the SWD staff present. Because identification of beneficiaries was difficult, no effort could be made to provide transport services to and from campsites. Some UC workers arranged transport for beneficiaries in far-off areas but this was done on an ad-hoc basis.

BHBP registration camps lasted for about 4 months and initially saw entire villages come after hearing announcements about the BHBP cash disbursements. This is an indication that the eligibility criteria and/or general programme information were not communicated effectively among potential beneficiaries, and the main emphasis of the registration drive was to maximise mobilisation to meet the targets received by focal persons. The BHBP registration targets provided to SWD were not timebound and concern was expressed by SWOs whether best efforts were made in the field, especially in light of the fact that there was no remunerative reward for meeting these targets. Also, considerable reduction in the commitment of BHBP focal persons was reported with time because they had no mandate to redress grievances that were brought to them by potential beneficiaries - given that there was no incentive to meet targets, when problems arose and could not be resolved easily, they were simply abandoned by the SWOs. All these factors contributed to a fall in the volume of registrations which prompted PSPA to disperse camps after 4 months and divert the process to BoP branches and an expanded BoP vendor network. After camps were dispersed, SWOs moved registration to Municipal Committee offices and then to their area-SWD offices.

There is general agreement among SWOs that the BHBP had been poorly managed and there is considerable resentment at having been made to do the work without pay, recognition, or cooperation, and with no empowerment to resolve grievances.

4.2. BENEFICIARY COVERAGE

In addition to BHBP, PSPA is also responsible for ten other social protection programmes in Punjab and its entire officer-level human resource strength, comprising ten officers, is shared across all ten programmes, from policy and design to operations, finance and IT, in addition to monitoring and evaluation (M&E). This institutional and human resource constraint restricts attention to programme design and operationalisation. Programme managers are in charge of monitoring disbursements and withdrawals in conjunction with BoP focal persons but there has been no M&E exercise on the design and implementation of BHBP until the present assessment.

Despite these issues, according to informal feedback through the SWD officers and the PSPA grievance cell, the BHBP has been successful in targeting poor elderly women. According to an Assistant Divisional Director SWD, *'PKR 2,000 per month might seem a small amount to you and me but for poor people, who put old, non-contributing family members completely aside – it made them recognise their existence and maybe give them more food and some clothes as well. Our social fabric has been destroyed and we consider these older people a burden. The PKR 2,000 per month helped fight this.'* This assessment is also largely confirmed by beneficiaries themselves in the qualitative survey results.

BHBP coverage, as highlighted by all stakeholders, has been far from satisfactory. 3 BHBP cohort lists were provided by PSPA for beneficiary registrations before the programme freeze, in November 2020 and in February and May 2021.

As seen in Table 4.1, the overall registration of BHBP beneficiaries reveals a coverage of only 15.7 percent over the 20-month period when registrations were open. The first two cohorts were registered through SWD-

Table 4.1: BHBP beneficiaries 2020-2022

Month & Year	Beneficiary Cohort target	Total Registered	% of cohort
November 2020	75,365	16,979	22.5%
February 2021	505,538	66,545	13.2%
May 2021	508,668	74,752	14.7%
June 2022	508,668	80,022	15.7%

administered camps while the third cohort list was made available directly to the BoP agent network in a revised PSPA strategy discussed below. The major reason all stakeholders mentioned for low coverage was inaccurate contact information in 2010 NSER data: an estimated¹⁵ 70 percent of potential beneficiary cell numbers did not work. Additional factors include relying heavily on SWD's *tehsil* level presence, which introduced human errors in transmitting complex messages to a dispersed target group. There is another viable reason: because the dissemination of programme information was not standardised nor beneficiary-oriented, it is possible that BHBP beneficiaries did not learn about the programme in a manner that would encourage them to register, as explained in the next section.

4.3. DISSEMINATION OF INFORMATION ABOUT BHBP

All BHBP stakeholders agreed that PSPA's current communication strategy is insufficiently effective in reaching out to potential beneficiaries about the BHBP objectives, its process, the rights and responsibilities of the beneficiaries and for grievance redressal. Insufficient training and motivation were provided to programme implementers (SWOs and other focal persons at the *tehsil* level or BoP agent/vendors) so that the non-material factors that can impact beneficiary psychosocial wellbeing could be addressed. The entire BHBP registration process was target-driven, with no attention paid to the quality of SWO or focal person interaction with beneficiaries in a way that would impact their dignity and self-esteem positively. SWD also reported that there was no follow-up with beneficiaries at the *tehsil* level after registration because that was not part of their mandate from the PSPA.

The need for a communication strategy between relevant government departments and for NGO referrals to be institutionalised was highlighted by PSPA for timely grievance redressal

¹⁵ Based on estimates reported during SWO interviews.

– vulnerable people who approach DAs or SWOs or PSPA should be systematically processed to allow them to avail social protection schemes for which they are eligible. This would create greater confidence among the poor who tend to view government institutions with fear and/or distrust.

‘The adoption of a poverty-based targeting approach in countries where large segments of the population are poor and where inadequate attention has been paid to participatory components of programmes – including involvement of beneficiaries and communities in all phases of programmes, information sharing on programme functioning, targeting mechanisms and criteria, and the establishment and implementation of safe and effective feedback and appeals – may all contribute to erosion rather than enhancement of social capital and ultimately social cohesion¹⁶.’

It is a concern that going forward, PSPA may consider continuing beneficiary registration through the BoP vendor network, where the possibilities of meaningful interaction with BHBP beneficiaries diminish significantly as these are essentially shops which suffer from overcrowding, not only due to normal customer traffic but also the presence of other PSPA programme beneficiaries. It is accepted by all stakeholders and corroborated by the BHBP beneficiaries interviewed that administrative forms of accountability are diluted at the BoP-vendor level and increased reliance on this network can detract from the potential psychosocial impact the BHBP can have on its beneficiaries.

The grievance cell at PSPA is an integrated unit for all their programmes and attendants have been reported by SWOs to not know how to redress BHBP-specific grievances. It was also reported that most grievances were not routed to the PSPA office and SWOs said that they had to deal with walk-in queries for which they did not have answers.

The lack of information provided about the programme freeze is an extreme example of inadequate communication between PSPA and its beneficiaries and partners, causing harm to beneficiaries and seriously eroding their trust in the programme. For example, beneficiary #51, a 74-year-old widow who received her last regular BHBP instalment in September 2022, reported, *‘I have gone many times to that OMNI shop (BoP vendor last visited) to ask about my money. They say there is no money but do not give any reason. We have called BoP helpline many times also, but there is no answer, they just say that some team will come to you again’*. Another example is beneficiary # 58, a 69-year-old widow who received PKR 9,500

¹⁶ Pavanello et al (2016) ‘Effects of Cash Transfers on Community Interactions: Emerging Evidence’, The Journal of Development Studies, 52:8, 1147-1161.

in June 2023, whose son reported that she is expecting her next instalment after three months. She said, *'Maybe I will receive BHBP money in September. About 4-5 women of my area also received this BHBP money, but now, we have no information about what is happening or what will happen'*.

Another case is that of beneficiary #61, a 75-year-old widow who received PKR 12,000 as a last instalment, who reported, *'I took a loan in anticipation of my BHBP instalment and now the money has just stopped and there is no news about it. I am very stressed.'* This is echoed by beneficiary #44, a 74-year-old married beneficiary who received PKR 9,500 in June 2023, who reports, *'I don't know why this money isn't coming anymore. Maybe it's because Imran Khan is now in jail.'* Beneficiary #23, a 69-year-old widow who received a last instalment of PKR 12,000, reported, *'When I got PKR 12,000 the last time, we hoped that the government had increased our money because of inflation but then we got nothing after that.'* Beneficiary #64 a 69-year-old widow who received a last instalment of PKR 12,000, reported, *'I keep asking everyone in our village desperately about when the money will start coming again.'*

4.4. REVISED BENEFICIARY MOBILISATION PROCESS

PSPA changed its mobilisation strategy for registering beneficiaries in May 2021, when the list of eligible beneficiaries was made available on the BoP agent network and an SMS was sent from PSPA to the potential beneficiaries to go and register themselves for the BHBP with a BoP vendor. If the vendor was not able to process the registration, the vendor was required to direct them to a BoP branch.

PSPA's motivation behind this change in strategy was to utilise BoP's expanded network of agents/vendors from 25,000 in 2020 to over 60,000 in 2023. Also, PSPA felt that registration should be 'left at the ease of potential beneficiaries', who could utilise agent/vendor presence at *tehsil* levels, instead of pushing it through targeted, time-bound centralised campsites. It was envisaged that this would not impact coverage negatively as potential beneficiaries should be responsible for getting registered because they want the payment. The increased security as a result of a two-step verification system introduced by BoP at the time of cash withdrawal would also minimise system leakages and was preferred by PSPA to ATM cards which could be misused without biometric verification. However, there were very few registrations because the contact information data was outdated and a majority of the cohort remained untraceable. It is also likely that the capability deprivations of beneficiaries would have held them back and not allowed the registration process to become sufficiently demand-driven. PSPA communicated¹⁷ its change in mobilisation strategy to the SWD - that

¹⁷ As mentioned by the Director Cash Transfer Programmes PSPA during the stakeholder interviews.

the BHBP cohort data had been made available on the BoP portal and beneficiaries would be required to register mainly through the BoP agent network and BoP branches if required. However, this change in strategy was not well understood among SWOs at the district level.

BoP expressed concerns about the decrease in the volume of registrations because of the PSPA change in strategy for continued mobilisation and unequivocally held the view that campsite registration resulted in better outreach because DAs and UCs have better knowledge about their constituencies and are able to achieve greater mobilisation. Pursuant to the revised PSPA mobilisation strategy, BoP also sent SMS messages to unregistered beneficiaries but, because of the inaccuracy of the contact numbers, the response was negligible. Another reason why coverage remained unsatisfactory, according to BoP, is that registration at BoP vendors is not beneficiary-friendly – because the same vendor has to make payments for multiple programmes e.g., BISP, Zewar-e-Taleem, Musawaat etc. and is not able to facilitate potential beneficiaries of BHBP in as dedicated a manner as was possible at SWD-administered camps. Another cause for concern is the lack of administrative control over the expanded vendor network. Increased reliance on BoP vendors for registration and for benefit disbursements and keeping administrative costs down needs to contend with complaints about payment deductions and ad hoc ‘fees’ charged for services by most BoP vendors. The BoP has a system for grievance redressal with its Super-Agents who require their vendors to provide proofs of payments made but, ‘in many cases’, these are not forthcoming because the vendors do deduct money at the time of benefit disbursement.

4.5. STAKEHOLDER SUGGESTIONS FOR BHBP IMPROVEMENT

All SWOs interviewed mentioned that they should have been involved at the programme design stage and the field experience of their officers should have been considered. The lack of ownership of the BHBP by officials with whom beneficiaries interact in the field, the SWOs, DAs, focal persons, did not allow effective programme implementation. SWOs mentioned several ways in which registration targets could have been fulfilled more effectively:

- ▶ Stipends should be paid to those working on BHBP – e.g., an LHW given a list of beneficiaries to mobilise should be given an incentive to meet her target or SWOs should be given honoraria.
- ▶ Mobilisation exercises should be time-bound to allow *tehsil*-level officers to continue to work on their non-BHBP workload.
- ▶ There should be more than one tablet per *tehsil* because this created operational bottlenecks.

- ▶ A district-level counter should be set up where people could go for grievance redressal in order to empower SWOs to resolve complaints.
- ▶ Health facilities nearest to the registration campsites should be on board to facilitate the elderly who have health issues.
- ▶ Free transportation between registration camps and collection points e.g. mosques or high schools, should be arranged.

After initial SWD involvement at the time of programme launch, the BHBP registration process was moved from the camp sites to retail channels and to the BoP branches, which adversely impacted the volume of registrations because this change was not communicated properly to the beneficiaries. According to the BoP, UC level involvement is necessary at the time of registration because UC officers have the requisite knowledge about beneficiaries in their constituencies and could even go to their doorsteps, tell them their name was in the PSPA-BHBP list and encourage them to get registered. BoP emphasised that the process should not be beneficiary-driven because NSER data inaccuracy meant that BoP or PSPA SMS messages to unregistered beneficiaries largely went unanswered. BoP also suggested that PSPA could get their data verified from NADRA in bulk for a fee.

4.6. SOURCES OF INFORMATION ABOUT BHBP

While various initiatives were employed to mobilise potential beneficiaries of the BHBP non-contributory pension scheme, the quantitative household survey sheds light on the effective channels for informing individuals about the BHBP registration process. Table 4.2 illustrates that relatives played a pivotal role in disseminating information, with 57.6 percent of beneficiaries from both districts indicating that they received programme information through this source.

After relatives, politicians and political workers emerged as key players in spreading information about BHBP to potential beneficiaries in both districts. This was closely followed by the involvement of social workers, NGOs, and CSOs, with a noticeably higher activity of these civil society organisations in Okara as compared to Muzaffargarh. SWD programme staff directly provided information to 6 percent of the beneficiaries, with a more substantial contribution in Muzaffargarh than in Okara. Lady Health Workers/visitors constituted the fifth leading source of information for beneficiaries. All other sources collectively contributed to informing only 3 percent of the beneficiaries in both districts.

Table 4.2: Sources of information for BHP registration (%)

	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Relatives	53.6	46.3	47.7	68.2	67.2	67.2	57.1	57.7	57.6
Political workers/politicians	17.4	19.2	18.9	13.6	13.5	13.5	16.5	16.1	16.1
NGOs/CSOs/Social Workers	20.3	19.9	20.0	4.5	8.8	8.5	16.5	13.8	14.2
Programme staff	1.4	6.0	5.1	-	7.3	6.9	1.1	6.8	6.0
Lady Health Workers/Visitors	1.4	5.0	4.3	4.5	1.2	1.4	2.2	2.9	2.8
Telephonic message	-	0.7	0.6	4.5	0.9	1.1	1.1	0.8	0.8
Electronic media	2.9	1.1	1.4	-	-	-	2.2	0.5	0.7
Social media	2.9	1.1	1.4	-	-	-	2.2	0.5	0.7
Village doctor	-	0.4	0.3	-	0.3	0.3	-	0.3	0.3
Neighbours	-	-	-	-	0.6	0.6	-	0.3	0.3
Print media (newspaper, etc.)	-	-	-	-	0.3	0.3	-	0.2	0.1
UC-Secretary	-	0.4	0.3	-	-	-	-	0.2	0.1
Total	100	100	100	100	100	100	100	100	100

Turning to the manner in which beneficiaries reached camp offices, Table 4.3 reveals that a significant proportion—70 percent in Okara and 86 percent in Muzaffargarh—were accompanied by their household members. Besides relatives, Union Nazims/councillors and political workers played a crucial role in Okara, accompanying respectively 10 percent and 5.1 percent of beneficiaries to the camp offices, with a more pronounced impact in urban areas compared to rural areas.

Table 4.3: Initial contact with registration camp of BHP (%)

	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
With household member	60.9	72.2	70.0	86.4	85.9	86.0	67.0	79.7	78.1
With the help of Union Councilor/Nazim	15.9	8.5	10.0	4.5	7.9	7.7	13.2	8.2	8.8
Visited Camp Office alone	13.0	10.0	10.6	4.5	4.1	4.1	11.0	6.8	7.3
With the help of political workers	5.8	5.0	5.1	-	1.5	1.4	4.4	3.1	3.2
With the help of relatives	-	1.8	1.4	-	0.3	0.3	-	1.0	0.8
With the help of NGOs/CSOs/social workers	2.9	0.7	1.1	-	0.3	0.3	2.2	0.5	0.7
Others	1.4	1.8	1.7	4.5	-	0.3	2.2	0.8	1.0
Total	100	100	100	100	100	100	100	100	100

4.7. BENEFICIARY UNDERSTANDING OF THE BHBP

*'The quality of beneficiaries' interaction with programme officers at crucial times of a cash transfer operation (targeting, enrolment, payment, etc.) can strongly affect their psychosocial wellbeing. The ways in which beneficiaries are informed about the programme's objectives and rules, about their duties and rights, and provided opportunities to express their complaints, all represent opportunities of social interaction through which a programme can build or deplete beneficiaries' dignity, self-respect and autonomy.'*¹⁸

The strong need for the PSPA to reach out to beneficiaries with a consistent message about programme information was largely unmet. IEC materials such as brochures to be handed out at the time of registration were ineffective because of the high illiteracy levels of the beneficiaries. Sub-district level staff delivered fragmented messages to the beneficiaries during the mobilisation stage, as is evident from the BHBP beneficiaries' responses when they were asked about how they received information about the BHBP and their understanding of the eligibility criteria:

- ▶ Beneficiary #43 got a call on her phone from *'someone in the government'* that her name was on the BHBP list for the *'old-age fund'* and she should report to the government school.
- ▶ Beneficiary #32 found out about the BHBP from relatives who told her *'Imran Khan was having cards made for the elderly'*.
- ▶ Beneficiary #21 found out about the BHBP because *'there was a lot of noise in the village that old women were getting cards made and would get money'*.
- ▶ Beneficiary #23's younger son was told about BHBP by his cousin in Muzaffargarh, who had an EasyPaisa shop.
- ▶ Beneficiary #45 reported that two ladies came to the beneficiary's house and told her about the BHBP and gave her a token.
- ▶ Beneficiary #48 related that a female polio worker told the beneficiary about the BHBP as an old-age pension and went with her and an LHW, along with a few ladies from the neighbourhood, to the post office where registration was taking place.
- ▶ Beneficiary #39 reported that there was an announcement in her husband's mosque that *'Imran Khan had a scheme to give money to the elderly'*.

¹⁸ Attah et al (2016) Can Social Protection Affect Psychosocial Wellbeing and Why Does This Matter? Lessons from Cash Transfers in Sub-Saharan Africa, The Journal of Development Studies, 52:8, 1115-1131.

- Beneficiary #16 related that two female ‘officials’ came into the neighbourhood and told her, *‘This is how women are getting money. You are a widow - you should put down your name.’* She agreed and they told her to go to the Baldia office.

The way LHWs and other focal persons interacted with potential beneficiaries could have added to their sense of being ‘the courageous elderly’ and could have been an opportunity to allow them to come together among themselves in a meaningful way and overcome their negative perceptions about government institutions but this was not considered in the implementation strategy.

Inadequate and fragmented information also provided the possibility of programme abuse because potential beneficiaries did not know the system of registration nor their rights and responsibilities. There were reports even among the 64 beneficiaries interviewed for the qualitative survey where they were taken advantage of, and this further depleted their trust in public institutions and increased their sense of helplessness at being at the mercy of powerful elites.

For example, beneficiary #63, a 73-year-old widow, reported that two men came to her house, showed her that her name was in the BHBP list and asked her to put her thumb impressions and then assured her that she would get an ATM card which they would deliver to her house. Seeing her details on the list reassured the beneficiary and she provided her biometrics. She never got an ATM card and never got any money. The interviewer was told later that there was a group of ‘influential individuals’ in the area who were well aware of the entire system. They went door-to-door to complete people's registrations and withdrew money from their ATMs themselves.

Another programme abuse case was that of beneficiary #46, a 70-year-old married beneficiary who was told about the BHBP by her brother who took her for registration. After the completion of her registration, the brother told her she would get an ATM card, which she never did: even though her ATM card was issued, it was kept by her brother, who only gave her PKR 2,000 once, telling her it was her financial assistance. This *‘ba-himmat buzurg’* is part of a 13-member household and has to work regularly at a brick-kiln or in vegetable fields for PKR 300/day to get 2 ‘basic¹⁹’ meals/day, stopping only when she faints due to weakness.

¹⁹ Basic diet has been defined in this report as one comprising wheat bread, lentils and vegetables. For details, please refer to Appendix J on the socioeconomic profile and case studies of BHBP beneficiaries.

The lack of awareness about the BHBP registration process and benefit disbursement mechanisms created opportunities for unscrupulous officials and/or family members to take advantage of these vulnerable, courageous elders who continue to try to make ends meet for themselves and their loved ones.

Two other cases were reported where beneficiaries were induced by the Nazim (local government representative) and Union Councillor to hand over their ATM cards – the former only gave the beneficiary PKR 2,000 four times and the other deducted PKR 200 from 3 instalments and then stopped giving any money altogether (beneficiary # 49 and 3 respectively). Both these beneficiaries were personally escorted by the said Nazim and Councillor during the registration process and suffered from limited mobility either due to health issues or due to complete filial neglect. These vulnerabilities were allowed to be exploited because PSPA was ineffective in transmitting complete and accurate information on the BHBP to its target group.

4.8. BENEFICIARY EXPERIENCE AT THE TIME OF REGISTRATION

Once beneficiaries or their male guardians found out about the ‘government giving away money,’ their disadvantaged socioeconomic circumstances motivated them to at least visit the registration camps. The absence of a clear understanding about the programme objectives and its eligibility criteria created problems of overcrowding at this stage for programme implementers, in turn creating delays in processing eligible beneficiaries. This further minimised any chance of dealing with the beneficiaries in a way that would positively impact their psychosocial wellbeing. All beneficiaries mentioned that registration at camps was difficult because of the crowds and the heat, which caused one of them to faint and another to fall down because she lost her balance in the crowd. However, almost all beneficiaries also reported that the staff tried their best and, where the beneficiary had serious health issues, prioritised her registration over all others. Where beneficiaries had no male family members, they opted to go in groups for moral support. Several beneficiaries also reported that they were told to return another day because of crowding issues, which meant that their daily-wage earning male family members had to forgo potential income. Problems with staff present at registration sites were taken in stride, another reflection of the prevalent attitudes, as stated by beneficiary #20, a 77-year-old married beneficiary, *‘every government official has a right to do what he wants, we poor people can only request them for favours.’*

BHBP registration process at the time of programme launch

Registration of beneficiaries at camps was a two-step process: in the PSPA app on tablets provided specifically for registration and in the Bank of Punjab (BoP) payment system. For

registration with PSPA, beneficiaries brought original CNICs and this was fed into the registration app along with a mobile number²⁰ (mandatory and tagged with CNIC) as well as documents as evidence e.g. death certificate in case of eligible widower.

Once PSPA registration was done, the beneficiary was moved along to BoP agents present at every registration site who checked beneficiary CNICs and credentials, conducted biometrics and verified the data with NADRA in real time and set up their digital wallets. If biometric verification (BV) was successful, beneficiaries received an SMS on the registered cell number stating that their registration in BHBP had been completed.

If BV was not successful despite multiple tries, beneficiaries were added to a 'grievances' group in the app, and told either to bring a NADRA certificate that beneficiary BV cannot be done or make multiple BV attempts at a BoP branch – where the log of BV failure would be captured and then PSPA would disburse payment to these beneficiaries as part of the non-BV cohort. The BV cohort were then disbursed funds through the branchless banking system while the non-BV cohort, after authentication, were disbursed funds through branches.

The BHBP registration system has been working efficiently from a design perspective – almost two-thirds of beneficiaries in the qualitative survey reported no problems at the registration stage and receiving their ATM cards during the first visit. 2 cases were reported where beneficiaries were BISP recipients as well (beneficiary #41 and #61, from Upper and Lower PMT ranges respectively).

In another case, though the beneficiary's household was within the eligibility PMT range (beneficiary #59, PMT score 28.15), the family owned several agricultural lands and made quite an effort not to let the survey team enter their 15-18 room house. The 70-year-old beneficiary in this case reported that her husband, a grade 4 retired government officer, had a friend in Social Welfare who suggested they sign her name up for BHBP and she got her BV done and also got an ATM card during the first visit. However, the beneficiary was unable to get any financial assistance despite several tries and her husband and son were told by a BoP branch manager that the biometrics did not match. They even called the PSPA helpline but were given the same answer. The interview with this beneficiary also revealed interesting contrasts to the general psychosocial profile of the other, less privileged, BHBP beneficiaries: *'These animals²¹ are not our own – we just give out the space to help others who are poor – may*

²⁰ In the event the beneficiary did not have her own cell number, she was able to complete registration by giving the contact information of the head of HH, or any other relative living with her.

²¹ The beneficiary and her son sat down with the interview team members in an area where several animals were kept, outside the premises of the beneficiary's house.

God protect us from being so poor that we take money from others for giving them space; I've never worked for pay as I am not educated and my God protect us from having to do labour that doesn't require an education. I get an allowance from my husband; we eat well and have no wants.'

Another case where registration went smoothly but problems arose at the ATM activation stage was the case of beneficiary #54. This beneficiary's unmarried 40-year-old son, the head of her household, reported that they had to pay an LHW PKR 50 to get a token but after that her registration was completed and the beneficiary was also able to get an ATM card, but it did not work. The son called the PSPA and a lady asked to talk to the beneficiary. After speaking to her, the lady on the helpline assured her the ATM had been activated and she was able to get 3 instalments of PKR 6,000 each. This beneficiary is an 80-year-old widow who lives with an unmarried son and has to wash dishes in houses in order to have 2 'basic' meals/day because her son does not work regularly. She also wears clothes donated by people and suffers from regular fever. Beneficiaries #59 and #54 were the only two cases where knowledge about the PSPA helpline was reported.

Challenges faced by beneficiaries at registration

Beneficiaries, in addition to incurring time and travel costs, faced various challenges during the registration process. Common challenges across both districts included difficulties in fingerprint matching, experienced by 17 beneficiaries in Okara and 9 in Muzaffargarh. In Okara, political influence and a complex registration process were cited as additional hurdles by beneficiaries. In Muzaffargarh, concerns were expressed about the expenses incurred for acquiring a SIM card and the payment to middleman to facilitate the ATM card issuance.

Table 4.4: Difficulties faced during registration

	Urban	Rural	Total
OKARA			
Fingerprint didn't match	6	11	17
Too much political influence		6	6
Never received money		5	5
Difficult process		5	5
Total	6	27	33
MUZAFFARGARH			
Fingerprint didn't match		9	9
Gave PKR 100 to PKR 200 for Sim	7	14	21
Gave PKR3000/- to get ATM card		8	8
Total	7	31	38

Table 4.5 reveals that 7 beneficiaries in Okara reported paying an average amount of PKR 786 for BHBP registration. Notably, the number of beneficiaries raising concerns about registration costs e.g. paying middlemen to facilitate biometric verification, or simply to receive a token to go to a registration camp is higher in rural areas, with the average amount also being higher in these regions. A similar pattern is evident in Muzaffargarh. Specifically, in rural areas of Muzaffargarh, 11 beneficiaries paid an average amount of PKR 982 for the registration process.

Table 4.5: Payment made for registration

	Urban	Rural	Total
OKARA			
Average amount paid (PKR)	500	833	786
No. of beneficiaries paid money for registration	1	6	7
MUZAFFARGARH			
Average amount paid (PKR)	200	982	917
No. beneficiaries paid money for registration	1	11	12
BOTH DISTRICTS			
Average amount paid (PKR)	350	929	868
No. of beneficiaries paid money for registration	2	17	19

The qualitative survey reveals the following two major hurdles beneficiaries encountered during registration:

a. Biometric verification failure

Ten beneficiaries reported that they faced problems at the biometrics stage. For example, beneficiary #55, a 77-year-old widow, had to go 5 or 6 times because her thumb impressions could not be verified – *‘Other women had similar issues and they gave up but I didn’t because I really needed the money.’* Beneficiary #19, a 78-year-old widow reported, *‘I am paralysed but I kept going back because of the money. We are poor people. We understand the importance of money. Every time we went there was a lot of rush and very long lines.’* The beneficiary finally got her BV done and received her ATM card on the 4th visit.

b. ATM cards not issued in the same visit

Eleven beneficiaries reported that they were not issued ATM cards during their first registration visit, either because of the lack of ATM cards for issuance or because the BoP system was not working that day. Aside from the fact that this inconvenienced elderly women, in most cases suffering from health and mobility issues, this also added to transport costs to commute to the registration camp. These issues, though reported, were not stated as complaints as they were merely considered transaction costs of getting ‘free money’.

The quantitative survey asked beneficiaries about various aspects of the registration process using a Likert scale featuring five categories, ranging from strongly agree to strongly disagree. Table 4.6 outlines all dimensions of the probing, utilising all five categories. However, for simplicity this subsection focuses on the combined percentage of agreement versus the percentage of disagreement.

Table 4.6 Beneficiaries' views about registration process

District	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
SWD camp staff was helpful					
Okara	24.3	43.4	28.3	3.4	0.6
Muzaffargarh	18.7	60.3	13.5	6.9	0.6
Relevant information was easily available					
Okara	20.6	46.0	28.0	4.9	0.6
Muzaffargarh	13.8	66.1	13.5	5.8	0.8
Assistance was available wherever needed					
Okara	18.9	49.1	25.4	5.4	1.1
Muzaffargarh	15.7	62.5	15.2	5.8	0.8
The application process did not take much time					
Okara	18.6	49.1	26.6	5.1	0.6
Muzaffargarh	13.2	57.6	16.5	11.3	1.4
The application process was easily completed					
Okara	18.0	51.4	25.4	4.0	1.1
Muzaffargarh	14.6	65.6	12.7	5.8	1.4
The registration was easily approved					
Okara	18.0	50.3	25.4	5.4	0.9
Muzaffargarh	14.9	62.5	15.7	6.1	0.8
Did not pay commission for approval					
Okara	18.9	50.0	22.9	7.1	1.1
Muzaffargarh	16.3	55.9	12.1	12.7	3.0
Average of overall appreciation of registration process					
Okara	19.6	48.5	26.0	5.0	0.9
Muzaffargarh	15.3	61.5	14.2	7.8	1.3

The findings reveal that 67.7 percent and 79.1 percent of respondents in Okara and Muzaffargarh, respectively, agreed that SWD staff was helpful at the time of registration while only 4 percent and 7.4 percent of the respondents in Okara and Muzaffargarh, respectively, expressed disagreement with this statement.

The availability of relevant information during the registration process was perceived positively by a significant majority of respondents in both Okara and Muzaffargarh, with 67.7 percent and 79.1 percent expressing agreement, respectively. Conversely, a small percentage, 5.4 percent in Okara and 6.6 percent in Muzaffargarh, disagreed with the statement.

A substantial percentage of respondents in both Okara and Muzaffargarh, comprising 68 percent and 78 percent respectively, acknowledged the availability of assistance wherever needed during the registration process. Conversely, only a minimal proportion, 6.6 percent in both Okara and Muzaffargarh, expressed disagreement with this statement.

The survey also posited that the application process did not consume much time. Findings indicate agreement rates of 67.7 percent in Okara and 70.8 percent in Muzaffargarh. In contrast, only 5.7 percent of respondents in Okara and 12.7 percent in Muzaffargarh disagreed with the statement.

Respondents were also asked to evaluate the ease of completing the application process and the ease of approval for registration. The findings reveal agreement rates of 69.4 percent and 68.3 percent in Okara, and 80.2 percent and 77.4 percent in Muzaffargarh, respectively. In contrast, only 5.1 percent and 6.3 percent of respondents in Okara, and 7.2 percent and 6.9 percent in Muzaffargarh, disagreed with these statements, indicating a generally positive perception of the ease of both completing the application and of obtaining registration approval.

When asked about payment of commissions or any amount for the approval of registration, the results indicate that a substantial majority, 68.9 percent in Okara and 72.2 percent in Muzaffargarh, did not incur any expenses for the approval process. In contrast, 8.3 percent of respondents in Okara and 15.7 percent in Muzaffargarh expressed disagreement with the statement, signifying that a minority had to make payments for registration approval.

4.9. PAYMENT MECHANISMS

The Bank of Punjab (BoP) is the primary financial service provider for BHBP transfers, employing ATMs as the principal means for monetary transfers. BoP also extends its financial services network through its collaboration with vendors like Omni, Easy Paisa and HBL Konnect, which are different mobile wallet services.

Box 4.1: Bank of Punjab vendor network overview

BoP has Super-Agency agreements with UBL Connect, HBL Omni and Bank Alfalah and utilises their retail channel for the Government of Punjab cash transfers. A single retailer/agent can have all three devices for UBL, HBL and Bank Al-Falah.

Process of payment collection: A beneficiary goes to the retailer/agent who asks for their CNIC and cell number to check the account. The agent's device is integrated with the BoP system where all beneficiary e-wallets reside. When the agent punches in the CNIC and cell number, the BoP system checks whether the beneficiary exists, verifies his/her cell number and the amount in the wallet. If all information is verified, the system gives the prompt for BV of the beneficiary and the CNIC and thumb impression are verified with the NADRA database in real time. If verification fails then the transaction is nullified. If verification is successful, the BoP system generates a One Time Password (OTP) to the registered cell number to complete the two-step verification system. The retailer/agent asks for the OTP for verification and then disbursement takes place. At the time of disbursement, in real time, the beneficiary gets a message on his/her cell phone that they have withdrawn a given amount.

Table 4.7: Payment collection mechanism (%)

	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Bank of Punjab ATM									
First time	47.8	49.1	48.9	36.4	64.5	62.8	45.1	57.6	56.0
Last time	47.8	45.6	46.0	36.4	61.6	60.1	45.1	54.3	53.2
Omni									
First time	8.7	22.1	19.4	13.6	6.5	6.9	9.9	13.5	13.0
Last time	7.2	20.3	17.7	13.6	7.6	8.0	8.8	13.3	12.8
Other banks									
First time	5.8	6.8	6.6	9.1	11.1	11.0	6.6	9.2	8.8
Last time	5.8	7.5	7.1	9.1	11.1	11.0	6.6	9.5	9.1
Easy Paisa									
First time	17.4	10.7	12.0		2.9	2.8	13.2	6.4	7.3
Last time	17.4	10.3	11.7		4.1	3.9	13.2	6.9	7.7
HBL Konnect									
First time	5.8	2.5	3.1	27.3	8.8	9.9	11.0	5.9	6.6
Last time	5.8	2.5	3.1	27.3	9.4	10.5	11.0	6.3	6.9
Others									
First time	5.8	2.4	3.1		2.7	2.5	4.3	2.6	2.8
Last time	7.3	7.4	7.5		2.7	2.4	5.4	4.9	4.8
Never received									
First time	8.7	6.4	6.9	13.6	3.5	4.1	9.9	4.8	5.5
Last time	8.7	6.4	6.9	13.6	3.5	4.1	9.9	4.8	5.5

The survey inquired into payment mechanisms used to collect BHBP disbursements and the results are presented in Table 4.7. BoP ATMs played a central role, having been used by 53 percent of beneficiaries in both districts for their last BHBP payment. Omni emerges as the

second-largest source of transfers, followed by other banks, Easy Paisa and HBL Connect. There is minimal variation in the mode of collecting BHBP transfers between the first and last times, suggesting that BoP ATM users have not switched to the BoP vendor network in any significant proportion.

4.10. USER FEEDBACK ON TRANSFER MECHANISMS

The survey further investigated three key aspects of the payment mechanism: ‘BHBP transfers received timely, without delay,’ ‘I need help to receive BHBP transfer,’ and ‘I do not need to pay any middleman to receive the transfer.’ Respondents provided their feedback on these aspects using a Likert scale with five categories, ranging from always, often, seldom, rarely and never. Table 4.8 details beneficiary opinions for all payment mechanisms in terms of the percentage of agreement (combining always and often) versus the percentage of disagreement (combining seldom, rarely and never).

Table 4.8: Beneficiaries’ views about payments and payment mechanisms

	HBL Connect	Other banks	Easy Paisa	Omni	BoP ATM
The BHBP transfers received timely without delay					
Agree	40.8	46.2	54.5	18.7	34.6
Disagree	59.2	53.8	45.5	81.3	65.4
I need help to receive BHBP transfer					
Agree	57.1	72.3	76.4	14.3	31.1
Disagree	42.9	27.7	23.6	85.7	68.9
I do not need to pay to any middleman to receive transfer					
Agree	89.8	89.2	45.5	95.6	90.5
Disagree	10.2	10.8	54.5	4.4	9.5

Table 4.8 highlights that a larger percentage of beneficiaries (54.5 percent vs. 45.5 percent) using Easy Paisa for BHBP payments agreed that they could receive them in a timely manner without delay. Conversely, all other payment mechanisms, with Omni ranking the highest (81.3 percent disagreement), rated higher levels of disagreement regarding timely BHBP payments.

The majority of beneficiaries expressed a need for assistance in receiving BHBP payments across all payment mechanisms, except for ATMs (only 31.1 percent) and Omni (only 14.3 percent). Beneficiary demographics and their capability deprivations explain to a large extent why they are unable or unwilling to navigate the payment mechanism independently.

Regarding the statement that they did not need to pay middlemen for receiving transfers, a majority of beneficiaries agreed across all payment mechanisms, except for Easy Paisa.

4.11. USER COSTS RELATED TO COLLECTING TRANSFER

Table 4.9 provides insights into the user costs associated with receiving BHBP transfers, specifically focusing on payments made to middlemen to collect financial assistance. Among the beneficiaries in Okara, 59 individuals reported paying an average amount of PKR 703 to receive their BHBP transfers. It is noteworthy that concerns about user costs are more pronounced in urban areas. Similarly, in Muzaffargarh, the average cost incurred by those who paid is PKR 805, with 42 reported cases. Overall, 101 respondents, constituting 14.2 percent of the total, reported incurring an average collection cost of PKR 745. These findings underscore the financial burdens faced by some beneficiaries in the process of collecting their BHBP transfers, particularly in urban areas.

Table 4.9: Money paid for receiving payments

	Urban	Rural	Total
OKARA			
Average amount paid (PKR)	758	688	703
No. beneficiaries paid money for receiving payments	12	47	59
MUZAFFARGARH			
Average amount paid (PKR)	1,750	758	805
No. beneficiaries paid money for receiving payments	2	40	42
BOTH DISTRICTS			
Average amount paid (PKR)	900	720	745
No. beneficiaries paid money for receiving payments	14	87	101

The qualitative survey reported beneficiaries having to deal with long lines, closed ATMs, vendors' incomplete payments, and travel costs to both ATMs and BoP vendors, but these were not resented as long as funds were received. Given the psychosocial profile of the majority of beneficiaries, the service they received was either in line with what they were used to, or, when it provided a positive departure from the norm, it did not make a lasting impact on their entrenched understanding of their role as being poor, sick and old. This again highlights the need to make the implementation strategy more beneficiary-oriented.

5. SOCIOECONOMIC IMPACT

The BHBP project aims to improve the well-being of elderly individuals living in poverty through five key outcomes, with the initial three focusing on better consumption, reduced vulnerability, and improved health and nutrition. Each outcome has specific performance indicators defined in the project's logframe, such as percentage change in consumption expenditure for improved consumption. Ideally, a baseline assessment would have provided a stronger foundation for measuring progress toward these indicators, but such data were unavailable.

Consequently, this chapter adopts an alternative approach for quantitative assessment, comparing BHBP 'recipients' (who received transfers in the preceding 12 months, comprising 77 percent of a total sample size of 713) with a smaller group of 'non-recipients' (23 percent). While acknowledging the limitations of this approach due to potential selection bias and group size disparity, we utilise findings from both the quantitative survey and qualitative assessment to examine how BHBP transfers impact these crucial outcomes. As outlined in the assessment matrix, we begin by considering the income levels of both groups in 2022-23 to establish context. Next, we analyse expenditures on food and health, followed by an in-depth look at how beneficiaries utilise transfers for loan repayment and asset management. Finally, we assess the overall impact of BHBP on consumption expenditures.

5.1. IMPACT OF BHBP TRANSFERS ON HOUSEHOLD INCOME

Table 5.1 illustrates the impact of BHBP transfers on the average per capita monthly household income for recipients in the 12 months preceding the survey²². Per capita average monthly BHBP transfers ranging from PKR 300 to PKR 416, constitute a minimum of 5.3 percent to a maximum of 8.6 percent of the total per capita household income.

A comparison between the per capita incomes of BHBP transfer recipients and non-recipients reveals that except for rural areas in Okara, recipients consistently demonstrate higher per capita monthly incomes, and BHBP transfers play a role in this income disparity, although the difference is not significant. For example, in rural areas of Muzaffargarh, the per capita income of recipients, excluding the transfers, is marginally lower. However, when the

²² The sources of income largely comprises both farm and non-farm labour (See Appendix F for details).

transfers are considered, it surpasses the per capita income of non-recipients by over 7 percent. Similarly, in urban areas of Okara, BHP transfers contribute to an increase of more than 5 percent in the per capita income of recipients compared to non-recipients.

Table 5.1:

Household per capita average monthly income of BHP recipients and non-recipients during last 12 months

	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Per capita net monthly income of BHP recipient	5,497	5,320	5,353	4,898	3,967	4,020	5,328	4,511	4,604
Per capita monthly BHP transfers	305	416	395	300	375	371	304	391	381
Per capita total monthly income of BHP recipient	5,802	5,736	5,748	5,198	4,342	4,391	5,632	4,903	4,985
Share of BHP transfer in per capita total income	5.3%	7.2%	6.9%	5.8%	8.6%	8.4%	5.4%	8.0%	7.7%
Per capita total monthly income of non-recipient	5,332	6,568	6,315	3,856	4,045	4,032	5,160	5,774	5,672
Absolute difference	470	-832	-567	1,342	298	359	471	-871	-686
Relative difference	8.8%	-12.7%	-9.0%	34.8%	7.4%	8.9%	9.1%	-15.1%	-12.1%

Rural Okara presents a unique scenario where non-recipients' per capita income is more than 12 percent higher than that of recipients. This distinction is primarily attributed to non-recipients having slightly larger families and more earners than recipients. The active involvement of these earners in farming, livestock, and non-farm activities created this income gap.

This has significant implications for subsequent sections, as the higher per capita income of non-recipients in rural Okara results in increased food and household consumption compared to recipients.

5.2. OUTCOME 3 (A): FOOD AND NUTRITION

The primary performance indicator for this outcome centres on direct spending related to food consumption. The household survey questionnaire comprehensively covered 14 broad categories of food to ascertain expenditures on various food groups. Figure 5.1 illustrates the per capita monthly food expenditures for both recipients and non-recipients: except in rural Okara, recipients consistently exhibit higher per capita expenditures compared to non-recipients. In rural Okara, non-recipients have higher per capita food expenditure because of their higher per capita income.

Figure 5.1: Per capita food expenditure (PKR)

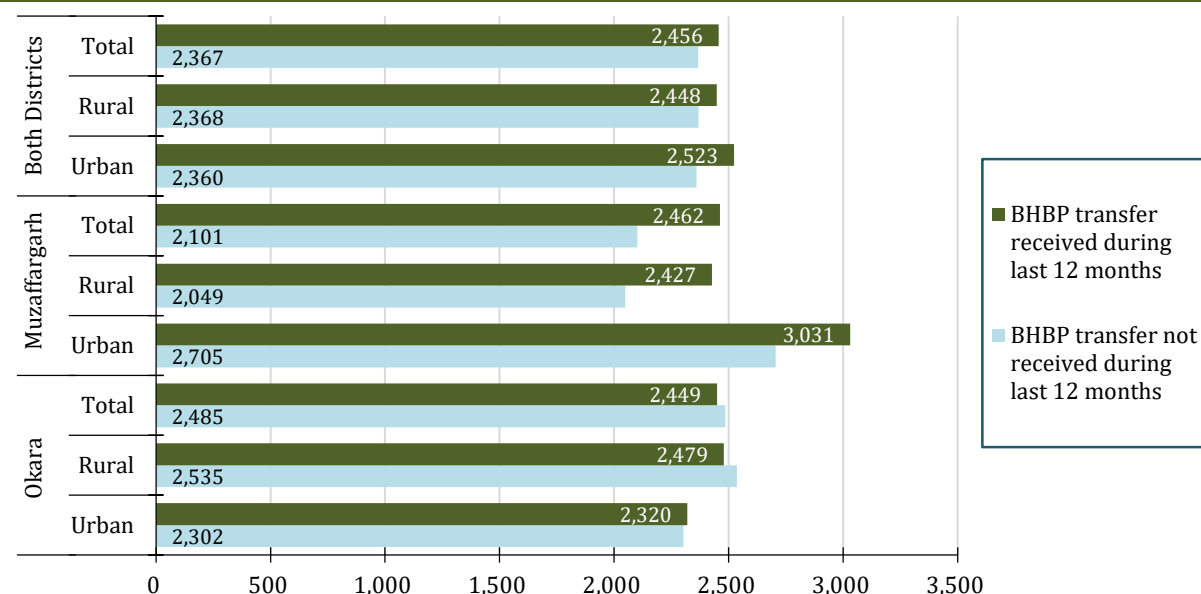
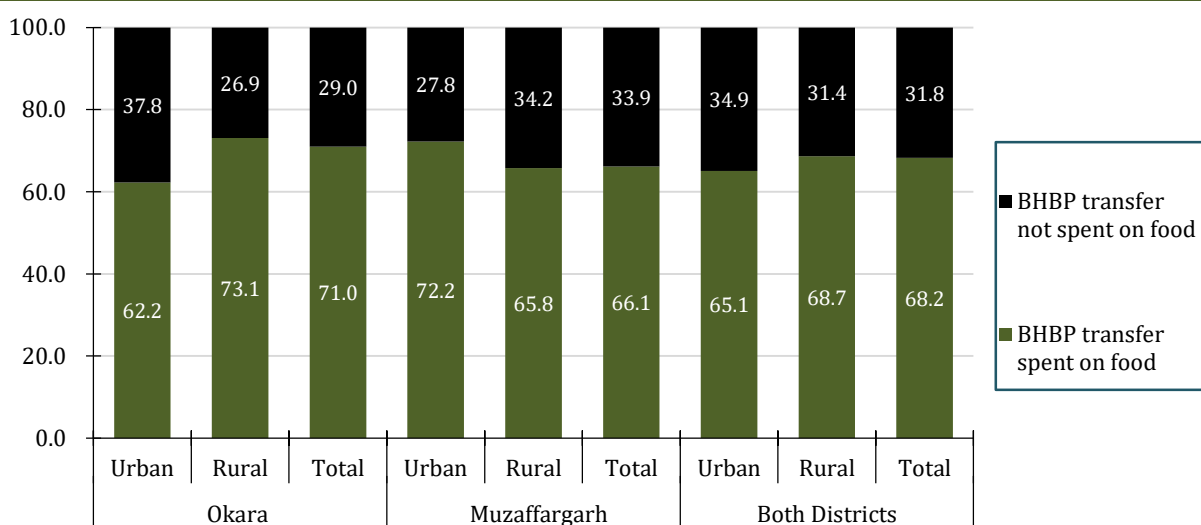


Figure 5.2 illustrates the distribution of beneficiaries utilising BHP transfers for their food expenses, with percentages ranging from a minimum of 62 percent to a maximum of 73 percent. This highlights the fact that a significant portion of beneficiaries rely on BHP transfers to enhance their food consumption. It is crucial to note that while food expenditures are typically categorised as household expenses, the data indicates that over 80 percent of all beneficiaries had complete autonomy in deciding how to spend BHP transfers. This implies that beneficiaries prioritised meeting their primary nutritional needs with these funds.

Figure 5.2: BHP transfer use to finance food expenditure (%)



In our investigation, we explored the impact of BHBP transfers on diversifying the variety of food within the consumption basket and promoting a more balanced diet. Unfortunately, the data did not align with this expectation, as meeting basic food requirements remains the primary challenge for these households. None of the beneficiaries reported consuming fish, and only a few indicated the consumption of eggs and meat. The qualitative assessment of beneficiaries highlights the depth of the problem, revealing that out of 64 beneficiaries interviewed, only 14 reported having three meals a day, pointing towards a severe degree of food and nutrition insecurity among beneficiaries.

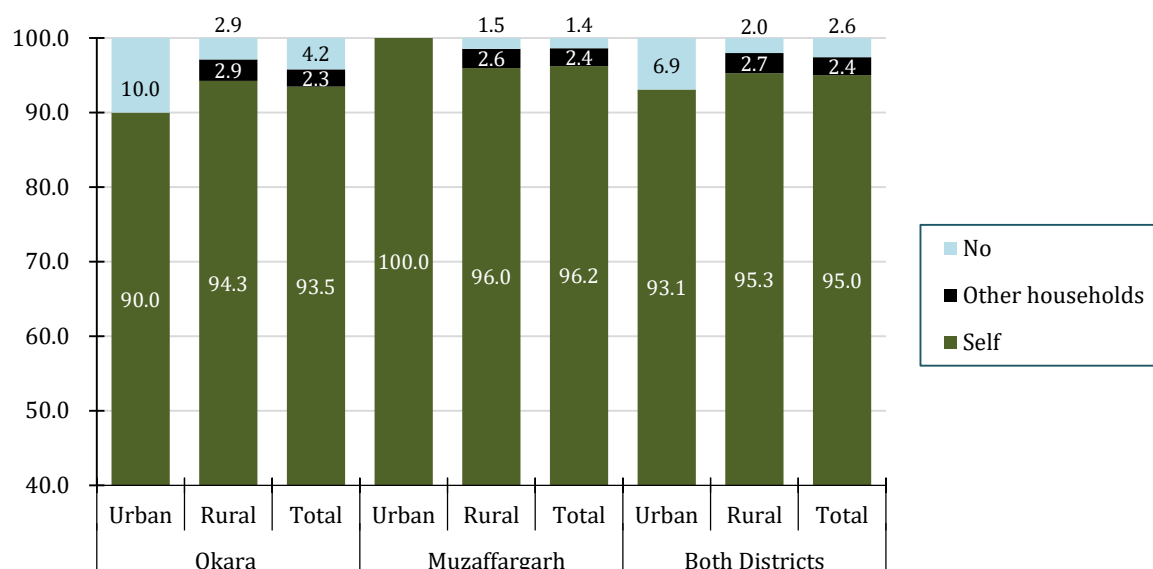
5.3. OUTCOME 3 (B): HEALTH

Health expenditures are expected to increase in old age due to physical vulnerabilities associated with aging. Although family support is crucial for financing these expenditures, one of the objectives of BHBP transfers was to increase access to healthcare. Unlike food expenditures, health expenditures can be attributed to individuals. Table 5.2 highlights that the health expenditures of all BHBP recipients are consistently higher compared to non-recipients across all regions. This trend holds true in both districts and across urban and rural settings. While the difference in urban Okara is a modest 2 percent, it jumps significantly to 39 percent in rural Muzaffargarh. These findings suggest that BHBP transfers have empowered elderly beneficiaries, particularly in rural areas, to prioritise and address their health needs more effectively.

Table 5.2: Per capita health expenditures

	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
BHBP non-recipients	979	1,127	1,093	1,058	1,003	1,006	988	1,084	1,067
BHBP recipients	1,387	1,149	1,194	1,322	1,394	1,390	1,366	1,299	1,306
Difference	407	22	100	263	391	383	378	215	240
Relative difference (%)	41.6	2.0	9.2	24.9	39.0	38.1	38.2	19.8	22.5

Figure 5.3 further reinforces this point, showing that at least 90 percent of the elderly beneficiaries utilised BHBP transfers to fully or partially finance health expenditures for themselves. In urban Muzaffargarh, all women who received transfers allocated BHBP funds, fully or partially for their health expenses. In other regions, the share of beneficiaries who spent BHBP transfers on healthcare falls within a narrow band, ranging from 94 percent to 96 percent. These statistics lead to the following conclusions: firstly, at least 90 percent of the beneficiaries had health needs, and secondly, they rely heavily on their own income sources to finance these health needs. Only 2 percent to 3 percent of the beneficiaries used these transfers to cover health expenditures for other household members.

Figure 5.3: BHP transfer use to finance health expenditure (%)

In the final phase of our investigation related to outcome 3, we sought to determine whether BHP transfers played a role in improving the general health status of the recipients. Beneficiaries were asked to rate the perceived impact of BHP transfers on their ability to utilise healthcare, their control over their own healthcare decisions, and overall improvement in their general health status. Table 5.3 reveals that a substantial proportion of beneficiaries, ranging from at least 55.6 percent to a maximum of 76.6 percent, acknowledged a positive impact of BHP transfers on the improvement of their general health status.

Table 5.3: Impact of BHP transfers on health of beneficiaries

	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Improvement in general health status									
Positive Impact	55.6	68.9	66.4	61.1	76.6	75.7	57.1	73.6	71.7
No Impact	44.4	31.1	33.6	38.9	23.4	24.3	42.9	26.4	28.3
Ability to utilise healthcare and the necessary support services easily when needed									
Positive Impact	53.3	59.6	58.4	38.9	71.9	70.0	49.2	67.0	65.0
No Impact	46.7	40.4	41.6	61.1	28.1	30.0	50.8	33.0	35.0
Control over the decisions about their healthcare									
Positive Impact	55.6	61.1	60.1	44.4	75.6	73.8	52.4	69.9	67.9
No Impact	44.4	38.9	39.9	55.6	24.4	26.2	47.6	30.1	32.1

Similarly, almost 40 percent of beneficiaries in urban Muzaffargarh and as many as 72 percent of beneficiaries in rural Muzaffargarh expressed that BHBP transfers had a positive impact on their ability to easily access healthcare and necessary support services when needed. Additionally, at least 44 percent of beneficiaries affirmed that BHBP transfers positively influenced their control over decisions about their healthcare. These statistics collectively underscore the success of BHBP transfers in enhancing the perceived individual health status of a significant proportion of BHBP beneficiaries. While these statistics paint a positive picture of the programme's impact on perceived health status, it is important to acknowledge the limitations of the current assessment. The quantitative survey relied solely on beneficiary perceptions and self-reported use of transfers for healthcare. Medical data was not collected, which prevents a more objective evaluation of the programme's direct influence on health outcomes.

The analysis reveals that BHBP transfers have yielded significant benefits for elderly beneficiaries, particularly in achieving Outcome 3: Improved Health and Nutrition. Their impact can be seen in two key areas: enhanced food intake and improved healthcare access. Despite varying per capita incomes, recipients consistently demonstrate higher per capita food expenditure. This finding is further strengthened by qualitative data, with beneficiaries reporting increased access to essential food items like fruits, milk, and meat due to the programme. However, the capacity of BHBP transfers to diversify and balance the dietary basket remains limited. The challenge of meeting basic food needs necessitates prioritising essential food items over broadening dietary variety.

BHBP transfers also play a crucial role in facilitating healthcare access for beneficiaries. Recipients consistently incur higher healthcare expenditure compared to non-recipients, demonstrating the programme's effectiveness in addressing their health-related needs. This improved access allows beneficiaries to exercise greater control over their healthcare decisions, ultimately contributing to overall health improvements. The programme's positive impact extends beyond financial support. Beneficiaries reported a significant enhancement in their perceived health status, ranging from 55.6 percent to 76.6 percent, largely attributed to the newfound control and agency over their healthcare decisions.

5.4. OUTCOME 2: REDUCED VULNERABILITY

Outcome 2, which focuses on reducing vulnerability, is assessed against three performance indicators related to the asset score, savings, and debt owed. The questionnaire gathered information about 17 assets to construct an asset score, encompassing residential or agricultural land, durable electronic goods, livestock, agriculture and household machinery,

bicycles, and automotive vehicles. Through factor analysis, these assets were amalgamated into a single asset score.

Table 5.4 presents the asset scores of both BHBP transfer recipients and non-recipients. Except rural Okara, the asset scores of BHBP recipients are slightly higher than those of non-recipients. However, the overall difference in scores is not substantial. Given the magnitude of the transfers and the range of PMT scores, minimal variation is expected in the asset score.

The household questionnaire also inquired about whether BHBP transfers helped in purchasing assets and/or maintaining them, or provided no assistance. Data reveals only four cases, two each in rural Okara and rural Muzaffargarh, where BHBP cash transfers were utilised for purchasing assets. Similarly, only 17 beneficiaries stated that they used BHBP transfers for the maintenance of assets. Based on these statistics, it can be concluded that BHBP transfers did not significantly contribute to the purchase or maintenance of assets.

Table 5.4: Comparative asset score

	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
BHBP transfer recipient	4.45	4.25	4.29	2.89	3.79	3.74	3.97	3.97	3.97
BHBP transfer non-recipient	4.39	4.45	4.44	2.67	3.69	3.62	4.19	4.18	4.18
Relative difference (%)	1.3	-4.4	-3.3	8.3	2.8	3.2	-5.4	-5.0	-5.1

To evaluate the impact of BHBP transfers on loan repayment, the household questionnaire specifically inquired whether beneficiaries utilised BHBP transfers to settle loans with general or grocery stores, relatives, or other sources. The data presented in Table 5.5 reveal that a minimal fraction, comprising only 26 beneficiaries or 3.6 percent of the total, confirmed using BHBP transfers for loan repayment. The majority of these loan repayments occurred in rural areas.

Table 5.5: BHBP transfers used to repay beneficiary loans²³

	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Yes	1	18	19	7	7	14	1	25	26
Share	1.4%	6.4%	5.4%	0.0%	2.1%	1.9%	1.1%	4.0%	3.6%
No	68	263	331	22	334	356	90	597	687
Total	69	281	350	22	341	363	91	622	713

²³ Loans taken by beneficiary from grocery stores, relatives and others.

In conclusion, there has been a limited or negligible impact of BHBP transfers in mitigating economic vulnerability. These findings suggest that while BHBP transfers contribute incrementally to certain aspects of financial stability, their transformative influence on asset acquisition or debt reduction is relatively restrained within the studied population.

5.5. OUTCOME 1: IMPROVED CONSUMPTION

The BHBP logframe recommends a singular performance indicator to assess Outcome 1: the change in consumption expenditure among the elderly poor. Although most expenditure categories reflect household consumption, certain expenses, such as health, clothing, shoes, social gatherings (marriages, deaths, etc.), and religious festivals (EID, Christmas), are distinctly tied to individual beneficiaries.

Table 5.6:	Beneficiary use of BHBP transfers to finance personal expenditures (% of beneficiaries)								
	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Clothing and Shoes	20.0	36.3	33.2	33.3	33.2	33.2	23.8	34.4	33.2
Transport	6.7	19.2	16.8	50.0	31.9	32.9	19.1	26.8	26.0
Mobile Phones	2.2	2.6	2.5		1.0	1.0	1.6	1.6	1.6
Social gatherings	2.2	7.3	6.3		8.1	7.7	1.6	7.8	7.1
Religious festivals	11.1	13.0	12.6		12.5	11.8	7.9	12.7	12.2
Gifts for relatives	2.2	2.1	2.1		0.7	0.6	1.6	1.2	1.3
Other personal expenditures	17.8	19.2	18.9	5.6	11.2	10.9	14.3	14.3	14.3

The questionnaire specifically inquired whether beneficiaries utilised BHBP transfers for these personal expenses. Health expenditures have been previously addressed. Table 5.6 presents the percentage²⁴ of beneficiaries using BHBP transfers to finance personal expenditure categories, excluding health expenditures. Notably, between 20 percent and 36 percent of beneficiaries utilised BHBP transfers for clothing and shoes, and a range of 6.7 percent to 50 percent for travel and transportation. Other personal expenditures and spending on religious festivals emerge as significant categories financed through BHBP transfers.

Although the absence of baseline study hinders an assessment of changes since the introduction of the BHBP transfers, it can be confidently asserted that a substantial

²⁴ These percentages show users vs. non-users. For instance, 20 percent used BHBP transfers to finance clothing and shoes in urban Okara while 80% did not use these transfers to finance clothing and shows.

proportion of beneficiaries, in at least four categories, have their personal expenditures partly or fully financed through BHBP transfers. In conclusion, while challenges persist due to the lack of baseline data, the evidence suggests that BHBP transfers play a positive role in supporting personal expenditures among the elderly poor, enhancing their overall wellbeing.

5.6. QUALITATIVE SOCIOECONOMIC IMPACT RESULTS

The qualitative analysis developed a socioeconomic baseline of 64 BHBP beneficiaries with the following characteristics:

- ▶ By and large, the 64 BHBP beneficiaries belonged to households' where 3 meals/day were not a certainty. According to the Food Insecurity Experience Scale of the Food and Agriculture Organization, these households experience 'moderate' food insecurity i.e. have insufficient money or resources for a healthy diet, experience uncertainty about the ability to obtain food and probably skip meals or run out of food occasionally.
- ▶ An overwhelming majority reported health issues and having to forgo medicines in favour of food for themselves or for the household in the absence of BHBP assistance.
- ▶ 50 out of 64²⁵ beneficiaries had no land on which they could grow food crops or crops for sale and 52 had no animals for eggs/milk for personal consumption or sale or for a share in the sale price of the animals.
- ▶ The majority of beneficiary households²⁶ had no fixed-income workers²⁷ and therefore had no stable, regular monthly income.

With this socioeconomic baseline, the quarterly BHBP financial assistance of PKR 6,000 had a consumption smoothing effect: all the BHBP beneficiaries reported that their health had improved as a result of the programme – mostly because they were able to obtain medicines regularly and were able to buy fruits, milk, and even meat occasionally. Even among the 14 cases where beneficiaries in general already had 3 meals/day, a majority reported purchasing medicines and better food with BHBP financial assistance. The detailed

²⁵ Out of the 64 interviews, 3 never got any BHBP payments - one whose ATM card never worked, while the other two whose cards were issued but they never got the cards.

²⁶ A beneficiary 'household' is defined as the number of people who share a meal and look after the needs of the beneficiary or for whom the beneficiary is responsible.

²⁷ Those whose work yields regular monthly incomes as opposed to daily wage workers who earn at hourly rates when and if they find work on any given day.

qualitative socioeconomic analysis of BHBP beneficiaries, including case studies, is included as Appendix J of this report.

5.7. SUMMARY

The evaluation of the BHBP project outcomes provides valuable insights into the effectiveness of the BHBP transfers. Outcome 1, focusing on the change in consumption expenditure among the elderly poor, underscores the role of BHBP transfers in supporting various personal expenses, particularly those related to health, clothing, travel, and religious festivals. While challenges persist in the absence of baseline data, the evidence suggests a positive impact on improving the overall wellbeing of beneficiaries.

The analysis indicates a negligible impact on Outcome 2, centred around reducing vulnerability, with limited evidence of transfers contributing to asset purchase or maintenance. Loan repayment, though infrequent, primarily occurs in rural areas. The transformative influence of BHBP transfers on vulnerability reduction appears limited.

Outcome 3, dedicated to supporting old age through food consumption and health, highlights the notable contribution of BHBP transfers to financing food and health expenditures. The transfers positively influence the health status of a significant proportion of beneficiaries.

These findings corroborate evidence from literature on the impact of unconditional cash transfers on older adults. Studies in Mexico and South Africa, for instance, found associations between such transfers and increased healthcare utilisation among older adults (Lloyd & Agrawal, 2014). Beyond health, cash transfers provide a predictable income source, improving economic security as evidenced by research in Brazil, South Africa, and Thailand. The Kenyan study by Gloria et al. (2023) highlights the programme's effectiveness in reducing vulnerability, particularly for the poorest beneficiaries, by improving their perception of having enough money for basic needs. (See Appendix K, literature review for details.)

In conclusion, the BHBP demonstrates commendable success in addressing certain aspects of wellbeing among the elderly, particularly in personal expenditure support and health financing. However, persisting high levels of food and nutrition insecurity, challenges and limitations in asset acquisition, loan repayment, and baseline data availability call for continuous refinement of the programme, in particular with regards to transfer size, as well as complementary targeted interventions to enhance the overall impact of the BHBP transfers.

6. IMPACT OF BHBP ON PSYCHOSOCIAL WELLBEING AND SOCIAL INCLUSION

The BHBP project, as outlined in its logframe, endeavours to achieve five pivotal outcomes. This chapter, building upon the preceding discussion in Chapter 5 of the initial three outcomes, examines the remaining two outcomes: Outcome 4, focusing on the improvement of the psychosocial wellbeing of the elderly poor, and Outcome 5, aimed at increasing their social inclusion. The logframe sets forth specific performance indicators for each of these outcomes. Outcome 4 is scrutinised through three performance indicators: the sense of self-reliance, the perception of dignity in society, and the perception of autonomy in family decisions. Outcome 5 is assessed against two performance indicators: the influence of the elderly in household decision-making and their interaction with the community.

The quantitative survey includes a comprehensive module comprising 14 questions to encompass various aspects of empowerment and social inclusion. Specifically, respondents were asked to express perceived changes following the receipt of cash assistance, with three response options: 'large change,' 'small change,' and 'no change'. However, in response to feedback received during a workshop on initial findings, it was recommended that the distinctions between small and large changes, being inherently subjective, should be amalgamated into 'positive impact', contrasted against 'no impact'. It is essential to note that the assessment within this chapter is limited to beneficiaries who received transfers within the 12 months preceding the survey.

6.1. OUTCOME 4 (A): SENSE OF SELF-RELIANCE

As previously mentioned, the first performance indicator for assessing psychosocial wellbeing is the sense of self-reliance. This aspect is intricately linked to individuals' perceived ability to exercise control over their lives, which, in turn, contributes to their overall satisfaction with life. Table 6.1 presents beneficiary perceptions regarding control over healthcare-related decisions as a proxy for self-reliance and their satisfaction with life. As highlighted in Chapter 5, a substantial proportion of beneficiaries expressed that BHBP transfers positively impact their ability to access healthcare and essential support services and feel in control of decisions related to their healthcare. Between 79 percent and 94 percent of beneficiaries perceive a positive impact of BHBP transfers on their overall life satisfaction. These findings underscore the intricate connection between the

sense of self-reliance, decision-making control, and the broader satisfaction individuals derive from their lives.

Table 6.1: Sense of self-reliance

	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Ability to utilise healthcare and the necessary support services easily when needed									
Positive Impact	53.3	59.6	58.4	38.9	71.9	70.0	49.2	67.0	65.0
No Impact	46.7	40.4	41.6	61.1	28.1	30.0	50.8	33.0	35.0
Control over the decisions about your healthcare									
Positive Impact	55.6	61.1	60.1	44.4	75.6	73.8	52.4	69.9	67.9
No Impact	44.4	38.9	39.9	55.6	24.4	26.2	47.6	30.1	32.1
Satisfaction in the life									
Positive Impact	82.2	79.3	79.8	94.4	87.1	87.5	85.7	84.0	84.2
No Impact	17.8	20.7	20.2	5.6	12.9	12.5	14.3	16.0	15.8

6.2. OUTCOME 4 (B): DIGNITY

The second performance indicator for Outcome 4 focuses on the perception of dignity among BHBP recipients, encompassing aspects of respect and acknowledgment for their contributions to household decision-making. Table 6.2 summarises beneficiary perceptions, revealing that over 50 percent in Okara and more than 63 percent in Muzaffargarh perceive a positive impact of BHBP transfers on the respect and dignity accorded by those around them. This positive perception is relatively lower in urban areas (44 percent) but higher in rural areas (60 percent). A parallel trend is observed in the feeling that beneficiary contributions to household decision-making are valued, with higher proportions in rural areas (48.8 percent and 60.4 percent in Okara and Muzaffargarh, respectively) compared to urban areas (43.5 percent and 22.7 percent).

Table 6.2: Perception of dignity in society

	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Respect and dignity by those around you, including family members and caregivers									
Positive Impact	46.7	51.8	50.8	38.9	64.8	63.3	44.4	59.6	57.9
No Impact	53.3	48.2	49.2	61.1	35.3	36.7	55.6	40.4	42.1
Feeling that your contributions to household decision-making are valued and respected									
Positive Impact	43.5	48.8	47.7	22.7	60.4	58.1	38.5	55.1	53.0
No Impact	56.5	51.3	52.3	77.3	39.6	41.9	61.5	44.9	47.0

The indicators employed to assess the impact of BHBP transfers on perceptions of dignity show a positive impact particularly in rural Muzaffargarh. These findings highlight BHBP potential to enhance the social standing and recognition of elderly women, particularly in rural settings.

6.3. OUTCOME 4 (C): PERCEPTIONS OF AGENCY IN FAMILY DECISIONS

The third and final performance indicator for psychosocial wellbeing, as outlined in the BHBP logframe, evaluates the perception of the elderly within their family, focusing on whether their opinion is considered in family decisions. To assess the impact of BHBP transfers on this indicator, we examined three dimensions reflecting beneficiaries' agency: being consulted by the family on decisions regarding family healthcare and medical treatment, negotiating and expressing their needs and preferences within the household, and having their needs and preferences considered in decision-making. Table 6.3 reveals that, at a minimum, 50 percent, and at a maximum, 72 percent of beneficiaries perceive a positive impact of BHBP transfers on family consultations about medical treatment and healthcare decisions. Similarly, at least 51 percent, and at most, 75 percent of beneficiaries perceived a positive impact of BHBP transfers on negotiating their needs and preferences within households. For the third dimension, a modest 22 percent in urban Muzaffargarh perceive a positive impact, while the remaining three regions show a positive impact of at least 49 percent.

Table 6.3: Beneficiary perception of agency in family decisions

	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Consulted by family on decisions about family healthcare and medical treatment									
Positive Impact	53.3	52.3	52.5	50.0	71.9	70.6	52.4	64.1	62.8
No Impact	46.7	47.7	47.5	50.0	28.1	29.4	47.6	35.9	37.2
Negotiating and asking for own needs and preferences within the household									
Positive Impact	51.1	53.9	53.4	55.6	74.6	73.5	52.4	66.4	64.8
No Impact	48.9	46.1	46.6	44.4	25.4	26.5	47.6	33.6	35.2
Your needs and preferences are taken into consideration when making decisions									
Positive Impact	48.9	50.3	50.0	22.2	63.7	61.3	41.3	58.4	56.4
No Impact	51.1	49.7	50.0	77.8	36.3	38.7	58.7	41.6	43.6

Table 6.3 reports a positive perception among more than half of the beneficiaries regarding the impact of BHBP transfers on their involvement within the family across various

dimensions particularly in rural Muzaffargarh. The overall findings underscore the programme's potential to reshape perceptions of the elderly as burdens, contributing to a more active and engaged role within their households.

6.4. OUTCOME 5 (A): THE INFLUENCE OF THE ELDERLY ON HOUSEHOLD DECISION-MAKING

Outcome 5 addresses social inclusion at the household level, with the first performance indicator for assessment outlined in the log-frame being the influence of the elderly on household decision-making. As shown in Table 6.4, we selected three dimensions to gauge social inclusion: involvement in planning and implementing household chores, participation in decision-making regarding the choice of food and meals, and engagement in decisions about family events and social activities. A significant proportion of beneficiaries, ranging from 66.7 percent to 74.2 percent, indicated that BHBP transfers have a positive impact on their involvement in planning and implementing household chores. However, a relatively smaller proportion, ranging from 38.9 percent to 68.8 percent of beneficiaries, indicated positive impacts of BHBP transfers on their involvement in decision-making regarding food and meals. 22 percent to 67.5 percent of beneficiaries indicated a positive impact of BHBP transfers on their involvement in decisions about family and social activities. This proportion is lower (38.1 percent) for urban areas and relatively higher for rural areas (60.3 percent), which is as expected given that the per capita income of rural areas is low and BHBP transfers have a relatively greater impact.

Table 6.4: The influence of beneficiaries on household decision-making

	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Involvement in planning and implementing household chores									
Positive impact	68.9	66.8	67.2	66.7	74.2	73.8	68.3	71.3	71.0
No impact	31.1	33.2	32.8	33.3	25.8	26.2	31.8	28.7	29.0
Involvement in decision-making regarding the choice of food and meals									
Positive impact	51.1	54.9	54.2	38.9	68.8	67.1	47.6	63.3	61.5
No impact	48.9	45.1	45.8	61.1	31.2	32.9	52.4	36.7	38.5
Involvement in decisions about family events and social activities									
Positive impact	44.4	49.2	48.3	22.2	67.5	64.9	38.1	60.3	57.7
No impact	55.6	50.8	51.7	77.8	32.5	35.1	61.9	39.8	42.3

In conclusion, the assessment of social inclusion, represented by the influence of the elderly on household decision-making, reveals varied impacts across different dimensions. BHBP

transfers exhibit a positive influence on the involvement of beneficiaries in planning and implementing household chores. However, the positive impacts on decision-making regarding food and meals, as well as involvement in decisions about family and social activities, shows mixed results, with varying proportions of beneficiaries perceiving these positive impacts. Notably, rural areas demonstrate relatively higher positive impacts compared to urban areas. These findings highlight the impact potential of BHBP transfers in promoting the active participation of elderly beneficiaries in various aspects of household decision-making and activities, especially in rural settings.

6.5. OUTCOME 5 (B): SOCIAL INTERACTIONS

The second performance indicator for social inclusion is social interactions outside the household or compound. As shown in Table 6.5, we focused on two dimensions: opportunities to socialise and engage with others, and the control beneficiaries have over decisions about their social activities such as weddings, funerals, religious celebrations and family visits, all of which involve exchange of money, gifts and/or food. The statistics reveal that at least one-third and up to 63.4 percent of beneficiaries indicate a positive impact of BHBP transfers on their opportunities to socialise. Notably, urban Muzaffargarh shows the lowest impact, while rural Muzaffargarh demonstrates the highest positive impact. In Okara, both urban and rural areas have a similar impact of around 50 percent.

Table 6.5: Social interaction

	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Opportunities to socialise and engage with others									
Positive Impact	46.7	47.7	47.5	33.3	57.3	55.9	42.9	53.5	52.3
No Impact	53.3	52.3	52.5	66.7	42.7	44.1	57.1	46.5	47.7
Control over the decisions about your social activities									
Positive Impact	48.9	50.3	50.0	33.3	63.4	61.7	44.4	58.2	56.6
No Impact	51.1	49.7	50.0	66.7	36.6	38.3	55.6	41.8	43.4

6.6. IMPACT OF BHBP ON BENEFICIARY WELLBEING – QUALITATIVE SURVEY

In most cases, BHBP financial assistance was spent by beneficiaries on their own medicines and then on their own or household food requirements. After medicines, even in the few families which already enjoyed three meals/day, the assistance was used first to improve the quality of diet to include fruits, eggs, milk and meat more often, and then for clothes, shoes and other household items. Despite these positive impacts, which were mainly at the individual level, the impact on smoothing household income consumption remained fairly

modest. Some beneficiaries also used BHBP assistance for gifts for social occasions. A few beneficiaries even reported giving away PKR 50 to PKR 100 as charity.

When questioned about the impact of BHBP financial assistance on their wellbeing, beneficiaries tended to downplay its importance, repeatedly asking how PKR 2,000 could be expected to lead to any improvements. However, when beneficiaries were asked to limit their responses to their personal needs, separate from those of the household in general, all responded that their health had improved due to regular medicines and more regular meals.

Aside from the material impact of PKR 2,000, the beneficiaries mentioned a sense of relief that they were no longer burdens for their families and had some degree of freedom in making decisions about themselves, the most common one being able to afford medicines regularly without guilt that money spent on their medicines would take food away from their grandchildren. Beneficiary #3 explains, *'I'm grateful my son looks after me, his mother, but he is barely able to put food on the table for his family. I used the BHBP money on myself because I knew he had to provide for his children rather than take care of my medicines. I used to send out a heartfelt prayer that it must have been a good woman's son who thought about us poor people, cared about us. I wasn't dependent on anyone for even small things I needed day to day. What can my son do? Should he look after his family or his sick mother? He was happy that I wasn't a burden on him. There is nothing better than being able to spend on your children. I used to give them (the grandchildren) PKR50/100 sometimes.'* Even in this household dynamic with conflicting intergenerational expenditure requirements, both the head of household and the beneficiary reported that the entire BHBP amount was handed over to the beneficiary.

BHBP financial assistance, for the overwhelming majority of the beneficiaries interviewed, alleviated oppressive capability deprivations, and allowed them a chance to exercise some degree of control over their own lives and to interact with others more freely. For example, beneficiary #9, a 70-year-old widow, entirely dependent on her son because of her rheumatism and arthritis, reported that she received the entire amount of BHBP transfers in her hands and was able to improve the food intake of the household and purchase medicines for herself. The beneficiary did not feel any change in her relationship within the household as a result of BHBP payments because she felt she was adequately taken care of by her son under all circumstances – she lives with her daily-wage earning son, daughter-in-law and one 3-year-old grandchild; the absence of a large number of dependents on the supporting male family member seems to foster a household dynamic that does not conflict with beneficiary interests. BHBP financial assistance also allowed beneficiary #9 to spend some money on attending weddings and buying gifts for these occasions – before BHBP and after

discontinuation of BHBP, the family tends to avoid social events like weddings as much as possible. These social interactions have the potential of fostering social connectedness and ties, contribute to social capital, alleviate sentiments of shame, and increase dignity, with important repercussions on the psychological wellbeing of beneficiaries.

The importance of social interaction was also reflected in the case of beneficiary #40, a 68-year-old widow who works as a domestic worker for PKR 5,000 per month and lives with her daily-wage earning son and his family of 6. This beneficiary spent most of her BHBP financial assistance on food, on the eldest grand-daughter's education, her own medicines and also on social interactions. *'After BHBP payment stopped, we are unable to think about going to social gatherings such as weddings.'* This case also corroborates research that social pensions to the elderly *'can have an impact beyond the primary beneficiary through the sharing of pension benefits with other household members'*.²⁸ In the case of BHBP, intergenerational support has been evidenced in several cases although it tends to be occasional, given the low level of the transfer size and the short-term duration of the programme for beneficiaries.

The extent of control over their own circumstances is a result of the beneficiaries' household dynamic which in turn is affected by the presence of adult children with or without their own dependents and, to a limited extent, the presence of fixed-income earners (those having regular employment and earning a monthly pay check). In the case of beneficiary #4, a 73-year-old widow sharing a one-room house with 13 other members of her family (2 mentally challenged sons and her daughter's family of 10), the impact of BHBP on household dynamics was dismissed as minimal, *"There has been no change in my life because of this small amount of money. I used to be listened to as much before the money as I do now and during the payment period."* This 14-member household only has 2 daily wage earners and reported having 2 meals/day as a norm, which 3 instalments of PKR 6,000 each was not able to change. In contrast is the case of beneficiary #58, a 69-year-old widow who enjoys a central decision-making position in her household of 9, comprising 2 unmarried, fixed-income-earning sons, one unmarried daughter and a divorced daughter and her family of 4. Beneficiary # 58 reported that she spent her BHBP financial assistance on her medicines, going to weddings and funerals, household food and sometimes on clothes and shoes for Eid. She was also able to engage the service of people who can help look for potential candidates for her unmarried daughter. Without BHBP assistance, she often chooses to forgo her medicines for blood pressure and her kidney problems rather than have the household skip any meals.

²⁸ Chepnego-Langat et al (2019). 'Unravelling the wider benefits of social pensions: Secondary beneficiaries of the older persons cash transfer programme in the slums of Nairobi'. *Journal of Aging Studies* 51 (2019)

Beneficiary #36, a 72-year-old married beneficiary explains, *'BHP money didn't create any change in family dynamics – my getting older made my husband listen to me more and give me more respect. It is hard to ask even my son [only daily wage earner in this household of 7] for our personal expenses when he is struggling so hard to make ends meet for his own family. BHP reduced our dependence on our children.'* BHP financial assistance did not change family dynamics, but gave the beneficiaries more freedom to exercise their roles.

All beneficiaries reported an increase in self-esteem because of reduced financial dependence and the resulting freedom to make personal choices. Beneficiary #23, a 69-year-old widow reported, *'With BHP payments, I did not have to ask anyone for anything, I could have 'gurr' (jaggery,/raw sugar) and socialise with gifts. Having your own money gives you control over your own affairs and it's nice not to have to ask for things.'* This was echoed almost word for word by beneficiary #29, a 71-year-old widow living with her fixed-income-earning son and his family of 6: *'Having your own money gives you control over your own affairs; you have more self-confidence when you have your own money.'* Beneficiary #24, a 73-year-old married beneficiary, reported proudly that she was able to help her son with PKR 10,000 from the total of PKR 42,000 BHP assistance she received and she also bought her husband's medicines and the 8 bottles of blood he needed when he was sick. This beneficiary also bought clothes for herself and her husband. She also spent some money on buying wood during the winter. She was happy that she was able to help out her sons who didn't really take care of her. Regular cash transfers improved the beneficiary's self-esteem and allowed her to act as and be considered an active member of her household, rather than as a burden.

BHP financial assistance, while it lasted, improved the psychosocial wellbeing of its beneficiaries, but this improvement lasted only for a couple of years for most. The lack of beneficiary-centredness in dissemination of programme objectives, benefits, rights and obligations, and perhaps most importantly, in providing accessible avenues of grievance redressal, meant that the psychosocial impact of BHP remained underutilised. *'In order to ensure that implementers are aware of both the material and non-material effects of development programmes such as cash transfers, appropriate capacity building and awareness raising amongst implementers at different levels is of the utmost importance to support and increase programme uptake and success'*²⁹.

²⁹ Fiona Samuels & Maria Stavropoulou (2016) 'Being Able to Breathe Again': The Effects of Cash Transfer Programmes on Psychosocial Wellbeing, *The Journal of Development Studies*, 52:8, 1099-1114

6.7. SUMMARY

The assessment of Outcomes 4 and 5 within the BHBP project has provided comprehensive insights into the psychosocial wellbeing and social inclusion of elderly beneficiaries. Outcome 4, focusing on psychosocial wellbeing, has revealed positive perceptions among beneficiaries regarding the impact of BHBP transfers on their self-reliance, dignity, and active involvement within their families, particularly in rural settings.

With respect to Outcome 5, which addresses social inclusion, the evaluation demonstrates varying impacts on the influence of the elderly on household decision-making and social interactions. While positive influences are observed in certain dimensions, like household decision-making, the outcomes reveal an inconclusive picture with variations across different regions. For instance, the statistics show that at least one-third and up to 63.4 percent of beneficiaries indicate a positive impact of BHBP transfers on their opportunities to socialise. Notably, rural Muzaffargarh demonstrates the highest positive impact of transfers on social inclusion.

In conclusion, these findings underscore the multifaceted impact of the BHBP project, highlighting its potential to positively influence the lives of elderly beneficiaries by enhancing their psychosocial wellbeing and broader social integration. These findings align with research on social pensions in the global south, which highlights similar benefits. For example, studies in Mexico, Ethiopia, and Nepal link cash transfers to reduced depression, increased social activity, and stronger relationships between older adults and their children (for details see Appendix K: literature review).

7. CONCLUSIONS AND POLICY RECOMMENDATIONS

The BHBP project targets elderly women living in poverty, aiming to improve their socioeconomic wellbeing through enhanced consumption, reduced vulnerability, and improved health and nutrition. The evidence highlights the potential of BHBP to improve wellbeing through increased consumption and access to healthcare. However, by far the more significant impact of the BHBP was revealed through the positive perceptions among beneficiaries regarding the impact of BHBP transfers on their self-reliance, dignity, and active involvement within their families.

BHBP evidence corroborates the results of empirical literature, further underscoring the need to continue the programme after implementing policy recommendations. *'Older people often depend on social networks yet they cannot invest resources to maintain them.'*³⁰ Formal social protection systems like the BHBP can distribute resources according to needs, rights and citizenship, without reciprocation and help bolster informal social protection systems when they are under stress: *'Sharing within communities and extended families is considerably diminished when widespread poverty places all or most members under consistent livelihood stress.'* (Carter and Maluccio 2003). *'In these circumstances, the most vulnerable members miss out, such as children, the elderly and people with disability. In Zambia among those elderly receiving little help, about half said they had requested assistance without success. The rest claimed they did not ask for help because they knew others were struggling.'* (Kidd 2011, p. 16).

Social pensions can enable individuals to engage in reciprocity and thus maintain their social networks, which is also supported by Calder and Nakafeero (2012). Hofmann et al. (2008) found that older people receiving the pension in Kwa Wazee, Tanzania, were less lonely than those not receiving the pension. *'They reported that they were more likely to get credit from shops or neighbours since they had the capacity to pay them back. The most prominent change in social relationships was evident in households where older people cared for grandchildren. The increased ability to meet the children's needs eased worries and improved the relationship between the generations. More money coming into the home improved the relationship between children and grandparents because it reduced stress. Children felt more loved when*

³⁰ Kreager P & Schröder-Butterfill E (2008). 'Indonesia against the trend? Ageing and inter-generational wealth flows in two Indonesian communities', *Demographic Research*. Vol. 19, (52), pp. 1781–1810.

*their grandmother was able to meet their material needs, and conflict between the generations was reduced*³¹.

Beneficiaries of the BHBP also reported an increased sense of self-respect and of not being a burden on their struggling families, *'I respected myself more because I had money of my own and didn't need to ask others just to eat or buy medicines'*. BHBP assistance allowed beneficiaries to participate in social occasions, to access informal support systems based on reciprocity and created opportunities for intergenerational transfers within households. Reduced financial dependence also increased the agency of the beneficiaries and allowed them to exercise more control over their lives: *'Having your own money gives you control over your own affairs; you have more self-confidence when you have your own money.'* In many cases, regular cash transfers improved the beneficiary's self-esteem and allowed her to act as and be considered an active member of her household, rather than as a burden.

These findings corroborate research on social pensions in the global south. Studies in Mexico and South Africa, for instance, found associations between cash transfers and increased healthcare utilisation among older adults (Lloyd & Agrawal, 2014). Beyond health, cash transfers provide a predictable income source, improving economic security; the Kenyan study by Gloria et al. (2023) highlights the programme's effectiveness in reducing vulnerability, particularly for the poorest beneficiaries, by improving their perception of having enough money for basic needs. Studies in Mexico, Ethiopia, and Nepal link cash transfers to reduced depression, increased social activity, and stronger relationships between older adults and their children (for details see Appendix K: literature review).

The current BHBP design, as it relates to the frequency of transfers (quarterly rather than monthly) has almost as many supporters as those who would prefer monthly transfers. This split in opinion largely aligns with spending patterns: those prioritising daily food needs favour monthly payments, while those using the funds for larger, infrequent expenses, like healthcare, prefer quarterly disbursements. More significantly, the overwhelming majority emphasised the importance of programme continuity and regularity in receiving financial assistance.

In terms of the modality of transfers (cash rather than in-kind), beneficiaries reported cash transfers increased agency because of ease of management, greater freedom and control, and

³¹ Hofmann S, Heslop M, Clacherty G & Kessy F (2008). *Salt, Soap and Shoes for School: The Impact of Social Pensions on the Lives of Older People and Grandchildren in the Kwa Wazee Project, Muleba District, Kalera Region, Tanzania*, HelpAge International, Regional Psychosocial Support Initiative, Swiss Agency for Development and Cooperation. World Vision International. Monrovia.

flexibility to make personal choices. Both qualitative and quantitative surveys provide encouraging results that an overwhelming majority of beneficiaries were given the full amount of financial assistance in their hands and reported autonomy in choosing how to spend it. This underlines the success of BHBP in specifically addressing the needs of the elderly over programmes like BISP that provide income support at the household level.

Contrary to commonly held assumptions that beneficiaries would find the BoP vendor network easier and more convenient to access than BoP branches and ATMs, a significant number of beneficiaries raised concerns about regular deductions reported at BoP vendors. This means that PSPA needs to consider whether the savings from stopping system abuse through ATMs is greater than the amount of programme leakage due to deductions at BoP vendors, both in terms of overall financial impact and the number of beneficiaries affected. Also, the cost-effectiveness and security of transferring cash to digital wallets needs to be balanced with the social inclusion impact potential of BHBP which can only be accomplished through meaningful interaction of beneficiaries with trained personnel. SWD-administered sites and BoP branches are capable of catering to this potential in a much better way than BoP vendors.

The adequacy of BHBP transfers suffers not only due to the small nominal transfer amount but also due to the impact of inflation that has reduced its real value by 60 percent from 2021 to 2023. Also, there was a consistent gap between expected and actual transfers received: 77 percent of the beneficiaries who actually received financial assistance in the last 12 months preceding the survey, reported receiving 60 percent less transfer in nominal amounts than the expected PKR 24,000. Beneficiaries with disabilities found transfers even more inadequate because of their additional health and support needs.

The overall registration of BHBP target candidates reveals a coverage of only 15.7 percent over the 20-month period when registrations were open. The inaccuracy of the contact information in the 2010 NSER data used is cited as the main reason for this low coverage: an estimated 70 percent of potential beneficiary cell numbers did not work. However, survey results show that the PSPA SMS system was ineffective for a population where literacy levels of beneficiaries are extremely low even when contact information was accurate. This highlights the large digital divide that exists among the beneficiary groups most of whom do not have their own cellphones or know how to read and write. While digitalisation can facilitate challenges in targeting, enrolment and delivery of cash transfers, it is equally important to consider contextual factors, including the demographic and education profile of potential beneficiaries. Fragmented transmission of programme information led to overcrowding of registration campsites and created administrative bottlenecks.

The programme objective of helping '*ba-himmat buzurg*' i.e. the courageous elderly to lead dignified lives needs to translate into an effective and efficient communication campaign that clearly delineates BHBP eligibility, process, and rights and responsibilities. For BHBP's vast and geographically dispersed target group, mass media can be used to relay clear, complete, verified and standard audiovisual messages. This will help to avoid errors in human transmission of messages related to registration procedures, cash transfer modalities, vigilance against abuses, and programme updates. The telephone numbers of the PSPA and BoP helplines should also be disseminated via the mass media messages. Opportunities must also be provided for programme implementers to engage with beneficiaries in a way that helps them realise their value as senior citizens who are considered vulnerable, not burdens to society. The psychosocial profile of BHBP beneficiaries that highlights problems of reduced self-esteem and dignity, increased isolation, and a distrust of public institutions undermines the PSPA design assumption that the BHBP can be entirely demand-driven. A meaningful long-term partnership with Social Welfare Officers for proper case management at the sub-district levels must be explored.

There is a lack of communication between the key stakeholders, PSPA, SWD and BoP in terms of programme objectives and design parameters which then translates into implementation-phase weaknesses. For example, SWD reported that there was no follow-up with beneficiaries at the *tehsil*-level after registration because that was not part of their mandate from the PSPA. Another example is the revised PSPA registration strategy through BoP vendors, which was as unsuccessful as registration through campsites; according to BoP, registration at BoP vendors is not beneficiary-friendly because the same vendor has to make payments for multiple programmes and is not able to facilitate potential beneficiaries of BHBP in a dedicated manner. The suspension of BHBP registrations since July 2022 and of all financial assistance to eligible beneficiaries since June 2023 (i.e. programme freeze) has also not been communicated to programme implementers and stakeholders effectively with the result that beneficiaries are experiencing uncertainty, stress and even financial burdens because of the programme's lack of beneficiary-centric orientation.

Based on this analysis, we present key recommendations to strengthen and maximise the programme's potential to positively impact the lives of its beneficiaries.

7.1. DESIGN RECOMMENDATIONS

Our examination of five crucial design elements – transfer frequency, adequacy, modality, delivery mechanisms, and communication strategy – has yielded the following

recommendations to enable BHBP to achieve a more transformative impact on the lives of its target population.

Transfer frequency and regularity:

- ▶ **Beneficiary preference:** While there is a preference split (54 percent favouring monthly, 46 percent voting quarterly), a strong emphasis on regularity was evident.
- ▶ **Recommendation:** Adopt monthly transfers to align with beneficiary needs and promote smoother resource management. However, to balance administrative ease with beneficiary preference, if the present system of quarterly payments is kept unchanged, then every effort must be made to ensure regular and dependable transfers because beneficiaries can then take short-term loans against forthcoming quarterly payments. And this must be supplemented by an effective communication strategy to keep beneficiaries informed and to instil confidence in them about their citizenship rights as the courageous elderly and that the cash transfers will continue regularly.

Transfer adequacy:

- ▶ **High inflation:** Soaring inflation has significantly eroded the real value of transfers (60 percent decline since January 2021).
- ▶ **Recommendation:** Reassess the transfer amount and link it to relevant consumer price index for the future; this could be a viable strategy to ensure its effectiveness in an inflationary environment.
- ▶ **Irregularities:** The study also identified a significant gap between expected and actual transfers, emphasising the need for guaranteeing that beneficiaries receive the full transfer value.
- ▶ **Recommendation:** Improve programme management and communication to guarantee full transfer value to existing beneficiaries.
- ▶ **Disabilities:** 31 percent of beneficiaries reported disabilities, presenting a significant challenge as the uniform transfer amount overlooks the increased expenses and support needs associated with disability. 89 percent of disabled beneficiaries explicitly requested additional financial assistance.
- ▶ **Recommendation:** Include disability as a preference indicator for registering the potential beneficiaries and explore the possibility of increasing the amount of assistance for them or creating linkages with PSPA's Persons with Disabilities programme.

Transfer modality:

- ▶ **Beneficiary preference:** Cash assistance is overwhelmingly favoured (95 percent) to in-kind support due to ease of management, greater freedom, and control.
- ▶ **Recommendation:** Maintain cash as the transfer modality.

Delivery mechanisms:

- ▶ **Beneficiary preference:** ATM withdrawals are preferred over BoP vendors due to accessibility, control, and cost-effectiveness, as well as better service received at BoP branches.
- ▶ **Recommendation:** Prioritise ATM withdrawals and explore mobile wallet integration with existing ATM networks.

Communication strategy:

- ▶ **Literacy barriers:** Nearly all beneficiaries lack formal education, highlighting the need for clear and accessible communication.
- ▶ **Recommendation:**
 - Rethink the role of digitalisation in the communication strategy for the BHBP, given the near-universal illiteracy of its beneficiaries and the lack of personal devices at their disposal or the absence of optimal usage of these devices. This re-orientation of the communication strategy is also necessary given the various exclusions suffered by its beneficiaries, due to poverty, gender and age.
 - Implement a multi-modal approach incorporating visual elements alongside written text. Use mass media habitually listened to by beneficiaries and their household members to disseminate recorded audio or video messages on BHBP that are clear and standardised to reduce human error in information transmission and as a lowest-cost way to reach a maximum number of listeners.
- ▶ **Transparency and communication:** The programme's communication strategy was insufficiently beneficiary-oriented and ineffective in reaching the large target group with clear and consistent messages.
- ▶ **Recommendation:** Implement a transparent and proactive communication strategy in partnership with SWD and BoP, drawing on their field experiences, that can provide beneficiaries with regular updates, accessible information, and open dialogue to rebuild trust and alleviate anxiety amongst beneficiaries.

7.2. PROCESS AND IMPLEMENTATION RECOMMENDATIONS

BHBP has the potential to achieve transformative change by addressing key process and implementation challenges. The following recommendations, informed by both stakeholder interviews and qualitative and quantitative analysis, aim to empower beneficiaries, foster social connectedness, and maximise the programme's positive impact on the lives of the '*ba-himmat buzurg*' (courageous elders).

- ▶ **Address resource constraints:** PSPA's financial and human resource constraints need to be addressed, e.g. through fine-tuned coordination with implementing partners and training and monitoring of focal persons so that BHBP design and implementation can be made more efficient and effective overall. Research reveals that cash transfer programmes, even those involving small amounts per month, can have a significant psychosocial impact on beneficiaries through not only the money they provide, but also through meaningful interaction between programme implementers and beneficiaries.
 - Establish a PSPA Fund, in addition to its regular budgetary provisions, to achieve a greater degree of self-reliance for PSPA's social protection programmes.
 - Train programme implementers (SWD and BoP) to engage with beneficiaries in a way that recognises their value as senior citizens who deserve respect and support, not as burdens to society. Integrate this message throughout programme registration and benefit disbursement to reduce beneficiary isolation and to foster a sense of dignity.
- ▶ **Devise an effective communication campaign:** Translate the programme's objective of supporting '*ba-himmat buzurg*' (the courageous elders) into clear messaging that outlines BHBP eligibility, processes, rights, and responsibilities, and ensure its uniform and effective dissemination.
- ▶ **Resume registrations at dedicated sites with trained personnel:** Based on beneficiary and BoP feedback, resume registrations through Social Welfare Department and Union Councils at dedicated sites staffed with trained personnel empowered to resolve beneficiaries' issues. While PSPA's revised registration strategy utilising BoP vendor networks can continue, dedicated sites for maximising meaningful interaction and administrative control should be prioritised.
- ▶ **Minimise overcrowding and encourage peer interaction:** Standardise programme information dissemination to ensure only eligible beneficiaries attend registration sites. These sites can also serve as spaces for elderly beneficiaries to interact, reduce social isolation, and share information on relevant topics. Explore

enabling recurrent interaction among beneficiaries at cash withdrawal points in collaboration with the SWD to facilitate social connectedness, boost confidence, and enhance self-worth.

- ▶ **Improve referral pathways:** Ensure proper dissemination of information on all PSPA programmes to equip *tehsil*-level staff with the knowledge to refer vulnerable groups to appropriate resources.
- ▶ **Institute grievance redressal at the *tehsil* level:** Establish a system for addressing grievances at the *tehsil* level to allow for proper case management and give BHBP beneficiaries a voice. This will further strengthen the programme's capacity to achieve lasting and positive impacts on the lives of the courageous elders it serves.

Our assessment underscores the potential of the BHBP to have a multifaceted impact, contributing to socioeconomic as well as psychosocial wellbeing of its elderly beneficiaries. BHBP transfers can play a crucial role in terms of fostering broader social integration, enhancing the overall quality of life for elderly individuals in the targeted communities and improved relationship with the state. Continuous refinement and targeted interventions are recommended to address challenges and optimise the programme's overall impact.

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APPENDICES

APPENDIX A

BHBP POTENTIAL AND ACTUAL BENEFICIARIES

District	Potential	Actual	Coverage
Muzaffargarh	26,116	6,830	26.2%
Rahim Yar Khan	26,520	5,107	19.3%
Okara	17,777	4,652	26.2%
Kasur	18,446	4,259	23.1%
Multan	26,756	4,024	15.0%
Dera Ghazi Khan	14,972	3,570	23.8%
Rajanpur	11,876	3,453	29.1%
Bahawalnagar	14,266	3,406	23.9%
Bahawalpur	17,887	3,396	19.0%
Khanewal	13,491	3,188	23.6%
Jhang	13,016	3,054	23.5%
Lodhran	9,920	2,589	26.1%
Pakpattan	13,356	2,555	19.1%
Bhakkar	10,685	2,443	22.9%
Sargodha	22,020	2,426	11.0%
Faisalabad	28,251	2,222	7.9%
Mianwali	11,132	2,054	18.5%
Chakwal	10,558	1,967	18.6%
Chiniot	7,757	1,670	21.5%
Sahiwal	11,919	1,585	13.3%
Vehari	10,927	1,561	14.3%
Rawalpindi	20,196	1,545	7.7%
Khushab	6,634	1,375	20.7%
Layyah	7,592	1,301	17.1%
Sheikhupura	10,106	1,168	11.6%
Jhelum	6,728	1,152	17.1%
Lahore	32,765	1,069	3.3%
Gujranwala	17,727	1,024	5.8%
Sialkot	11,554	959	8.3%
Nankana Sahib	5,988	950	15.9%
Attock	10,709	912	8.5%
Hafizabad	5,716	857	15.0%
Mandi Bahauddin	7,451	835	11.2%
Toba Tek Singh	8,324	487	5.9%
Gujrat	11,338	222	2.0%
Narowal	8,192	155	1.9%
Total	508,668	80,022	15.7%
Source: Authors' calculations, based on the data provided by the Punjab Social Protection Authority.			

APPENDIX B

PC1 – BHBP

APPENDIX B

Revised 2005

PC-1 FORM

GOVERNMENT OF PAKISTAN
PLANNING COMMISSION

BA-HIMMAT BUZURG

(Government of the Punjab)

October 2020

ABBREVIATIONS AND ACRONYMS

ASPIRE	The Atlas of Social Protection Indicators of Resilience and Equity
BCC	Behavioural Change Communication
BHB	Ba-Himmat Bazurg
BISP	Benazir Income Support Programme
BP	Bank Procedure
BVS	Biometric Verification System
CCT	Conditional Cash Transfer
CNIC	Computerized National Identity Card
DLI	Disbursement Linked Indicator
FM	Financial Management
GoPb	Government of Punjab
GRM	Grievance Redress Mechanism
IT	Information Technology
KYC	Know Your Client
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MIS	Management Information Systems
NGO	Non-governmental Organization
NSER	National Socio-economic Registry
P&DB	Planning and Development Board
PKR	Pakistani Rupees
PMT	Proxy Means Test
PSPA	Punjab Social Protection Authority
SP	Social Protection
UC	Union Council

GOVERNMENT OF PAKISTAN
PLANNING COMMISSION
PC-1 FORM
(SOCIAL SECTORS)

1	Name of the Project	Ba-Himmat Buzurg
2	Location	All 36 districts of the Punjab
3	Authority responsible for:	
i.	Sponsoring	Punjab Social Protection Authority, Government of the Punjab
ii.	Execution	Punjab Social Protection Authority (PSPA) in collaboration with Social Welfare Department
iii.	Operation and maintenance	Punjab Social Protection Authority (PSPA) in collaboration with Social Welfare Department
iv.	Concerned federal ministry	Poverty Alleviation and Social Safety Division
4	Plan Provision	It is a special initiative/project to be funded by Government of the Punjab under Punjab Ehsaas Programme
5	Project goal, objectives and its relationship with Sectoral objectives	<p>Project Goal is to improve socio-economic wellbeing of the poor elderly people in the Punjab</p> <p>Project Objective:</p> <ol style="list-style-type: none"> 1. to improve the social inclusion of the poor elderly people by providing them dignified social assistance 2. To improve the subsistence of poor elderly people 3. To reduce the dependency of poor elderly people on their social network
6	<p>Description, justification and technical parameters</p> <p>Punjab Social Protection Authority (PSPA) is a body corporate, established through an Act 2015 of the provincial legislature for providing a comprehensive, efficient, effective and inclusive social protection system to the poor and vulnerable people in Punjab.</p> <p>In accordance with the Prime Minister's vision of EHSAAAS program, Punjab Social Protection Authority has been entrusted with the responsibility to roll out multiple interventions for social protection of the vulnerable groups in Punjab. Government of the Punjab is now launching Ehsaas-Punjab built on the model of the national Ehsaas program. It will aim to expand Human Development and Social Protection in Punjab drastically so that poverty eradication, economic empowerment (especially of women) and better health and education outcomes could be achieved. Ehsaas-Punjab will be spearheaded by the Punjab Social</p>	

Protection Authority (PSPA). It will include current PSPA's programs as well as new programs worth over Rs. 15 billion, aimed at filling many coverage gaps in social protection.

A social pension or non-contributory pension (not requiring any payment from the beneficiary) is a regular cash transfer to the elderly people. Over 100 countries in the world have some form of social pension. There are variations in the design parameters but mostly these pensions are means-tested i.e. conditional on income or assets of the beneficiaries. A summary of social pensions in some of the comparable countries is given in the table below:

Country	Benefit level				Age of eligibility	Targeting	% population 60+ covered	% of population over eligibility covered
	US\$	PPP \$	% of GDP per capita	% of \$1.90 poverty line				
Bangladesh	6	17	5.2	29	65 (men) and 62 (women)	Means-tested	27	35
India	3	11	2.2	20	60	Means-tested	18	18
Kenya	19	47	17.4	81	65	Means-tested	15	24
Kyrgyzstan	15	45	16.4	79	63 (men) 58 (women)	Pensions-tested	<i>no data</i>	<i>no data</i>
Philippines	10	27	4.0	47	60	Means-tested	35	35
Uzbekistan	53	150	30.0	260	60 (men) 55 (women)	Pensions-tested	<i>no data</i>	<i>no data</i>
Vietnam	12	35	6.6	61	80	Pensions-tested	15	70
Average	17	48	12	82			22	36

Source: Penionwatch.com

Justification

Old people are often dependent on others for meeting their needs-economically as well as for physical support. However, in Pakistan and Punjab, there is little support available for old people through the public sector. The available support is mostly limited for formal sector employees with Pensions, EOBI, Workers Welfare Fund or Employees' Social Security Institutions, etc. Therefore, there is a coverage gap in the case of many employees not covered by such support and old population in general.

In Pakistan, Benazir Income Support Programme (BISP) provides unconditional cash transfers to lowest income households on the basis of a Proxy Means Test (PMT) score¹ of 16.17. Its targeting mechanism includes only ever-married female beneficiaries. Though BISP assistance raises the budget of the household, it does not consider elderly persons' needs and, additionally, excludes households with different demographic profile i.e. all men, unmarried women of all age groups and transgender persons. These exclusions can cause much hardship for these groups, particularly for those who are in their old age.

¹ A poverty score given after household survey of assets and demographic profile, etc. It ranges between 0 to 100 with 0 being the most poor.

Punjab Social Protection Policy has identified income insecurity among the elderly and disabled as one of the key six challenges facing Punjab. Additionally, basic income security, for older persons is among the guarantees of the social protection floor under ILO recommendation 202 (2012). Pakistan is the only exception among comparable countries, where there is no social pension scheme for the elderly. Bangladesh, India and other regional countries started such schemes as back as the 1990s. Therefore, instituting a cash transfer program (social pension) for the elderly is imperative. Social pensions will help BISP excluded elderly people to protect themselves against livelihood risks.

The Constitution of Pakistan guarantees provision of basic necessities and an enabling environment for the personal and professional development of each individual. These rights are enshrined in the country's constitution enacted in 1973. Government of Pakistan is a signatory to various human rights conventions and development frameworks to provide and safeguard fundamental human rights. Together these national and international commitments bind the state to provide comprehensive social assistance services to all, while prioritizing the poor and the vulnerable such as women, children, disabled, elderly, drug addicts and minority groups. Punjab Social Protection Authority has been established by the Punjab government to provide comprehensive, efficient, effective and inclusive social protection system to the poor and vulnerable in the Punjab.

Foregoing in view, Punjab Social Protection Authority aims at initiating a social pension program to support the livelihood of the poor elderly persons in dignified manner.

The Project

Cash Transfer programmes usually bring immediate impact to address the financial needs of the beneficiaries but on longer term, it helps in uplifting people out of extreme poverty. Effectiveness of cash transfer programs are largely dependent on their implementation, coverage, target and budget allocation. Cash transfers are always appropriate in case of chronic poverty, disease, transitory shocks, emergencies with adequate food supply etc. From supply-side, it is cost-effective as it is cheaper to deliver benefit to the targeted beneficiaries and from demand side, it provides freedom of choice to spend the cash they receive wherever they want as per their priorities.

Cash transfer to the elderly residents of Punjab will be disbursed in a dignified manner. This income support programme for elderly people will enrol elderly people over the age 65 years having PMT score 16.18 and above as per NSER survey data. The programme proposes to disburse a monthly cash assistance @ Rs. 2,000 per month through ATM / Branchless banking channel of Payment Service Provider(PSP).

The proposed programme will be executed on rolling basis and will be known as "Ba-Himmat Buzurg Program". In Punjab, there is little financial support available for elderly people through the public sector beyond the formal sector employees. Punjab Social Protection Authority will bridge this gap by launching Ba-himmat Buzurg Program which will provide dignified social pension for elderly persons above the age of 65 in Punjab. Rs. 3.6 billion are being allocated for this program which will benefit 569,204 **poor elderly women** (from PMT 16.18 and above who are not in receipt of BISP cash transfer benefit. In case of death of female head over the age of

65, the male head meeting the eligibility criteria will be registered in BHB for cash benefit. Rs. 2,000 per month will be given to the beneficiaries having poverty score as indicated in below given table. Each year target will be set keeping in consideration of budgetary provisions available.

Technical Parameters

Targeting Mechanism

The poor households having poverty threshold from PMT 16.18 and above and not in receipt of BISP cash transfer benefit will be targeted for the programme. In case of death of female head over the age of 65, the male head meeting the eligibility criteria will be registered in BHB for cash benefit. The programme will be an unconditional cash transfer programme and Rs. 2,000 per month will be given to the beneficiaries having poverty score (as per set target for each FY). It will help elderly people to lead a dignified life. This program will cover BISP-excluded and most vulnerable individuals (male will be registered only in case of death of female) in Punjab and provide them with the means of meeting their financial needs. Further, it is pertinent to mention here that the project will be executed on rolling basis.

Coverage (Estimates for Year I: FY 2020-21)

PMT Band	Number of Female Beneficiaries	Quarterly Payment(Rs) / beneficiary	Amount for 3 quarters /beneficiary	**Amount for 3 quarters of FY 2020-21
16.18-20	19,490	6,000	18,000	350.82 Million
16.18-22	37,966	6,000	18,000	683.388 Million
16.18-25	68,712	6,000	18,000	1236.816 Million
16.18-30	79,817	6,000	18,000	1436.706 Million

****excluding administrative/operational cost of 10% of the project cost**

- Source : NSER data (received in Nov. 2020)

Payment Mechanism

An ATM Card will be issued to an eligible candidate upon successful biometric verification for receiving the benefit. Know Your Client(KYC) for BVS failed beneficiary will be deployed by the payment service providers.

Coordination and Integration: PSPA will have close liaison with Social Welfare Department for registration of elderly people in the program. It will prevent duplication of efforts, provide financial assistance to the targeted population, and result in enhanced coverage. The project will enable PSPA to explore and build effective partnerships with other departments working towards poverty alleviation.

Activities

1. **Data acquisition of the potential beneficiaries:** PSPA will seek NSER data of required PMT score.
2. **Revalidation of the Beneficiaries:** PSPA will revalidate the data of potential beneficiaries using new NSER. Based on this data, PSPA will carry out an exercise for inclusion and exclusion of beneficiaries as appropriate.

3. **Data cleansing & district wise segregation:** PSPA will analyse district wise data after data cleansing and will share the same with partners /service providers for data population for registration.
4. **Resource Allocation**
Resource allocation by partners /service providers: PSPA will liaison with the service provider for resource allocation as per district/tehsil wise analysis and presence of service providers in field.
Nomination of focal persons: PSPA will obtain list of focal persons from District Government, Social Welfare Department, and service providers. PSPA will disseminate the list of focal persons with implementing partners for close coordination and registration activities. Lists of potential beneficiaries will be shared with the Focal Persons by PSPA.
5. **Registration Process**
 - a. **Establishment of Registration centres:** Service Provider as per requirement generated by PSPA will mobilize resources and District Government will establish registration centres for smooth execution of the activity. The service provider will also ensure availability of cards as per need assessment analysis and registration activity plan.
 - b. **Collection of Beneficiary Information:** The process of registration will be completed after successful biometric verification and additional feature of capturing picture of the beneficiary. The electronic image of beneficiary will be captured by Govt. focal person through an android application that will be developed either through engagement of consultant by PSPA or by service provider.
6. **Essentials for Card Issuance:**
 - Availability of Data in PSPA database
 - Eligibility as per criteria defined
 - Valid CNIC
 - Successful biometric verification
 - Electronic image of the beneficiary at the time of registration (subject to operationalization & functionality of application and implementation of the same)
7. **Biometric Verification**
 - As per directives of the State Bank of Pakistan, all accounts must be opened through BVS verification. If BVS will run successfully, the process of card issuance will be started immediately. In case of BVS failure, beneficiary may be advised to visit NADRA office and after update of information/biometric he/she will revisit registration centre for card issuance/account opening.
 - PSPA will develop eligibility check method for the public either online by visiting PSPA official website or by sending CNIC number through sms to publically disseminated dedicated number by PSPA. A communication campaign may be initiated in which elderly people may be asked to check their eligibility at PSPA website/through SMS and if found eligible they may visit registration centre.

	<ul style="list-style-type: none"> NADRA may also be requested to facilitate these elderly people by waiving off all charges of BVS updates and establishing a special desk/deputing mobile vans at registration centers. <p>8. Life Verification A proof of life verification will be required after every 06 months through biometric cash withdrawal.</p> <p>9. Payment Eligibility The beneficiary will become eligible to receive payment due from date of issuance of card.</p>
7	Capital cost estimates NIL
8	Annual operating and maintenance cost after completion of the Project NIL
9	<p>Demand and supply analysis</p> <p>Prime Minister Pakistan launched Ehsaas Program on March 27, 2019 with an objective to reduce inequality, invest in people, and lift lagging districts. <i>The Poverty Alleviation Coordination Council developed Ehsaas Program after extensive consultations. Purpose of this pro-poor program is to lift millions of people out of poverty and build a strong foundation together for a stronger, safer, and successful Pakistan by involving multi-sectoral stakeholders—public, private, civil society, philanthropists, and expatriate Pakistanis.</i></p> <p>Ehsaas is about the creation of a 'welfare state' by countering elite capture and leveraging 21st century tools—such as using data and technology to create precision safety nets; promoting financial inclusion and access to digital services; supporting the economic empowerment of women; focusing on the central role of human capital formation for poverty eradication, economic growth and sustainable development; and overcoming financial barriers to accessing health and post-secondary education.</p> <p>The program's principles and approaches focuses on tapping government multi-sectoral collaboration for solutions; ensuring joint federal-provincial leadership; and mainstreaming the role of the private sector through an approach which will provide a level playing field on the one hand and foster locally-relevant innovation on the other, to create jobs and promote livelihood in quick-win areas.</p> <p>The Ehsaas program is designed for the extreme poor, orphans, widows, the homeless, the disabled, those who risk medical impoverishment, for the jobless, for poor farmers, for laborers, for the sick and undernourished; for students from low-income backgrounds and for poor women and elderly citizens.</p> <p>Ehsaas' poverty reduction strategy is articulated in four pillars and it currently embodies 115 policy actions, which may be expanded as the process of consultations on the program, further widens. The four pillars include: addressing elite capture and making the government system work to create equality; safety nets for disadvantaged segments of the population; jobs and livelihoods; and human capital development.</p> <p>No system is currently in place for informal sector.</p>

10

Financial Plan and mode of financing

PMT Band	Number of Female Beneficiaries	Quarterly Payment(Rs) / beneficiary	Amount for 3 quarters /beneficiary	**Amount for 3 quarters of FY 2020-21
16.18-30	79.817	6,000	18.000	1436.706 Million

**excluding administrative/operational cost of 10% of the project cost

- Source : NSER data (received in Nov. 2020)
- The cost has been given as estimates, variation may occur during execution

Gestation Period

The cost is inclusive of 10% administrative cost as mobilization/logistic cost (for district administration), communication cost (internet/telephone facilitation for focal persons), advertisement campaigns and other related costs on actual basis or as decided by the CEO-PSPA. Further, the project will be executed on rolling basis.

11

Project benefits and analysis

Financial: Economic mainstreaming/consumption smoothing of the elderly

Social benefits with indicators

The program will improve psycho-social well-being of elderly including

- Feeling of self-reliance and empowerment
- Dignified and socially integrated life
- Social mainstreaming
- Elevation in social status
- Improving spending on food and health

Employment generation (direct and indirect)

NIL

Environmental impact: no impact

Impact of delays on project cost and viability

This program is a high priority for the government to progress on its agenda of creation of a welfare state. Delays in the implementation will lead to increased cost in achieving pro-poor targets.

Apart from impact on project cost in case of delay, a bigger impact will be on PSPA's ability to be an effective lead SP institution for implementation of Federal and Provincial Government's ambitious SP and human development programmes like "Ehsaas".

Quantifiable Outputs


- Identification of X No. of poorest of the poor elderly persons
- Mobilization of X No. of potential beneficiaries
- Card issuance to X No. of beneficiaries
- Orientation to X No. of beneficiaries
- payment disbursement to X No. of beneficiaries
- Utilization of Allocated budget

12	Implementation schedule	Project implementation will start in year 2020 and first cycle will be completed by 2021. It is pertinent to mention here that the project will be executed on rolling basis.
13	Management structure and manpower requirements	<p>No additional staff will be required for program execution. PSPA through its implementing partner & service providers will carry out all operational activities in collaboration with Social Welfare Department and Local Government.</p> <p><u>Project Management and Implementation:</u> Director CTP would serve as the lead implementer with the function of overall coordination, planning, and reporting. Director CTP will coordinate and integrate all project related functions including overall financial management, monitoring, reporting etc. The Program shall be executed through already existing presence of Social Welfare Department at district levels and presence of Payment Service Providers at tehsil level to ensure timely execution of various activities.</p> <p><u>Responsibilities of PSPA</u></p> <ul style="list-style-type: none"> • PSPA will hire the services of payment service providers for registration of potential beneficiaries and disbursement of Cash Transfer • PSPA will obtain list of beneficiaries from NSER • PSPA will generate data for registration of potential beneficiaries • PSPA will arrange briefing sessions for focal persons of Social Welfare Department • PSPA will make the availability of funds for the disbursement • PSPA will share the list of beneficiaries with PSP for onward disbursements • PSPA will make all type of correspondence with PSP, BISP, Social Welfare Department, District Administration, and State Bank of Pakistan/NADRA(if required) • PSPA will provide information and grievance redressal through Call Center (Toll free number) at provincial level for the assistance of the target group • PSPA will make necessary arrangements for reconciliation with PSP and generation of subsequent payment • Provide a real-time web portal (that includes beneficiary payment tracking) to allow access and monitoring of payments made to beneficiaries; <p><u>Responsibilities of District Administration (DA)/ Social Welfare Department</u></p> <ul style="list-style-type: none"> • DA/SWD will decide suitable location for establishment of registration centers at tehsil level based on the convenience/concentration of the beneficiaries. • DA/SWD will arrange security at the proposed registration centers • DA/SWD will make necessary arrangement like tents, chairs and drinking water at registration centers • DA/SWD will arrange transportation for the beneficiaries if required. • DA/SWD will appoint one focal person at tehsil level for all type of coordination with PSPA and PSP • DA/SWD representative will ensure collection of data of beneficiaries through PSPA provided application.

	<p><u>Responsibilities of Payment Service Provider(PSP)</u></p> <ul style="list-style-type: none">• PSP will make the necessary arrangements for the printing of ATM cards according to the number of potential beneficiaries shared by PSPA• PSP will ensure resource availability (human resource, IT equipment/gadgets, cards, internet devices etc) at registration centers at the location proposed by the DA• Establish/setup an appropriate network of payment points/agents/vendors along with the required technology solution and supported infrastructure for making the electronic payments to the beneficiaries;• Arrange required capacity building sessions of the payment points/agents and vendors on the payment process and effective handling of complaints and claims related to the payment• PSP will obtain biometric verification of the beneficiaries• PSP will distribute cards amongst beneficiaries after receiving biometric verification according to the registration plan• PSP will ensure availability of Cash through ATM/Branchless Banking• PSP will handle all type of payment related complaints through Call center services i.e. PIN/Card loss, no/partial payment, card/PIN activation and Card/PIN Blocking etc.• PSP will be responsible for the duplicate card issuance in case of lost/theft• PSP will ensure presence of one center at tehsil/district level for registration of beneficiaries, distribution of cards, replacement of Cards and resolving all type of complaints related to PSP's services• Ensure that beneficiary receives payment due from date of issuance of card. No arrears from date of eligibility will be given to any beneficiary.• Ensure that all unspent funds are reverted to PSPA accounts when requested based on program closure timelines or any other policy decision made by PSPA;• Execute awareness campaign on the use of ATM cards/biometric withdrawal in line with the beneficiary outreach and communication guidelines; and• Ensure punctuality of the agents at required PSPA Card issuance centres as per the timings agreed with PSPA. <p>Communication Strategy: Communication campaign will be carried out through electronic and print media. Information, Education and Communication (IEC) material including posters, brochures and flyers for creating awareness of PSPA Ba-Himmat Bazurg Programme intervention with clear indication of amount Rs. 6,000/- per quarter to the eligible beneficiaries will be developed by PSPA for dissemination through payment service providers, local Government and Social Welfare Department. This IEC Material will be made available to the registration centres and also displayed at public places such as health facilities, schools, mosques etc. IEC material will be designed, printed and disseminated a month before the actual launching of field operations of CTP.</p>	
14	Additional projects/decisions required to maximize socio-economic benefits from the proposed project	NIL
15	Certified that the project proposal has been prepared on the basis of instructions provided by the Planning Commission for the preparation of PC-I for Social Sector projects.	

PC-I of Ba-Himmat Bazurg Programme

Prepared by 
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LOGFRAME OF BA-HIMMAT BUZURG PROGRAMME

Objectives	Narrative Summary	Performance Indicators	Means of Verification	Risks and Assumptions
Goal	Decreased poverty of the elderly poor aged 65+	Percentage change in poverty score of the household having the elderly poor	NSER, Household Survey	Risks: Major health and economic shocks and natural disasters
Outcome 1	Improved consumption of the elderly poor	Percentage change in the consumption expenditure of the elderly poor	Household Survey	Assumptions: Cash transfer is spent on food and health of the poor elderly; Resource ownership enhances the role in the household decision making; Mobility of the elderly.
Outcome 2	Vulnerability of the poor elderly decreased	<ul style="list-style-type: none"> Asset Score Savings Debt owed 		
Outcome 3	Health & nutrition of the elderly poor improved	<ul style="list-style-type: none"> Spending on food and health of the elderly Consumption of balanced food Health condition of the elderly 		Risks: Major health and economic shocks and natural disasters; delayed payments to the beneficiaries
Outcome 4	Psycho-social wellbeing of the elderly poor improved	<ul style="list-style-type: none"> Feeling of self-reliance Feeling of dignity in the society Perception of elderly among their family as being unproductive and dependent 		
Outcome 5	Social inclusion of elderly poor increased	<ul style="list-style-type: none"> Influence of the elderly on the household decision making Frequency of interaction with the community 		
Output 1	Poor elderly people enrolled into the programme	No. of elderly people enrolled into the programme	Progress Reports/ Administrative data	Assumptions: In time availability of all input resources; strong coordination of PSPA with implementation partners; all implementation partners are performing their roles and responsibilities as per approved work plan.
Output 2	Cash Transfers made to the elderly poor	No. of elderly poor receiving cash transfers	Monitoring Reports	Risks: Delay in resource allocation and implementation; weak coordination among stakeholders.
Output 3	Public Service Messages delivered to the community	No. of villages/neighborhoods in which Public Service messages are delivered	Data from Payment Service Provider	
Output 4	Beneficiaries oriented on Public Service Messages	No. of elderly persons trained for delivering public awareness messages		
Output 5	Allocated budget utilized	Percentage of total budget utilized		
Activities	<ol style="list-style-type: none"> 1. Data acquisition of the potential beneficiaries and data cleansing 2. Identification of eligible beneficiaries 3. District-wise segregation and resource allocation 4. Nomination of focal persons 5. Dissemination of public service messages through beneficiaries 6. Life verification 7. Monitoring and evaluation 	<ol style="list-style-type: none"> 8. Mobilization of the eligible beneficiaries 9. Enrolment and card issuance 10. Periodic payments of the cash benefit 		

APPENDIX C

SAMPLE SIZE CALCULATION

The sampling process involved a two-stage approach. First, two districts were selected based on geographical distribution of BHBP beneficiaries across all districts in Punjab. The selection criteria considered the district-wise data provided by PSPA. Muzaffargarh and Okara were selected as the districts with the highest density of BHBP beneficiaries, representing the southern and central regions of the province, respectively. Muzaffargarh, characterised by a low-medium Human Development Index (HDI), and Okara, characterised by high-medium HDI³², were chosen due to their significant share –approximately 13 percent – of the total BHBP beneficiary population. In the second stage, respondents were randomly chosen from the list of beneficiaries in each selected district.

Sample Size

As recommended by Cochran³³ (1977), the following formula was used to calculate the minimum sample for cross-sectional studies.

$$n = \frac{Z^2 * P(1 - P)}{e^2}$$

where;

n = Optimal sample size

Z = Prescribed Reliability (Normal Variable Z=1.96 for 95% confidence level)

P = Estimated Probability (50% Theoretical Maximum)

e = Maximum error deemed acceptable

Two important parameters are vital for deciding the statistically desirable sample size, viz., the confidence level (Z) and sampling error (e). The confidence level is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence level. On the other hand, all samples are subject to sampling error, which is the difference between the results obtained from the survey sample and those that would have been obtained had the entire population surveyed. The p in the above formula depicts the estimated proportion of indicators. The proportion value of 0.5 is normally used, which theoretically gives the maximum sample size.

³² UNDP 2017

³³ Cochran, W. G. (1977). *Sampling techniques*. 3rd Ed. New York: John Wiley & Sons

For a finite population, the following equation was used:

$$n' = \frac{n}{1 + \left[\frac{Z^2 * P(1 - P)}{e^2 N} \right]}$$

where N is the population size.

The sample size was calculated by using the above formula.

District	Number of beneficiaries	Sample size	Error	Confidence
Muzaffargarh	6,016	363	5%	95%
Okara	4,449	355	5%	95%
Total		718		

Altogether, 718 beneficiaries were selected for the quantitative survey – 363 respondents from Muzaffargarh and 355 respondents from Okara. The sample is representative at the district level.

APPENDIX D-I

QUANTITATIVE QUESTIONNAIRE - ENGLISH

A. GENERAL INFORMATION

Questionnaire ID/Household Number		
District (name)	Urban/Rural	Tehsil [Name and Code]
	1. Urban 2. Rural <div style="text-align: center;"><input type="checkbox"/></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
Permanent Address:		
Respondents Name and Cell number: (Respondents must be household members)		
Name	Identification 1. Head of household 2. Beneficiary 3. Other (specify)	Mobile/Phone No.
For household information: Sections B to F		
For assessment of the programme: Section G		
Notes: a) Information for Sections B to F will be obtained from the head of household (HH). In case the HH head is not available, any other adult member who is well-versed in household matters (including the income of HH members) can be interviewed, b) Information for Section G should be obtained by the beneficiary. In exceptional cases where the beneficiary is not able to respond due to any unavoidable circumstances (such as health issues, etc.), information may be obtained from the household head or any other adult member who is well-versed in household matters (including income of HH members). c) If the beneficiary is HH head herself, information about all sections may be obtained from her.		

Name and Code of Interviewer:	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
Date of Interview:	<div style="display: flex; justify-content: space-around; align-items: center;"> <div><div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div></div> <div><div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div></div> <div><div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div></div> </div>
Interview Time	Start <div style="display: flex; justify-content: space-around; align-items: center;"><div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div></div>
	Finish <div style="display: flex; justify-content: space-around; align-items: center;"><div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div></div>
Field Supervisor	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
Editor-Coder	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>

B. HOUSING CHARACTERISTICS AND SERVICES

Q #	Characteristics/Service	Code description	Codes	Answer Code
B1.	House Status	Own	1	
		Rented	2	
		Other, specify:	98	
B2.	Type of House [Observe]	Independent house	1	
		Portion of house	2	
		Flat	3	
		Other, specify:	98	
B3.	Type of major material of the walls [Observe]	Brick (Baked)	1	
		Concrete Blocks	2	
		Unbaked Brick	3	
		Wood/Thatch	4	
		Tin, Zinc Shelling	5	
		Mud	6	
		Bamboo, Canvas	7	
		Other, specify: _____	98	
B4.	Type of major material of the roof [Observe]	Asbestos sheet	1	
		Concrete	2	
		Shingles	3	
		Metal Sheet	4	
		Unbaked Bricks	5	
		Wood/ Thatch	6	
		Canvas, Felt	7	
		Other, specify: _____	98	
B5	Type of Floor Construction [Observe]	Katcha/Mud	1	
		Baked Bricks	2	
		Cemented	3	
		Tile/Marble	4	
		Other, specify: _____	98	
B6	What is the main source of drinking water?	Piped water (inside the house)	1	
		Piped water (outside the house)	2	
		Close Well/Open well	3	
		Hand pump/tube well	4	
		Other, specify: _____	98	
B7	Type of Cooking Fuel	Sui Gas (piped supply)	1	
		LPG (gas cylinder)	2	
		Kerosene Oil	3	
		Wood/wood coal/Kerosene Oil	4	
		Dung cake	5	
		Other, specify: _____	98	
B8	What is the main source of lighting used in your house	Electricity	1	
		Solar panel	2	
		Kerosine Lantern	3	
		Gas Lantern	4	
		Other, specify: _____	98	
B9	Do your house have an internet (Wi-Fi) connection?	Yes	1	
		No	2	
	Does any HH member use the internet through mobile phone package?	Yes	1	
		No	2	
B10	What type of toilet is used by your household?	Flush system (connected to the public sewerage)	1	
		Flush (connected to open drain)	2	
		Pit latrine	3	
		No toilet in the house	4	
		Other (specify)	5	

C. HOUSEHOLD INFORMATION

Q1-Q7 Please tell me who lives here? Please include anyone who usually lives in this house, including any family members, and anyone else, such as servants who sleep here at least 5 nights a week.

Starting with the eldest person, please tell me his or her name. The interviewer is to repeat the seven questions below for each member of the household, including all children and adults who live there.

	C1.	C2.	C3.	C4.	C5.	C6.	C7.	C8.
Household Member ID	Household member's name	Age of the household member (Completed Years) if age is <1 year write 0	Gender 1 = Male 2 = Female 3 = Transgender	Relationship to the head of the household <i>See codes below</i>	Has any household member ever attended school or is currently attending school? 1 = Never attended (Go to C8) 2 = Currently attending 3 = Previously attended	What is the current highest level of education achieved by any household member? <i>See codes below</i>	Marital status of the household member <i>Ask if aged 10 and over. Code as 'single' if aged under 10</i> <i>See codes below</i>	Identification of Beneficiary/ Respondent Beneficiary=1 Respondent=2 Beneficiary and Respondent=3 None=0
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

C4. Codes	C4. Relationship to head of household	C6. Codes	C6. Education level	C7. Codes	C7. Marital Status
1	Head of household	1	Pre-school	1	Single - Never married
2	Spouse	2	Primary school	2	Married
3	Son or daughter	3	Middle school	3	Engaged
4	Son or daughter in law	4	Secondary/high school	4	Divorced
5	Grandchild	5	Intermediate	5	Separated
6	Parent	6	Bachelors (14 years)	6	Widowed
7	Parent-in-law	7	Bachelors (16 years)	98	Other specify
8	Grandparent	8	MA/MSc		
9	Brother or sister	9	Higher		
10	Brother or sister-in-law	10	Madrassa		
11	Niece or nephew	98	Other (specify)		
12	Aunt or Uncle				
13	Other relative				
14	Other non-relative				
15	Domestic Servant				

D. EMPLOYMENT, INCOME AND OTHER RECEIPTS

	D.1	D.2	D3.	D4.	D5.	D6.	D7.
Household Member ID	Did any household member ever work for pay, profit or family gain? Yes=1 No=2	Is house member currently working for pay, profit or family gain? Yes=1 No=2	What is the household member's primary occupation? <i>See codes below</i>	What was the total annual cash income from the primary occupation for the last 12 months? (In PKR)	What was the total annual in-kind income from the primary occupation for the last 12 months? (In PKR)	What are the other sources of income/ other receipts? <i>See codes below</i>	What was the total annual net income from the other sources for the last 12 months? (In PKR)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

D3. Codes	Primary occupation	D6. Codes	Other income sources
1	Farming	1	Income from other occupations
2	Livestock (commercial)	2	Income from bank deposits
3	Agricultural wage labor	3	Return from saving schemes
4	Non-agricultural wage labour	4	Pension/EOBI/Gratuity
5	Self-employed (non-agriculture)	5	Domestic Remittance
6	Government servant	6	Foreign Remittance
7	Employee in a private company	7	BISP (Federal Government)
8	Farm home help (unpaid)	8	Ba-himmat Bazurg Programme (PSPA – Government of Punjab)
9	Nonfarm home help (unpaid)	9	Other programs of PSPA – Government of Punjab
10	Student	9	Girl's stipend (Zavar-e-taleem Programme)
11	Looking for work	98	Other – Specify
12	At home (housemaker/retired]		
13	Fishing		
98	Other, specify:		

Note: Information about this section should be obtained from the HH head or an adult member who is well-versed in these matters. In case of unavailability of the concerned person, a revisit may be planned or information be obtained on the phone.

E. FOOD ITEMS AND EXPENDITURES

Q #	Food item <i>The interviewer read out each item</i>	Please provide the quantity and expenditure of the following items that your household used in the previous 15 days.		
		E1. Unit 1 = Kg 2 = Liter 3 = Numbers 4 = Not consume	E2. Quantity (in Numbers)	E3. Expenditures (in PKR)
1.	Wheat flour			
2.	Rice			
3.	Beans or pulses			
4.	Edible oil			
5.	Vegetables			
6.	Milk and milk products			
7.	Eggs			
8.	Meat			
9.	Fruits			
10.	Fish			
11.	Spices			
12.	Sugar			
13.	Cooked food from outside			
14.	Any other (<i>specify</i>)			

E4.	Has the consumption (in terms of quantity) of food items changed in your household after the inclusion in the BHB Programme?	Yes	1	
		No	2	
		Don't know	3	
E5.	If 'yes', has it decreased or increased?	Increased	1	
		Decreased	2	
E6.	How much was the change?	A lot	1	
		Moderate	3	
		Little	4	

Q #	Item Name	In the last 30 days, how much money did your household spend on the following listed items?	Has the expenditure on these items changed after BHP? Yes = 1 No = 2	If yes, has it decreased or increased? Increased = 1 Decreased = 2	How much was the change? A lot = 1 Moderate = 2 Little = 3
E7.	Educational expenses				
E8.	Health Expenses				
E8.	Electricity Bill				
E9.	Gas Bill or Fuel cost				
E10.	Transport Expenditure				
E11.	House Rent				
E12.	Cell phone/internet, etc.				
E13.	Clothes and shoes				
E14.	Social Events (<i>Weddings, funerals, birthdays, etc.</i>)				
E15.	House Improvements				
E16.	Religious activities				

F. HOUSEHOLD VALUE OF ASSETS

Please provide information about the following items relating to your household.

		F1	F2	F4
		Does your household own this asset? 1 = Yes 2 = No	Quantity (in numbers)	Did the cash assistance by BHBP help you purchase or improve any asset? Purchase=1 Improvement=2 Not helped=3
1	Agricultural Land			
2	Residential Land			
3	House/buildings			
4	TV			
5	Fridge/Deep freezer			
6	Washing Machine			
7	Sewing Machine			
8	Cell Phone			
9	Motorcycle			
10	Car/Jeep/SUV			
11	Bicycle			
12	Cow/Buffalo			
13	Sheep/goat			
14	Horse/Donkey/Camel			
15	Tractor			
16	Thresher			
17	Tubewell			
18	Other, specify			
<i>Note: For the last item (others), explain to the respondent what is a durable asset.</i>				

G. ASSESSMENT OF THE BA-HIMMAT BAZURG PROGRAMME

(Note: This section requires responses from the beneficiary)

INITIAL PHASE

- G1. How and when did you know for the first time about the BA-HIMMAT BAZURG PROGRAMME (BHBP)?

Date: _____, Month: _____, Year: _____

Source of Information	Codes	Answer Code
BHB Programme staff	1	
Electronic media	2	
Social media	3	
Print media (newspaper, magazines, etc.)	4	
Relatives working in the government	5	
Other Relatives	6	
Political workers/politicians	7	
NGOs/CSOs/Social Workers	8	
Other, Please Specify _____	98	

- G2. How did you initially approach the Government of Punjab for the BHB programme?

Initial Contact	Codes	Answer Code
Visited Camp Office alone	1	
Visited Camp Office with the help of household member	2	
Sent email	3	
Visited PSPA office	4	
Called PSPA office	5	
Visited Social Welfare Deptt. office	6	
Called Social Welfare Deptt. office	7	
With the help of NGOs/CSOs/Social Workers	8	
With the help of Union Councilor/Nazim	9	
With the help of Political workers	10	
With the help of Relatives working in the government	11	
Other, Please Specify _____	98	

G3. Do you agree or disagree with the following statements?

Q #		Codes	Answer Code
i.	SW Dept. camp staff was helpful	1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always	
ii.	Relevant information was easily available		
iii.	Staff assistance was available wherever needed		
iv.	The application process did not take much time		
v.	The application process was easily completed		
vi.	The application was easily accepted		
vii.	Did not pay commission for approval of application		

G4. Did you give any money for registration?

Answer Code: _____ (Codes: Yes = 1, No = 2)

G5. If yes how much PKR_____

G6. Did you pay any money to get approval?

Answer Code: _____ (Codes: Yes = 1, No = 2)

G7. If yes how much PKR_____

G8. Did you face any other challenges or difficulties in getting approval?

Answer Code: _____ (Codes: Yes = 1, No = 2)

G9. If yes, please specify_____

CASH TRANSFER/RECEIVING MECHANISM

G10. When did you receive the first-time cash transfer from BHBP?

Date: _____, Month: _____, Year: _____

G11. How did you receive the amount the first time? (see code below)

Ans Code _____ in case of other please specify:_____

Codes for G11, G15 and G17	
1. HBL Konnect	5. Omni
2. Other Bank	6. ATM
3. Easy paisa	7. Other (specify)
4. Jazz Cash	

G12. What was the amount?

Ans: PKR_____

G13. To date, how many times have you received transfers from BHBP?

Ans: (in numbers) _____

G14. When did you receive the last time cash transfer from BHBP?

Date: _____, Month: _____, Year: _____

G15. How do you receive the amount last time? (see code below)

Ans Code _____

G16. Would you prefer the same mechanism for transfer or want to receive transfer through another source? (see code given under G11)

Ans: _____ [Answer code 1 = I prefer the same mechanism, 2 = I prefer different mechanism]

G17. For code 2, please specify (see codes given under G11) _____

G18. Did you pay any middleman to receive the transfer?

Answer Code: _____ (Codes: Yes = 1, No = 2)

G19. If yes, how much? PKR _____

G20. Do you agree or disagree with the following statements?

Q #	Statements	Codes	Answer Code
i.	Dis BHBP transfers received without delay?	1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always	
ii.	Did process of receiving BHBP transfer was easy?		
iii.	I needed help to receive BHBP transfer		
v.	I did not need to pay to a middleman for receiving cash		

G21. In future, do you prefer cash transfers of the same amount (PKR6000)?

Transfer Mechanism	Code	Answer Code
Prefer Cash transfers	1	
Prefer flour/ rice or other food items	2	
Prefer OPD facility with medicine	3	
Prefer clothes/shoes etc.	4	
Prefer free mobile calls and Wi-Fi connection	5	
Other, please specify	6	

G22. Why would you prefer the above-mentioned method of assistance?

Ans: _____

G23. In future, do you prefer monthly PKR2000 or quarterly PKR6000 cash transfers?

Answer Code: _____ (Codes: Monthly = 1, Quarterly = 2)

USAGE OF MONEY

G24. Do you spend BHBP money at your own discretion?

Answer Code: _____ (Codes: Yes = 1, No = 2)

G25. Do you think that after receiving last BHBP Cash Receipt your household spent more money on any of the following items?

Q #	Purchase of Food item The interviewer read out each item	Answer Codes Yes = 1 No = 2 Don't know=3
i.	Wheat flour	
ii.	Rice	
iii.	Beans or pulses	
iv.	Edible oil	
v.	Leafy vegetables	
vi.	Other vegetables	
vii.	Milk and milk products	
viii.	Eggs	
ix.	Meat	
x.	Fruits	
xi.	Fish	
xii.	Spices	
xiii.	Sugar	
xiv.	Cooked food from outside	

G26. Did your household spend BHBP Cash Receipt to finance fully or partially following items?
[More than one answers are possible]

Q #	Item Name	Code	Answer Codes
i.	Educational expenses	1	
ii.	Clothes and shoes	2	
iii.	Electricity Bill	3	
iv.	Gas Bill or Fuel cost	4	
v.	Transport Expenditure	5	
vi.	House Rent	6	
vii.	Communication (phone and calls)	7	
viii.	Spent on social events	8	
ix.	Spent on religious activities	9	
x.	Spent on house improvements	10	
xi.	Gifts for relatives	11	
xii.	Other personal expenses	12	
xiii.	Other, please specify	98	

G27. Did you spend BHBP Cash Receipt to finance fully or partially following health expenses?
[More than one answer is possible]

Q #	Expenses	Code	Answer Codes
i.	To pay doctor's fees	No = 0 Self =1 Other households = 2	
ii.	To pay for X-rays or lab tests		
iii.	Spent on medicines		
iv.	Other, Please Specify _____		

- G28. Did you spend BHBP Cash Receipt to retire full or partial debt or pay loans?
[More than one answers are possible]

Q #		Code	Answer Codes
i.	To return the loan of the retail store	1	
ii.	To return the loans from relatives	2	
iii.	Pay any other loan	3	

- G29. How much money did you spend or make any payment on getting BHBP Cash assistance in the last quarter? [Put 0, if not paid any]
PKR _____

- G30. Is the amount you receive through the BHBP programme enough for your urgent/emergency needs?
Answer Code: _____ (Codes: Yes = 1, No = 2)

- G31. Among the items purchased from BHBP transfer, what is the first thing that you personally go without when you will not receive the BHBP cash transfers?

- G32. Among the items purchased from BHBP transfer, what would you personally find really difficult to give up even if you will not receive the BHBP cash transfers?

- G33. How often do/did you have to skip meals because there is not enough food at home?

(i) During the last 30 days		1. Never	4. Often
(ii) Before receiving assistance		2. Rarely	5. Always
		3. Some times	

- G34. How often do/did you have to reduce the size of your meals due to lack of food?

(i) During the last 30 days		1. Never	4. Often
(ii) Before receiving assistance		2. Rarely	5. Always
		3. Some times	

- G35. Have you ever had to rely on food assistance programs or charitable organizations for your meals?

Answer Code: _____ (Codes: Yes = 1, No = 2)

Self-Perceived Assessment of Beneficiary Empowerment, Dignity, and Participation in Household Decision-Making after Receiving the Transfer

Ask about perceived changes after receiving cash assistance:		Codes
G36	Satisfaction in the life	
G37	Involvement in planning and implementing household chores	
G38	Negotiating and asking for own needs and preferences within the household	
G39	Respect and dignity by those around you, including family members and caregivers	
G40	Control over the decisions about your healthcare	
G41	Improvement in general health status	
G42	Ability to utilize healthcare and the necessary support services easily when needed	
G43	Consulted by family on decisions about family healthcare and medical treatment	
G44	Opportunities to socialize and engage with others	
G45	Control over the decisions about your social activities	
G46	Your needs and preferences are taken into consideration when making decisions about your care and daily life	
G47	Involvement in decision-making regarding the choice of food and meals	
G48	Involvement in decisions about family events and social activities	
G49	Feeling that your contributions to household decision-making are valued and respected	
Codes: No change=1, Small change=2, Large change=3		

Adequacy of transfers

G.50. (a. Are there any personal needs which are currently unmet despite receiving BHP assistance?)

Answer Code: _____ (Codes: Yes = 1, No = 2)

G.50. (b. If yes, how much would it take to cover those needs?)

PKR _____

G.51. Do you have any disability?

Answer Code: _____

(i) Deafness	1	(v) Physical disability	5
(ii) Hearing impairment	2	(vi) Mental disorder	6
(iii) Blindness	3	(vii) Multiple disabilities	7
(iv) Vision impairment	4	(viii) No disability	0

G.52. (a. In case of disability, do you need money additional to the current BHBP assistance to deal with your disability?

Answer Code: _____ (Codes: Yes = 1, No = 2)

G.52. (b. If yes, how much?

PKR _____

G.53. (a. Due to high inflation, do you think the amount of transfer needs to be increased?

Answer Code: _____ (Codes: Yes = 1, No = 2)

G.53. (b. If yes, how much?

PKR _____

END INDIVIDUAL QUESTIONNAIRE:

Those are all of the questions I have. Thank you very much for participating in this important survey.

[RECORD ANY NOTES ABOUT THE INTERVIEW:]

APPENDIX D-II

QUANTITATIVE QUESTIONNAIRE - URDU

<p>سوالنامہ</p> <p>برائے</p> <p>باہمت برگ پروگرام</p>

A. عمومی معلومات		
گھر (شمار)	دینی/شہری	فصلی کام بدھ کرا
1. شہری	<input type="checkbox"/>	<input type="checkbox"/>
2. دیہی	<input type="checkbox"/>	<input type="checkbox"/>
مستقل پتہ:		

جواب دہندگان کا نام اور موبائل نمبر (جواب دہندگان کا گھر اس سے تعلق)		
نام	شناخت	موبائل یا فون نمبر
1. گھرانے کا سربراہ		
2. ولیکھدار		
3. دیگر		
گھرانے کے بارے میں معلومات: تیکشن B سے F		
پروگرام سے متعلق آگاہی: تیکشن G		
نوٹ:		
<p>(a) تیکشن B سے F تک کی معلومات گھر کے سربراہ سے حاصل کی جائیں گی۔ اگر گھر کا سربراہ دستیاب نہیں ہے تو کسی بھی دوسرے بالغ رکن جو گھریلو معاملات (بشمول گھرانے کے ممبروں کی آمدنی) کے بارے میں اچھی طرح سے واقف ہے، کا نام دیا جائے گا۔</p> <p>(b) تیکشن G کے لئے معلومات ولیکھدار کے ذریعہ حاصل کی جانی چاہئے۔ غیر معمولی معاملات میں جہاں ولیکھدار کسی باگزیں حالات (جیسے صحت کے مسائل وغیرہ) کی وجہ سے جواب دینے کے قابل نہ ہو، گھر کے سربراہ یا کسی دوسرے بالغ رکن سے معلومات حاصل کی جاسکتی ہیں جو گھریلو معاملات کے بارے میں اچھی طرح سے واقف ہو (بشمول گھرانے کے ممبروں کی آمدنی)۔</p> <p>(c) اگر ولیکھدار خود گھرانے کا سربراہ ہے، تو اس سے تمام تیکشن کے بارے میں معلومات حاصل کی جاسکتی ہیں۔</p>		

اترولوج کرنے والے کا نام اور کوڈ		<input type="text"/> <input type="text"/>
اترولوج کی تاریخ		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
آٹھار	اترولوج کا وقت	<input type="text"/> : <input type="text"/>
اختتام		<input type="text"/> : <input type="text"/>
سیردار کا نام		<input type="text"/> <input type="text"/>
ایڈیٹر		<input type="text"/> <input type="text"/>

B. گھرانے کی تفصیل اور سہولیات			
Q #	تفصیل اور سہولیات	کوڈ کی تفصیل	کوڈ
.B1	رہائشی حیثیت	ذاتی رہائش	1
		کرایہ پر	2
		دیگر (وضاحت کریں)	98
.B2	گھر کی قسم [مشاہدہ کریں]	پورا گھر	1
		گھر کا پورشن	2
		فلپ	3
		دیگر (وضاحت کریں)	98
.B3	دیواریں کس میٹریل سے بنی ہیں؟ (مشاہدہ کریں)	اینٹ (پکا)	1
		سٹریٹ بلاک	2
		اینٹ (کچا)	3
		لکڑی / گارا	4
		ٹین کی دیواریں	5
		مٹی کی دیواریں	6
		پانس، چٹائی	7
		دیگر (وضاحت کریں)	98
.B4	چھت کس میٹریل سے بنی ہے؟ (مشاہدہ کریں)	سینٹ کی چادریں	1
		سینٹ	2
		شینگلز	3
		ٹین کی چادریں	4
		کچی اینٹیں	5
		لکڑی یا گارا	6
		چٹائی	7
		دیگر (وضاحت کریں)	98
.B5	فنریشن کس میٹریل سے بنایا ہے؟ (مشاہدہ کریں)	کچا یا گارا	1
		پکی اینٹ	2
		سینٹ	3
		ٹائل یا ماربل	4
		دیگر (وضاحت کریں)	98

Q #	تفصیل اور سہولیات	کوڈ کی تفصیل	کوڈ	جواب کا کوڈ
.B6	پینے کے پانی کے حصول کا بنیادی ذریعہ کیا ہے؟	غل (گھر کے اندر)	1	
		غل (گھر کے باہر)	2	
		بند کنواں یا کھلا کنواں	3	
		دستی ٹنکا یا ٹیوب ویل	4	
		دیگر (وضاحت کریں)	98	
.B7	کھانا پکانے کیلئے ایندھن کا بنیادی ذریعہ کیا ہے؟	گیس (پائپ سپلائی)	1	
		ایل پی جی گیس سیلنڈر	2	
		مٹی کا تیل		
		کونکر / لکڑی کا کونکر		
		دیگر (وضاحت کریں)	98	
.B8	گھر میں روشنی کے لئے بنیادی ذریعہ کیا ہے؟	بھیلی	1	
		شمسی توانائی	2	
		مٹی کا تیل	3	
		گیس یوپی	4	
		دیگر (وضاحت کریں)	98	
.B9	گھر میں انٹرنیٹ (وائی فائی) کی سہولت موجود ہے؟	ہاں	1	
		نہیں	2	
	گھر کا کوئی مندرجہ ذیل موبائل فون پیکیج کے ذریعے استعمال کرتا ہے؟	ہاں	1	
		نہیں	2	
.B10	گھر میں رفع حاجت کیلئے کس قسم کی سہولت موجود ہے؟	فلش سسٹم (سیوریج سے منسلک)	1	
		فلش (کھلی تالی سے منسلک)	2	
		کھدائی	3	
		سہولت موجود نہیں	4	
		دیگر (وضاحت کریں)	98	

C. گھرانے کے افراد کی فہرست اور معلومات

7 - Q1 - برائے مہربانی مجھے گھرانے کے افراد کے بارے میں بتائیں کہ یہاں کون کون رہتا ہے؟ براہ کرم ہر اس شخص کو شامل کریں جو عام طور پر اس گھر میں رہتا ہو، بشمول خاندان کا کوئی رکن، اور کوئی اور، جیسے نوکر جو جتنے میں کم از کم 5 راتیں یہاں سوتے ہیں۔

سب سے بڑے شخص سے شروع کرتے ہوئے، براہ مہربانی مجھے ان کے نام بتائیں۔ انٹرویو لینے والے کو گھر کے ہر رکن کے لئے مندرجہ ذیل سات سوالات کو دہرائیں، جس میں وہاں رہنے والے تمام بچے اور بالغ شامل ہیں۔

C8	C7	C6	C5	C4	C3	C2	C1	
فرد	گھرانے کے افراد کے نام (پیلے سربراہ کا نام لکھیں)	گھرانے کے افراد کی عمر (مکمل سالوں میں)	فرد کی جنس 1. مرد 2. عورت 3. خواجہ سرا	گھر کے سربراہ سے رشتہ (اے میں کو دیکھیں)	گھرانے کا کوئی فرد کبھی اسکول کیا ہے یا جاتا ہے؟ 1. کبھی نہیں کیا (C8 پر جائیں) 2. ابھی جا رہا ہے 3. پہلے جاتا تھا	گھرانے کے کسی بھی فرد کی موجودہ سب سے زیادہ تعلیمی قابلیت کیا ہے؟ (کوڈسٹ دیکھیں)	ازدواجی حیثیت (10 سال یا اس سے زیادہ عمر ہے تو پچھیں، مگر عمر 10 سال سے کم ہے تو کوڈسٹ دیکھیں)	سکونت سے فائدہ اٹھانے والے اور جوابات دینے والے کی شناخت دھندلہ = 1 جواب دیکھو = 2 دھندلہ دار اور جواب دیکھو = 3 کوئی نہیں = 0
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
C4	C6	تعلیمی قابلیت	C7	ازدواجی حیثیت				
1	1	ناخواندہ	1	غیر شادی شدہ				
2	2	پرائمری اسکول	2	شادی شدہ				
3	3	مڈل اسکول	3	متعلقہ شدہ				
4	4	سیکنڈری اور ہائی سیکنڈری	4	علاقہ شدہ				
5	5	انٹرمیڈیٹ	5	ٹیلیفون				
6	6	گرجویٹ (14 سال)	6	بیوہ / رٹنوا				
7	7	گرجویٹ (16 سال)	98	دیگر (وضاحت کریں)				
8	8	ماسٹر						
9	9	اعلیٰ تعلیم						
10	10	دو/تیسرا درجہ						
11	98	دیگر (وضاحت کریں)						
12								
13								
14								
15								

D . روزگار، آمدنی اور وظیفہ

D7	D6	D5	D4	D3	D2	D1	
پچھلے 12 مہینوں میں دیگر ذرائع سے کل سالانہ خالص آمدنی کتنی تھی؟ (رقم روپوں میں)	آمدنی کے دیگر ذرائع / دیگر وصولیاں کیا ہیں؟ (ذیل میں کوڈ کیجیے)	گزشتہ 12 ماہ کے دوران بنیادی پیشہ سے ہونے والی کل سالانہ غیر نقد آمدنی کتنی تھی؟ (رقم روپوں میں)	پچھلے 12 ماہ میں بنیادی پیشہ سے کل سالانہ نقد آمدنی کتنی تھی؟ (رقم روپوں میں)	گھر کے رکن کا بنیادی پیشہ کیا ہے؟ (ذیل میں کوڈ کیجیے)	کیا گھر کا رکن فی الحال حتواء، منافع یا خدائی فائدے کے لئے کام کر رہا ہے؟ 1. ہاں 2. نہیں	کیا گھر کے کسی فرد نے کبھی حتواء، منافع یا خدائی فائدے کے لئے کام کیا ہے؟ 1. ہاں 2. نہیں	فرد
							1
							2
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							8
							9
							10

D3 کوڈ	بنیادی پیشہ	D6 کوڈ	دیگر آمدنی کے ذریعہ
1	کاشت کاری	1	دوسرے پیشوں سے ہونے والی آمدنی
2	موبیلیٹی (تجارتی)	2	بینک ڈپازٹس سے ہونے والی آمدنی
3	ذریعہ مزدوری	3	بچت سکیموں سے ہونے والی آمدنی
4	غیر زرعی مزدوری	4	پیشہ لابی دہی آئی / اگر بچہ بنی
5	ذاتی روزگار (غیر زرعی)	5	اندرون ملک ترسیلات زر
6	سرکاری ملازم	6	بیرون ملک ترسیلات زر
7	حتواء دار ملازم (پرائیویٹ)	7	پی آئی ایس پی (دولتی حکومت)
8	ذریعہ گھریلو (غیر معاوضہ)	8	بہت بزرگ پی و گرام (PSPA حکومت پنجاب)
9	غیر زرعی گھریلو (غیر معاوضہ)	9	PSPA کے دیگر پی و گرام - حکومت پنجاب
10	طالب علم	10	بچیوں کا وظیفہ (زیر تعلیم پی و گرام)
11	لوکری کی تلاش	98	دیگر (وضاحت کریں)
12	گھریلو خاتون / ریٹائرڈ		
13	باقی گیری		
98	دیگر (وضاحت کریں)		

نوٹ: اس سیکشن کے بارے میں معلومات گھر کے سربراہ یا کسی بالغ رکن سے حاصل کی جانی چاہئے جو ان معاملات سے اچھی طرح واقف ہے۔ متعلقہ شخص کی عدم دستیابی کی صورت میں، دوبارہ آنے کی منصوبہ بندی کی جاسکتی ہے یا فون پر معلومات حاصل کی جاسکتی ہیں۔

E. کھانے پینے کی اشیاء اور اخراجات			
Q #	کھانے پینے کی اشیاء (اعزوں لینے والا ہر آئٹم پر 2 روپے)	براہ کرم مندرجہ ذیل اشیاء کی مقدار اور اخراجات کی معلومات فراہم کریں جو آپ کے گھر نے پچھلے 15 دنوں میں استعمال کی ہیں۔	
		E1. پوینٹ 1. کھو گرام 2. لیٹر 3. تعداد 4. استعمال نہیں کیا	E2. تعداد (ٹنوں میں)
			E3. اخراجات (روپوں میں لکھیں)
1	گندم کا آٹا		
2	چاول		
3	پھلیاں یا دالیں		
4	کھانے کا تیل		
5	سبزیاں		
6	دودھ اور دودھ کی اشیاء		
7	انڈے		
8	گوشت		
9	پھل فروٹ		
10	مچھلی		
11	مسالہ جات		
12	چینی		
13	بازار کا کھانا		
14	دیگر (وضاحت کریں)		
E4	کیا باہت بزرگ پروگرام میں شمولیت کے بعد آپ کے گھر میں کھانے پینے کی اشیاء کی کچھت (مقدار کے لحاظ سے) میں تبدیلی آئی ہے؟	1. ہاں 2. نہیں 3. نہیں معلوم	
E5	اگر ہاں، تو کیا یہ کم ہوا ہے یا بڑھ گیا ہے؟	1. بڑھ گیا ہے 2. کم ہوا ہے	
E6	کتنی تبدیلی آئی تھی؟	1. بہت زیادہ 2. درمیانی 3. تھوڑی	

Q #	اشیاء کے نام	گزشتہ 30 دنوں میں، آپ کے گھروالوں نے درج ذیل اشیاء پر کتنا پیسہ خرچ کیا؟	کیا باہمت بزرگ پر دو گرام کے بعد ان اشیاء پر اخراجات میں تبدیلی آئی ہے؟	اگر ہاں، تو کیا یہ کم ہوا ہے یا بڑھ گیا ہے؟	کتنی تبدیلی آئی تھی؟ 1. بہت زیادہ 2. درمیانی 3. تھوڑی
E7	تعلیمی اخراجات				
E8	علاج معالجہ پر اخراجات				
E9	بجلی کا بل				
E10	گیس بل یا ایندھن پر اخراجات				
E11	گھر کا کرایہ				
E12	موبائل فون یا انٹرنیٹ وغیرہ				

Q #	اشیاء کے نام	پچھلے 12 مہینوں میں، آپ کے گھروالوں نے درج ذیل اشیاء پر کتنا پیسہ خرچ کیا؟	کیا باہمت بزرگ پر دو گرام کے بعد ان اشیاء پر اخراجات میں تبدیلی آئی ہے؟	اگر ہاں، تو کیا یہ کم ہوا ہے یا بڑھ گیا ہے؟	کتنی تبدیلی آئی تھی؟ 1. بہت زیادہ 2. درمیانی 3. تھوڑی
E13	کپڑے اور جوتے				
E14	سماجی تقریبات (شادیوں، جنازے، ساگرہ، وغیرہ)				
E15	گھر میں بہتری				
E16	مذہبی سرگرمیاں				

F. ملکیتی اثاثہ جات

Q #	F1. کیا یہ اثاثہ آپ کی ملکیت ہے؟ 1. ہاں 2. نہیں	F2. تعداد (نمبروں میں)	F3. کیا باہمت بزرگ پروگرام کی طرف سے نقد ادا کرنے آپ کو کسی اثاثے کو خریدنے یا بہتر بنانے میں مدد کی؟ 1. خریداری میں مدد ملی 2. حالت بہتر بنانے میں 3. کوئی مدد نہیں ہوئی
1	زرعی زمین		
2	رہائشی زمین		
3	گھر یا عمارت		
4	ٹی وی		
5	فرج، ڈیپ فریزر		
6	واشنگ مشین		
7	کپڑے سینے والی مشین		
8	موبائل فون		
9	موٹر سائیکل		
10	کار، جیپ یا ایس یو وی		
11	سائیکل		
12	گائے، بھینس		
13	بھیڑ، بکری		
14	گھوڑا، گدھا، اونٹ		
15	ٹریکٹر		
16	تھریشر		
17	ٹیوب ویل		
18	دیگر (وضاحت کریں)		

نوٹ: آخری آئٹم (دیگر) کے لئے، جواب دہندہ کو وضاحت کریں کہ آپ کا مستقل اثاثہ کیا ہے۔

G . جائزہ برائے باہمت بزرگ پروگرام (بی ایچ بی پی)
(نوٹ: اس سیکشن میں وظیفہ دار کے جوابات کی ضرورت ہے)

ابتدائی مرحلہ				
G1	آپ کو پہلی بار باہمت بزرگ پروگرام کے بارے میں کیسے اور کب معلوم ہوا؟			
	تاریخ:	مہینہ:	سال:	
کوڈ	معلومات کا ذریعہ		جوابی کوڈ	
1	باہمت بزرگ پروگرام کے عملے سے			
2	الیکٹرانک میڈیا			
3	سوشل میڈیا			
4	پرنٹ میڈیا۔ (اخبار، میگزین وغیرہ)			
5	سرکاری ملازم رشتہ دار سے			
6	کسی اور رشتہ دار سے			
7	سیاسی کارکن / سیاستدان			
8	این جی او / اسی ایس او / سماجی کارکن			
98	دیگر (وضاحت کریں)			

G2	آپ نے ابتدائی طور پر باہمت بزرگ پروگرام کے لئے حکومت پنجاب سے کیسے رابطہ کیا؟		
کوڈ	ابتدائی رابطہ		جوابی کوڈ
1	اکیلے کیپ آفس گئے تھے		
2	گھر کے کسی فرد کے ساتھ کیپ آفس گئے تھے		
3	ای میل بھیجی تھی		
4	پنجاب سوشل پروٹیکشن اتھارٹی کے آفس گئے تھے		
5	پنجاب سوشل پروٹیکشن اتھارٹی کے آفس فون کیا تھا		
6	محکمہ سوشل ویلفیئر کے دفتر کا دورہ کیا تھا		
7	محکمہ سوشل ویلفیئر کے دفتر فون کیا تھا		
8	کسی این جی او / اسی ایس او / سماجی کارکن کی مدد لی تھی		
9	یونین کو نسل پناہ ظم کی مدد لی تھی		
10	سیاسی کارکن کی مدد لی تھی		
11	کسی رشتہ سے جو گورنمنٹ اورے میں کام کرتا ہو مدد لی تھی		
98	دیگر (وضاحت کریں)		

G3 کیا آپ مندرجہ ذیل بیانات سے متفق یا متفق نہیں ہیں؟			
سوال نمبر	بیانات	کوڈ	جوابی کوڈ
(i)	محکمہ سوشل ویلفیئر ٹریکپ کا عملہ مددگار ثابت ہوا	1. کبھی نہیں 2. شاید ناہر 3. کبھی کبھی 4. اکثر 5. ہمیشہ	
(ii)	متعلقہ معلومات آسانی سے دستیاب تھیں		
(iii)	جہاں بھی ضرورت ہو عملے کی مدد دستیاب تھی		
(iv)	درخواست کے عمل میں زیادہ وقت تو نہیں لگا		
(v)	درخواست کا عمل آسانی سے مکمل ہو گیا تھا		
(vi)	درخواست آسانی سے قبول ہو گئی تھی		
(vii)	درخواست منظوری کے لیے کسی کو پیسے تو نہیں دینے پڑے		

G4	کیا آپ نے رجسٹریشن کے لئے کوئی رقم ادا کی؟	1. ہاں 2. نہیں
G5	اگر ہاں تو کتنے پیسے ادا کیے؟	روپوں میں لکھیں:
G6	کیا آپ نے درخواست منظوری کے لئے کوئی رقم ادا کی؟	1. ہاں 2. نہیں
G7	اگر ہاں تو کتنے پیسے ادا کیے؟	
G8	کیا آپ کو منظوری حاصل کرنے میں کسی اور چیلنج یا مشکلات کا سامنا کرنا پڑا؟	1. ہاں 2. نہیں
G9	اگر ہاں تو (وضاحت کریں)	

پیسے منتقلی / وصول کرنے کا طریقہ کار			
G10	آپ کو پہلی بار باہمت بزرگ پروگرام سے پیسے کب وصول ہوئے؟		
	تاریخ:	مہینہ:	سال:

G11	آپ نے پہلی بار رقم کیسے وصول کی؟ (ذیل میں کوڈ دیکھیں)	کوڈ لکھیں:
	1. ایجنسی ایل کو نیٹ 2. کسی اور بینک 3. ایزی پیسہ 4. جائز کیش 5. او سنی 6. اے ٹی ایم 7. دیگر (وضاحت کریں)	یہی کوڈ G11, G15, G17 میں بھی استعمال ہو گئے
G12	کیا آپ نے کتنی رقم وصول کی تھی؟	روپوں میں لکھیں:

G13	آپ نے آج تک باہمت برگ پروگرام کے سے کتنی بار ٹرانسفر وصول کیے ہیں؟	تعداد لکھیں:
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G14	آپ کو آخری بار باہمت برگ پروگرام کے سے نقد رقم کی منتقلی کب ملی تھی؟	بارخ:	مہینہ:	سال:
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G15	پچھلی بار آپ نے رقم کیسے وصول کی؟ (ذیل میں کوڈ دیکھیں)	کوڈ لکھیں:
G16	کیا آپ منتقلی کے لئے اسی طریقہ کار کو ترجیح دیں گے یا کسی دوسرے طریقے کے ذریعہ منتقلی حاصل کرنا چاہتے ہیں؟ (انداز G11 میں دیا گیا کوڈ دیکھیں)	1. میں اسی طریقہ کار کو ترجیح دیتا ہوں 2. میں کسی مختلف طریقہ کار کو ترجیح دوں گا
G17	کوڈ 2 کے لئے، براہ کرم وضاحت کریں (G11 کے تحت دیے گئے کوڈ دیکھیں)	
G18	کیا آپ نے ٹرانسفر حاصل کرنے کے لئے کسی مڈل مین کو ادائیگی کی؟	1. ہاں 2. نہیں
G19	اگر ہاں تو، کتنے پیسے ادائیگے	روپوں میں لکھیں:

G20	کیا آپ مندرجہ ذیل بیانات سے متفق یا متفق نہیں ہیں؟	سوال نمبر
(i)	کیا آپ کو باہمت برگ پروگرام کے پیسے بغیر کسی ناخیر کے موصول ہوتے ہیں؟	جوابی کوڈ
(ii)	کیا رقم حاصل کرنے کا عمل آسان ہے؟	کوڈ
(iii)	مجھے رقم حاصل کرنے کے لئے کسی مدد کی ضرورت پڑی ہے	5. کبھی نہیں 6. ساڈا بار 7. کبھی کبھی 8. اکثر 9. ہمیشہ
(iv)	مجھے نقد رقم وصول کرنے کے لئے کسی مڈل مین کو ادائیگی کرنے کی ضرورت نہیں پڑی ہے	

G21	کیا آپ مستقبل میں بھی 6000 روپے کی نقد منتقلی کو ترجیح دیں گے؟	سوال نمبر
1.	نقد منتقلی کو ترجیح دیں گے۔	کوڈ
2.	آما، چاول یا کسی اور کھانے کی چیز کو ترجیح دیں گے۔	جوابی کوڈ
3.	ادویات کے ساتھ اپنی ڈی کی سہولت کو ترجیح دیں گے۔	
4.	کپڑے / جوتے وغیرہ کو ترجیح دیں گے۔	
5.	مفت موبائل کالز اور وائی فائی کنکشن کو ترجیح دیں گے۔	
6.	دیگر (وضاحت کریں)	
G22	آپ مدد کے مندرجہ بالا طریقہ کار کو کیوں ترجیح دیں گے؟	

			جواب:
G23	کیا آپ مستقبل میں ماہانہ 2000 روپے یا سہ ماہی 6000 روپے نقد منتقلی کو ترجیح دیں گے؟	1. ماہانہ 2. سہ ماہی	

رقم کا استعمال			
G24	کیا آپ اپنی صوابدید پر باہمت برگ پروگرام کا پیسہ خرچ کرتے ہیں؟	1. ہاں 2. نہیں	
G25	آپ نے آخری بار باہمت برگ پروگرام کی رقم حاصل کرنے کے بعد مندرجہ ذیل اشیاء میں سے کس پر زیادہ رقم خرچ کی؟		
سوال نمبر	کھانے پینے کی اشیاء کی خریداری (انٹرویو لینے والے نے مرآئیم پرچہ کرنا ہے)	1. ہاں 2. نہیں 3. نہیں معلوم	
(i)	گندم کا آما		
(ii)	چاول		
(iii)	پھلپاں یا دالیں		
(iv)	پکانے کا تیل		
(v)	پتوں والی سبزیاں		
(vi)	دوسری سبزیاں		
(vii)	دودھ اور دوسری دودھ سے بنی اشیاء		
(viii)	اندے		
(ix)	گوس		
(x)	سبزیاں		
(xi)	مچھلی		
(xii)	مصالحہ جات		
(xiii)	چینی		
(xiv)	بازار سے تیار شدہ کھانا		
G26	کیا آپ کے گھر والوں نے مکمل یا حروی طور پر مندرجہ ذیل اشیاء کی مالی اعانت کے لئے باہمت برگ پروگرام کی رقم خرچ کی؟ (ایک سے زیادہ جوابات بھی ممکن ہیں)		
سوال نمبر	اشیاء کے نام	کوڈ	جوابی کوڈ
(i)	تعلیمی اخراجات		
(ii)	کپڑوں اور جوتوں پر اخراجات		
(iii)	بجلی کا بل		
(iv)	گیس کا بل یا ایندھن کے اخراجات		
(v)	نقل و حمل کے اخراجات		
(vi)	گھر کا کرایہ		

(vii)	مواصلات (فون اور کالز)		
(viii)	تقریبات پر اخراجات		
(ix)	مذہبی سرگرمیوں پر اخراجات		
(x)	گھر کی مرمت وغیرہ		
(xi)	رشتہ داروں کے لیے تحائف		
(xii)	دیگر ذاتی اخراجات		
(xiii)	دیگر (وضاحت کریں)		
G27 کیا آپ نے صحت کے اخراجات کی مکمل یا حروی طور پر مالی اعانت کے لئے باہمت برگ پروگرام کی رقم خرچ کی؟ (ایک سے زیادہ جوابات بھی ممکن ہیں)			
سوال نمبر	اخراجات	کوڈ	جوابی کوڈ
(i)	ڈاکٹروں کی فیس اور کی	0. نہیں خرچ کیا	
(ii)	ایکس رے یا دوسرے ٹیسٹ کی فیس اور کی	1. خود خرچ کیا	
(iii)	اوپریات پر خرچ کیا	2. گھر کے دوسرے افراد نے خرچ کیا	
(iv)	دیگر (وضاحت کریں)		
G28 کیا آپ نے مکمل طور پر یا حروی طور پر مرض یا مرض کی ادائیگی کے لئے باہمت برگ پروگرام کی رقم خرچ کی؟ (ایک سے زیادہ جوابات بھی ممکن ہیں)			
سوال نمبر	اخراجات	کوڈ	جوابی کوڈ
(i)	کریا نہ اسٹور کا مرض واپس کیا		
(ii)	رشتہ داروں کا مرض واپس کیا		
(iii)	دیگر کسی مرض کی ادائیگی کی		
G29 پچھلی سہ ماہی میں آپ نے باہمت برگ پروگرام کی امداد حاصل کرنے کے بعد کتنا پیسہ خرچ کیا یا کوئی ادائیگی کی؟ [اگر کوئی ادائیگی نہ کی جائے تو 0 رکھیں]			
		روپوں میں لکھیں:	
G30 کیا باہمت برگ پروگرام کے ذریعے آپ کو ملنے والی رقم آپ کی فوری / ہنگامی ضروریات کے لئے کافی ہے؟			
		1. ہاں	2. نہیں
G31 باہمت برگ پروگرام سے خریدی جانے والی اشیاء میں سے پہلی چیز کیا ہے جس کے بغیر آپ کو گزارہ کرنا پڑے گا جب آپ کو یہ امداد نہیں ملے گی؟			
G32 باہمت برگ پروگرام سے خریدی جانے والی اشیاء میں سے آپ کو ذاتی طور پر کیا چھوڑنا واقعی مشکل ہو گا جب آپ کو یہ امداد نہیں ملے گی؟			
G33 گھر میں کافی خوراک نہ ہونے کی وجہ سے آپ کو کتنی بار کھانا چھوڑنا پڑا؟			
سوال نمبر	اخراجات	کوڈ	جوابی کوڈ
(i)	گزشتہ 30 دنوں کے دوران	1. کبھی نہیں 2. سب سے کم 3. بعض اوقات 4. اکثر 5. ہمیشہ	

			(ii) مدد حاصل کرنے سے پہلے
G34	کھانے کی کمی کی وجہ سے آپ کو کتنی بار اپنے کھانے کی مقدار کم کرنی پڑی؟		
سوال نمبر	احراجات	کوڈ	جوابی کوڈ
(i)	گزشتہ 30 دنوں کے دوران	1. کبھی نہیں 2. ساڑھو بار ہی 3. بعض اوقات 4. اکثر 5. ہمیشہ	
(ii)	مدد حاصل کرنے سے پہلے		
G35	کیا آپ کو کبھی اپنے کھانے کے لئے غذائی امداد کے پروگراموں یا خیراتی اداروں پر انحصار کرنا پڑا ہے؟		
	1. ہاں	2. نہیں	

<p>امداد حاصل کرنے کے بعد وظیفہ داروں کو ہا اختیار بنانے، وقار اور گھریلو فیصلہ سازی میں شرکت کا تجزیہ</p>			
	نقد امداد حاصل کرنے کے بعد متوقع تبدیلیوں کے بارے میں پوچھیں:		
	1. کوئی تبدیلی نہیں 2. تھوڑی سی تبدیلی 3. بری تبدیلی		
G36	زندگی میں اطمینان		
G37	گھریلو کاموں کی منصوبہ بندی اور عمل درآمد میں شمولیت		
G38	گھر کے اندر اپنی ضروریات اور ترجیحات کے بارے میں بات چیت کرنا اور پوچھنا		
G39	خاندان کے ارکان اور دیکھ بھال کرنے والوں سمیت اپنے آس پاس کے لوگوں کی طرف سے عزت و احترام اور وقار		
G40	آپ کی صحت کی دیکھ بھال کے بارے میں فیصلوں پر کنٹرول		
G41	صحت عامہ کی صورت حال میں بہتری		
G42	ضرورت پڑنے پر صحت کی دیکھ بھال اور ضروری سپورٹ سروسز کو آسانی سے استعمال کرنے کی صلاحیت		
G43	خاندانی صحت کی دیکھ بھال اور طبی علاج کے بارے میں فیصلوں پر خاندان کی طرف سے مشورہ		
G44	دوسروں کے ساتھ میل جول اور مشغول ہونے کے مواقع		
G45	آپ کی سماجی سرگرمیوں کے بارے میں فیصلوں پر کنٹرول		
G46	آپ کی دیکھ بھال اور روزمرہ زندگی کے بارے میں فیصلے کرتے وقت آپ کی ضروریات اور ترجیحات کا مد نظر رکھا جاتا ہے		
G47	کھانے اور کھانے کے انتخاب کے بارے میں فیصلہ سازی میں شمولیت		
G48	خاندانی تقریبات اور سماجی سرگرمیوں کے بارے میں فیصلوں میں شمولیت		
G49	یہ محسوس کرنا کہ گھریلو فیصلہ سازی میں آپ کی شرکت قابل قدر اور قابل احترام ہے		

امداد کا مناسب یا کافی ہونا			
G50	(a) کیا کوئی ذاتی ضروریات ہیں جو باہمت بررگ پروگرام کی مدد حاصل کرنے کے باوجود فی الحال پوری نہیں ہو سکیں؟	1. ہاں 2. نہیں	
	(b) اگر ہاں، تو ان ضروریات کو پورا کرنے کے لیے کتنی رقم درکار ہو گی؟	روپوں میں لکھیں:	
G51	کیا آپ کو کوئی معذوری ہے؟		
سوال نمبر	احراجات	کوڈ	جوابی کوڈ
(i)	بہرہ پن	1	
(ii)	ساعت کی کمزوری	2	
(iii)	مابینا	3	
(iv)	پیشانی کمزور ہے	4	
(v)	جسمانی معذوری	5	
(vi)	دماغی حراہی	6	
(vii)	متعدد معذوریاں	7	
(viii)	کوئی معذوری نہیں	0	
G52	(a) معذوری کی صورت میں، کیا آپ کو اپنی معذوری سے نمٹنے کے لئے موجودہ امداد میں اضافی رقم کی ضرورت ہے؟	1. ہاں 2. نہیں	
	(b) اگر ہاں، تو کتنی رقم لگے گی؟	روپوں میں لکھیں:	
G53	(a) مہنگائی ہونے کی وجہ سے کیا آپ کو لگتا ہے کہ امداد کی رقم میں اضافہ کرنے کی ضرورت ہے؟	1. ہاں 2. نہیں	
	(b) اگر ہاں، تو کتنی رقم برہنی چاہیے؟	روپوں میں لکھیں:	

انفرادی سوالنامہ ختم کریں

یہ سب میرے سوالات ہیں۔ اس اہم سروے میں حصہ لینے کے لئے آپ کے تعاون کا بہت بہت شکریہ۔
[انٹرویو کے بارے میں کوئی نوٹ ریکارڈ کریں]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

APPENDIX E

QUALITATIVE INTERVIEW GUIDELINES

BENEFICIARIES OF THE BHBP

INTRODUCTION

Begin by introducing yourself and thank the interviewee.

Explain the purpose of the discussion:

Explain the purpose of the interview, which is to gather feedback and insights from beneficiaries of the Ba-Himmat Bazurg Programme (BHBP). Emphasize that the opinions and experiences of the respondents are valuable in shaping and improving the programme.

Remind the interviewee that the discussion will be recorded, assure confidentiality and explain that the responses will be anonymized and used for research purposes only.

Icebreaker:

Begin with an icebreaker question to help the interviewee feel comfortable, requesting a brief introduction followed by demographic questions.

- ▶ Could you please share your age and marital status?
- ▶ How long have you been receiving the BHBP?
- ▶ Please share any change you have experienced since becoming a beneficiary.

MAIN DISCUSSION POINTS

Understanding the BHBP: judge the recipient's knowledge about the programme features

- ▶ What can you tell us about the programme? [prompt to get information about accessibility, benefits and eligibility criteria]

Application Process: gauge if the recipient is engaged to the extent the programme's design envisaged

- ▶ Could you explain the application process to us? What are the relevant steps?
- ▶ What were your experiences with the application process for the BHBP? Were there any challenges or difficulties you faced as an elderly person during the application process? If yes, please explain.
- ▶ What, from your perspective, would be needed to facilitate the access to the programme?

Overall impression of the programme: ascertain whether recipients perceive the programme as having the impact it was designed to, in terms of its objective of providing social protection for elderly women

- ▶ How satisfied are you with the BHBP?
- ▶ To what extent does the programme address the needs of elderly women like yourself?
- ▶ In your opinion, what are the strengths and weaknesses of the programme?
- ▶ Are there any areas that need improvement?
- ▶ Have you faced any challenges or issues in receiving the transfer regularly? If so, please elaborate.

Impact on wellbeing: determine the impact of the cash transfers on the lives of recipients personally, separate from the impact on the household

- ▶ How has the BHBP benefited you and your daily life?
- ▶ Have you noticed any improvements in your overall well-being?
- ▶ Are there any specific areas where the programme could further support your well-being?
- ▶ Do you believe that the current amount of the BHBP transfers is sufficient? If not, what adjustments do you think would be fair and reasonable?

Social Inclusion and Community Engagement: get a better understanding of household and social/civic dynamics

- ▶ Have you noticed any changes in your social interactions or support networks since receiving the transfers from BHBP? If yes, please explain what type of changes you are referring to.
- ▶ To what extent did the transfer change the way you engage with your neighbours, friends or the community as a whole?
- ▶ To what extent did the transfer change your relationship with your family?
- ▶ To what extent did the transfer change the way you engage with government (institutions)?
- ▶ To what extent did the cash transfer change yourself and the way you perceive yourself?
- ▶ Have you observed any positive or negative changes in your community because of the BHBP and what are these changes?
- ▶ In what ways has the cash transfer changed your social position within the community as an elderly person? Please, explain.

- ▶ Are there any additional ways the programme could facilitate social connections and community engagement?

Suggestions for programme improvement:

Encourage the interviewee to share suggestions and recommendations for improving the BHBP.

- ▶ What would elderly women in Pakistan need to sustainably improve their social and economic situation?
- ▶ Specifically to this programme, what are issues that you think should be improved to better serve the elderly women beneficiaries?

CONCLUSION

Thank the interviewee for her valuable insights and participation.

Assure that the feedback will be used to improve and enhance the BHBP.

Privacy issues of data what will be done with the data in the future

Provide any additional information or resources that may be helpful to the interviewee.

Express gratitude once again and conclude.

APPENDIX F

FAMILY/HOUSEHOLD SIZE

This note examines family/household size reported in the SPDC BHBP survey and compares it with findings from other sources, including the Population and Housing Census 2017, the Pakistan Social and Living Standards Measurement Survey (PSLM) 2019-20, and the most recent Labour Force Survey (LFS) 2020-21.

Household Size Variations

As shown in Table A, data from various sources reveal variations in household size across Okara and Muzaffargarh districts. The SPDC BHBP survey, which targets impoverished households with a Proxy Means Test (PMT) score between 16.18 and 30 and includes at least one female member aged 65 or above, stands out with noticeably smaller family sizes. The average family size in the survey is 4.5 people for Okara and 4.2 people for Muzaffargarh. However, other reported sources capturing a broader population show larger household sizes.

For example, the Population and Housing Census 2017 reports an average of 6.2 and 6.5 people per household in Okara and Muzaffargarh, respectively, with an average of 5 and 5.1 for one-room households. Similarly, the Pakistan Social and Living Standards Measurement Survey (PSLM) 2019-20 indicates a household size of 5.2 and 5.3, and the Labour Force Survey (LFS) 2020-21 reports 5.4 and 5.5. Interestingly, PSLM 2019-20 microdata for households with similar characteristics to the SPDC BHBP survey (lowest wealth quartiles and having a woman aged 65 years and above) shows an even smaller household size of 5 for both districts.

Variations and Influencing Factors

Understanding the definition (household size vs. family size) and the specific population targeted by each survey is crucial when interpreting and comparing household size data. When analyzing the SPDC BHBP survey in relation to other sources, these two factors are particularly important to consider, as they significantly contribute to the observed variations.

Definition:

- ▶ *Household Size*: refers to the total number of people living together in a dwelling, regardless of their relationship (e.g., family members, friends, roommates). This is typically measured by surveys like PSLM and LFS as well the Census.
- ▶ *Family Size*: focuses on the number of individuals related by blood, marriage, or adoption within a family unit. This is what the SPDC BHBP survey reports. As expected, family size tends to be lower than household size because it excludes non-relatives.

Survey Scope:

- ▶ The SPDC BHBP survey specifically targets impoverished households with at least one woman aged 65 or above, using a Proxy Means Test (PMT) score of 16.18 to 30. The focus on households with elderly women aged 65 and above suggests a higher prevalence of widowed women. These women have fewer children living with them compared to households with younger couples.
- ▶ Other sources, like the Population and Housing Census and the Labour Force Survey, have broader scopes, including all households within the target population and do not have wealth quartiles.
- ▶ The Pakistan Social and Living Standards Measurement Survey (PSLM) partially overlaps with the SPDC BHBP survey by targeting similar demographics but may have limitations in capturing the representative sample (see Table F-1).

Table F-1: Average Family/Household Size						
	Okara			Muzaffargarh		
	Urban	Rural	Total	Urban	Rural	Total
SPDC BHBP Survey						
Mean	4.4	4.5	4.5	4.1	4.2	4.2
Standard deviation	2.3	2.3	2.3	2.5	2.7	2.7
Observation	69	281	350	22	341	363
Census 2017						
Average Household Size: Overall	6.2	6.2	6.2	6.5	6.3	6.5
Average Household Size: One Room	5.0	5.0	5.0	5.1	4.9	5.1
PSLMS 2019-20: Overall						
Mean	5.4	5.1	5.2	5.2	5.3	5.3
Standard deviation	2.2	1.9	1.9	2.9	3.2	2.4
Observation	208	1,316	1,524	498	2,691	3,189
PSLMS 2019-20: Households having 65 years and above women: Lowest Wealth Quintile						
Mean	5.3	5.0	5.0	3.0	5.4	5.0
Standard deviation	2.4	3.4	3.3		3.2	3.3
Observation	6	69	75	1	5	6
Labour Force Survey 2020-21: Overall						
Mean	5.1	5.4	5.4	5.3	5.5	5.5
Standard deviation	2.4	2.3	2.3	2.0	2.6	2.5
Observation	192	832	1,024	187	1,334	1,521

COVID-19 Impact and Recent Inflation

Interestingly, PSLM and LFS, despite capturing a broader population, report lower household sizes compared to the Census 2017. This suggests a potential trend of households splitting due to financial hardships during the COVID-19 pandemic and possibly due to recent high inflation. Qualitative assessment reveals instances where elderly parents have had to separate their households from their sons' families due to economic strain.

APPENDIX G

DEMOGRAPHIC AND SOCIOECONOMIC INDICATORS OF BHBP HOUSEHOLDS

Table G.1	Age distribution of beneficiaries (%)								
	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
65-69	30.4	40.6	38.6	18.2	20.8	20.7	27.5	29.7	29.5
70-74	42.0	34.2	35.7	59.1	49.3	49.9	46.2	42.4	42.9
75-79	17.4	14.2	14.9	13.6	18.5	18.2	16.5	16.6	16.5
80-84	5.8	7.8	7.4	9.1	7.9	8.0	6.6	7.9	7.7
85 and above	4.3	3.2	3.4	-	3.5	3.3	3.3	3.4	3.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table G.2	Beneficiaries' marital status (%)								
	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Married	34.8	45.9	43.7	18.2	38.7	37.5	30.8	42.0	40.5
Widowed	63.8	53.7	55.7	81.8	61.3	62.5	68.1	57.9	59.2
Divorced	1.4	0.4	0.6	-	-	-	1.1	0.2	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table G.3	Beneficiaries' relationship to the head of household (%)								
	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Head of household	43.5	32.7	34.9	50.0	38.7	39.4	45.1	36.0	37.2
Parent	34.8	38.4	37.7	36.4	40.8	40.5	35.2	39.7	39.1
Spouse	15.9	22.4	21.1	4.5	17.9	17.1	13.2	19.9	19.1
Others	5.8	6.4	6.3	9.1	2.6	3.0	6.6	4.3	4.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table G.4	Beneficiaries' education attainment								
	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Never attended	95.7	98.6	98.0	95.5	99.7	99.4	95.6	99.2	98.7
Primary school	4.3	1.1	1.7	4.5	0.3	0.6	4.4	0.6	1.1
Middle school		0.4	0.3					0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table G.5	Beneficiaries' employment status and primary occupations								
Occupations	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Farming				1	1		1		1
Agricultural wage labour		7	7	22	22		29		29
Non-Agri wage labour	6	13	19	2	12	14	8	25	33
Self-employed	2	3	5	6	6		2	9	11
Employee		1	1	2	2		3		3
Paid worker	8	24	32	2	43	45	10	67	77
Share (%)	11.6	8.5	9.1	9.1	12.6	12.4	11.0	10.8	10.8
Not in paid job	61	257	318	20	298	318	81	555	636
Share (%)	88.4	91.5	90.9	90.9	87.4	87.6	89.0	89.2	89.2
Total	69	281	350	22	341	363	91	622	713

Table G.6	Beneficiaries' average monthly income from paid employment (PKR)								
	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Farming				9,000	9,000		9,000		9,000
Agricultural wage labour		13,452	13,452	7,367	7,367		8,836		8,836
Non-Agri wage labour	6,208	8,397	7,706	7,083	7,222	7,202	6,427	7,833	7,492
Self-employed	12,500	3,667	7,200	4,153	4,153		12,500	3,991	5,538
Employee		7,000	7,000	9,000	9,000			8,333	8,333
Average income	7,781	9,222	8,775	7,083	6,992	6,996	7,642	7,791	7,772

Table G.7	Distribution of beneficiaries by disabilities (%)								
	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
No disability	78.3	77.2	77.4	63.6	61.6	61.7	74.7	68.6	69.4
Deafness	1.4	0.4	0.6	4.5	0.6	0.8	2.2	0.5	0.7
Hearing impairment	2.5	2.0	9.1	4.7	5.0	2.2	3.7	3.5	
Blindness		1.8	1.4					0.8	0.7
Vision impairment	7.2	7.5	7.4	13.6	10.0	10.2	8.8	8.8	8.8
Physical disability	4.3	4.6	4.6		10.9	10.2	3.3	8.0	7.4
Mental disorder	0.4	0.3	4.5	0.6	0.8	1.1	0.5	0.6	
Multiple disabilities	8.7	5.7	6.3	4.5	11.7	11.3	7.7	9.0	8.8
Beneficiaries with disability	21.7	22.8	22.6	36.4	38.4	38.3	25.3	31.4	30.6

Table G.8		Average household size					
		Okara			Muzaffargarh		
		Urban	Rural	Total	Urban	Rural	Total
SPDC BHBP Survey							
Mean		4.4	4.5	4.5	4.1	4.2	4.2
Standard deviation		2.3	2.3	2.3	2.5	2.7	2.7
Observation		69.0	281.0	350.0	22.0	341.0	363.0
Census 2017							
Average household size: overall		6.2	6.2	6.2	6.5	6.3	6.5
Average household size: one room		5.0	5.0	5.0	5.1	4.9	5.1
PSLMS 2019-20: Overall							
Mean		5.4	5.1	5.2	5.2	5.3	5.3
Standard deviation		2.2	1.9	1.9	2.9	3.2	2.4
Observation		208.0	1316.0	1524.0	498.0	2691.0	3189.0
PSLMS 2019-20: Households having 65 years and above women: lowest wealth quintile							
Mean		5.3	5.0	5.0	3.0	5.4	5.0
Standard deviation		2.4	3.4	3.3	-	3.2	3.3
Observation		6.0	69.0	75.0	1.0	5.0	75.0
Labour Force Survey 2020-21: overall							
Mean		5.1	5.4	5.4	5.3	5.5	5.5
Standard deviation		2.4	2.3	2.3	2.0	2.6	2.5
Observation		192.0	832.0	1024.0	187.0	1334.0	1521.0

Table G.9	Distribution of primary occupations of beneficiaries' household members (%)								
	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Farming		6.6	5.2		2.3	2.2		4.4	3.8
Livestock (commercial		1.7	1.4		0.6	0.5		1.1	1
Agricultural wage labour	1.1	18.5	15	12	21	20.4	3.5	19.8	17.5
Non-agricultural wage labour	47.8	45.3	45.8	36	42.4	41.9	45.2	43.8	44
Self-employed	30	15.4	18.4	24	20.5	20.7	28.7	17.9	19.4
Government servant		2	1.6		1.7	1.6		1.9	1.6
Employee	21.1	10.5	12.7	24	11.5	12.4	21.7	11	12.5
Farm home help (unpaid)				4		0.3	0.9		0.1
Total	100	100	100	100	100	100	100	100	100

Table G.10	Distribution of households by other sources of income (%)								
	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
BHBP only	81.2	78.6	79.1	90.9	82.1	82.6	83.5	80.5	80.9
BISP only	1.4	1.4	1.4	-	5.0	4.7	1.1	3.4	3.1
BHBP and BISP	1.4	2.5	2.3	9.1	6.2	6.3	3.3	4.5	4.3
BHBP & Other sources	1.4	1.8	1.7	-	1.8	1.7	1.1	1.8	1.7
BISP & Other sources	-	0.7	0.6	-	0.6	0.6	-	0.6	0.6
PSPA Others	7.2	2.8	3.7	-	0.9	0.8	5.5	1.8	2.2
Other occupations	-	2.1	1.7	-	0.9	0.8	-	1.4	1.3
Pension	-	0.4	0.3	-	0.6	0.6	-	0.5	0.4
Domestic Remittance	-	-	-	-	1.2	1.1	-	0.6	0.6
Foreign Remittance	-	0.4	0.3	-	0.9	0.8	-	0.6	0.6
No Other Source	7.2	9.3	8.9	-	-	-	5.5	4.2	4.3
Total	100	100	100	100	100	100	100	100	100

Table G.11	Household average monthly income from primary occupations (PKR)								
	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Farming		23,061	23,061		18,625	18,625		21,878	21,878
Livestock		14,125	14,125		9,500	9,500		12,969	12,969
Agricultural wage labour	15,000	18,977	18,914	15,278	11,296	11,469	15,208	15,017	15,022
Non-agricultural wage labour	13,950	17,595	16,862	14,313	14,971	14,936	14,010	16,357	16,034
Self-employed	18,067	18,839	18,588	18,000	17,109	17,170	18,056	17,859	17,898
Government servant		26,917	26,917		28,667	28,667		27,871	27,871
Employee	18,579	20,190	19,633	18,333	16,849	17,021	18,528	18,474	18,487
Total	16,208	18,735	18,232	16,286	15,197	15,262	16,223	16,998	16,892

Table G.12	Household total average monthly income from all sources (PKR)								
	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Total average monthly income	24,870	27,396	26,898	20,348	18,236	18,364	23,777	22,374	22,553
Average monthly BHBP	845	1,236	1,159	1,023	1,413	1,390	888	1,333	1,276
Monthly income excluding BHBP	24,025	26,159	25,739	19,326	16,823	16,975	22,889	21,041	21,277

Table G.13	Household total average monthly expenditures (PKR)								
	Okara			Muzaffargarh			Both Districts		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Average monthly expenditures	30,207	29,292	29,473	31,347	26,685	26,968	30,483	27,863	28,197
Average monthly food expenditures	9,301	10,202	10,024	10,403	8,748	8,848	9,567	9,405	9,425

APPENDIX H

PSPA's BHBP COMMUNICATION STRATEGY AND ACTIVITIES: SAMPLE BHBP BROCHURE

A comprehensive communication plan was devised and put into action to inform the specific demographic about the facilities and cash transfers accessible for elderly people in Punjab province. This information was conveyed through various avenues such as electronic/print media, interpersonal communication, and informational materials. Supported by social mobilization efforts conducted by local administration, a robust communication package was employed to enroll both current and prospective beneficiaries.

OVERALL COMMUNICATION OBJECTIVES

The overall aim of the communications interventions was to contribute towards strengthening Ba-Himmat Buzurg Programme through effective communication to all stakeholders, including beneficiaries and non-beneficiaries. This social pension programme aims to protect older persons aged 65 and above from livelihood risks and to enable them to live a dignified life.

The overall communication objectives were:

- ▶ ***Promoting the image of PSPA and Ba-Himmat Buzurg Programme:*** To promote the image and reputation of the PSPA as an effective, efficient and responsive authority along with the interventions for elderly people.
- ▶ ***Creating awareness and understanding of how to register in Ba-Himmat Buzurg Programs:*** To enhance understanding for the registration in this programme through awareness-raising activities.
- ▶ ***Managing the expectations of complainants and other stakeholders:*** PSPA has a system of grievance redressal in place that includes traditional way of letter request either directly by public or through other government departments / forums which is responded on monthly basis. To disseminate clear and concise information that demonstrates to stakeholders how to lodge a complaint through grievance redressal system.

COMMUNICATION ACTIVITIES

Following were the communication activities, that was carried out.

- ▶ Provincial level mass media campaign (Radio, Television, Print, social media).
- ▶ Regional/district level public information campaign.
- ▶ Community Mobilization: School Teachers, Community Leaders, Local Leaders at district, Tehsil, and Union Council level through local administration.
- ▶ Development of Registration camps through Social welfare department in all over the Punjab.
- ▶ Production and dissemination of IEC Material through local government and social welfare department.
- ▶ Establishing public information system at District, Tehsil, and Union Council Level.

Audience	Communication Message and Goal	Communication Channel
Beneficiaries and potential beneficiaries	Make beneficiaries aware of Ba-Himmat Buzurg Programme and its process. Explain in simple and clear terms, the scope and limitations of the programme, eligibility criteria, procedures, payment withdrawal procedure roles and responsibilities and other facts about the programs;	<ul style="list-style-type: none"> ▶ Interpersonal channel ▶ leaflets and brochures ▶ Mobile phones (<i>SMS</i>) ▶ Mass media (<i>TV, Cable, Radio, Newspapers, mobile SMS</i>) ▶ Social media (<i>Facebook, twitter, Instagram</i>) ▶ Audio video messaging through <ul style="list-style-type: none"> o Local Radio and Cable Television o Mobile/Online audio video content ▶ SMS based social marketing <ul style="list-style-type: none"> o Joint-Public Service o Messages by Imam Masjid
Media	Build working relationship with the media. Ensure an overall visibility of the Ba-Himmat Buzurg Programme.	<ul style="list-style-type: none"> ▶ Mass media (<i>TV, radio, newspapers</i>) ▶ Social Media Campaigns ▶ Dissemination of IEC Materials
Policy makers (political parties, community leaders, etc.)	Support programme for the betterment of vulnerable community (elderly people), secure their support for budget.	<ul style="list-style-type: none"> ▶ Mass media (<i>TV, radio, newspapers</i>) ▶ Social media ▶ Audio video messaging through <ul style="list-style-type: none"> o Local Radio and Cable Television o Mobile/Online audio video content



APPENDIX I

PSYCHOSOCIAL PROFILE OF 64 BHBP BENEFICIARIES

Psychosocial profile of BHBP beneficiaries

The qualitative BHBP beneficiary analysis also focuses on examining the impact of the programme beyond its effect on quantitative metrics; it highlights the impact on the psychosocial wellbeing of the beneficiaries throughout their engagement with different aspects of programme design, starting from receiving information about the programme and ending with the expenditure of the financial assistance received and the subsequent programme freeze. A baseline of BHBP beneficiaries' capability deprivations has been drawn to illustrate how poverty, beyond its material dimensions, affects the lives of these elderly women and their response to dealing with these realities. This will help to analyse how different elements of programme design could be improved in order to serve the social protection goal of cash transfer programmes like BHBP.

Capability deprivation baseline of BHBP beneficiaries

Given that more than 60 of the 64 beneficiaries interviewed reported health problems, it is unsurprising that this was stated as the primary factor in determining their sense of psychosocial wellbeing. However, many beneficiaries also pointed towards the decline in their sense of self-worth as a result of having become a burden on their children. The case of beneficiary #48 highlights this frame of mind graphically: the beneficiary is a 68-year-old widowed mother of 6, living with a married son and his own family of 6 who told her to separate her cooking within a month of her husband's death three years ago because he could not support her on his daily wages. *'My husband was also a daily wage worker but we managed to raise 6 children, get them married. I was shaken when my son told me he could not support me as well as his children – giving me two meals a day is such a burden on him? I cook on a stove under the stairs now.'* This beneficiary manages one or two 'basic³⁴' meals/day, wears clothes donated by neighbours and has to resort to cleaning houses and washing dishes or taking loans from neighbours to get her food and medicines. The beneficiary is isolated, justifying her circumstances as being a result of her sickness, *'I am a sick old woman, I don't go out very much,'* rather than a result of her embarrassment because of having to ask her neighbours for loans. This isolation compounds the deterioration in her support system and her sense of helplessness over her circumstances, *'I can't even gift anything to a married daughter if she comes for a visit'.*

³⁴ Please see Appendix J for definition of basic, above-basic and subsistence diets.

Beneficiary #56, a 70-year-old widow, underscores the fact that the elderly increasingly find themselves isolated because they feel useless: *'If old people had money, they would live longer. As it is, they have to keep looking to their children, who may or may not give them money. When I went to file my papers [for BHBP], it felt good to meet people there and talk to them. Otherwise, I just sit at home in silence.'*

Social interaction in general falls prey to poverty-induced circumstances, as beneficiary #14, a 79-year-old married beneficiary explains, *'No one likes to socialise with poor people because they have nothing to give.'* Several beneficiaries said they avoided social gatherings like weddings and Eid festivals because they did not have good clothes to wear nor money for gifts which are traditionally given on such occasions.

Poverty is often looked upon as a religious edict, which is used as a coping mechanism. 65-year-old beneficiary #15 lives with her husband and a married son and his family of 6 in 2 rooms of their own house. The other rooms are taken up by two other sons and their families but they keep their cooking separate. The son responsible for the parents and the beneficiary's husband are able to earn PKR 20-25,000 a month in daily wages. The family eats a 'basic' meal twice a day and takes turns to make clothes for family members – at the time of interview, the beneficiary was wearing a patched-up shirt. The household often has to choose between food and medicines: once when money was needed for the beneficiary's medical treatment, her husband had to take out a loan against the wheat in the house. *'If God gives you more money, He will ask you more about it also. Whoever has more money probably has more sins too. We live with the fear of God.'*

Among 64 beneficiaries interviewed, 14 were cases where sons living with them had separated their households from the beneficiary's. Poverty seems to be tearing at the social fabric that traditionally had bound families together. For example, in the case of beneficiary #34, the 69-year-old beneficiary lives with 18 other people in five rooms connected by a courtyard but is responsible for herself, her husband, a mentally challenged son and a married daughter and two grand-daughters i.e. a household of 6 as described by the beneficiary. This beneficiary has 3 sons (one earning PKR 15,000 per month and the other two are daily wage earners) living in the same compound with their own families but they keep their cooking separate and there is no regular support given to the beneficiary. The beneficiary contributes to supporting her daughter and granddaughters who are living with her because they attend school in the beneficiary's area, *'We say we will starve but give these girls an education.'* The granddaughters share everyone's food on a rotational basis and are provided some financial support by the father who lives and works in another village. The beneficiary has recently taken a few goats to take care of for the landlord so that she can

share half the sale price when one is sold. She has to cut and bring the fodder herself despite the fact that she suffers from tuberculosis, diabetes and poor eyesight. *'My sons give me some money if they have it but they are barely able to meet their own expenses. What can they do?'* The slow unravelling of the social fabric of traditional families adds another layer of vulnerability for elderly women, increasing their isolation and sense of helplessness.

Several beneficiaries reported a sense of distrust towards public institutions as well. For example, beneficiary #21, a 72-year-old widow, reported that when she gave her CNIC for BHBP registration while she sat outside because of her physical disability, the other women around her kept telling her she had made a mistake and that the people who took her card (SWOs) would misuse it: *'Most of them didn't believe the government would give them money and they were all worried.'*

Another beneficiary reported the sense of hopelessness at being at the mercy of the landed elites: beneficiary #61 said, *'There is no fear of God here. There are powerful landlords here who never let government assistance get through to us; they keep filling up their own houses and keep fighting among themselves for money. Whenever the government tries to assist us with wheat or sugar, it never reaches us, they just fill up their own houses.'* This 75-year-old widow is able to eat regular meals by going to her brother's but is constantly burdened by the PKR 25,000 in loans she has accumulated with the grocers and neighbours for her household comprising a widowed daughter-in-law and her four grandchildren. Her only 'hope' is that she knows *'they will forgive my loans on my funeral.'*

In general, old age itself is considered a vulnerability – as beneficiary #4, a 73-year-old widow said, *'Old age is about sickness and problems; it makes beggars out of kings.'*

APPENDIX J

SOCIOECONOMIC PROFILE OF 64 BHBP BENEFICIARIES

BHBP beneficiaries interviewed were divided into five categories to reflect the diverse socioeconomic drivers of household dynamics and in each category a case study has been chosen to provide a window into their everyday realities.

Limited mobility due to health issues (30 out of 64)

Many of the beneficiaries have health issues ranging from weakness due to inadequate diet to blood pressure, diabetes and arthritis, which have not been reported in the quantitative analysis questions dealing specifically with disabilities. Only 4 of the beneficiaries in this category live in households that have 3 meals/day regularly and only 3 reported having fruits, meat and eggs/milk on a regular basis ('above basic' diet) while another 3 reported having to resort to meals comprising wheat bread with chutney or onions only ('subsistence' diet). The rest of the beneficiaries reported a diet of wheat, lentils and vegetables ('basic' diet). Only 11 of these households were supported by a fixed-income worker, with monthly incomes ranging between PKR 15-30,000 for households ranging in size from 5 to 13. 23 beneficiaries in this category were widows. The proportion of households in this category in the Upper PMT range (43 percent) is roughly equivalent to the proportion for households of all beneficiaries interviewed (45 percent).

Case study: Beneficiary #23 is a 69-year-old widow who lives in a 3-room house with two married sons and their families, a household of 11 members. The house belongs to the beneficiary's brother, who also helps her out with PKR 1-2,000 a month. The roof of the third room collapsed due to recent rains and the beneficiary now has to share a room with the younger son, his wife and child. The older son and his family of 6 use the other room. The older son used to work in Karachi as a daily wage worker and send PKR 20-25,000 per month but can no longer do so because of kidney problems and lives at home. The younger son works in a relatives' wheat crushing mill where he gets the year's wheat supply and PKR 20,000 a month. He can do extra work at the mill for PKR 4-6,000 a month also. The women of the family can also earn PKR 400/day in cotton picking, but more women are seeking daily wages due to inflation with the result that there is less work and less pay – 'sometimes they have to settle for PKR 100/day'. The beneficiary's household of 11 people is able to make ends meet with help that people give them because her husband had taught in the mosque and because the family are the disciples of a saint. Despite this, the household eats twice a day and vegetable curry can only be cooked once a week – usually they just have wheat bread with chutney. The beneficiary is completely disengaged in household decisions but is respected because of her brother's support. The beneficiary has hearing issues and requires ear drops and medicine for weakness.

BHBP impact: Beneficiary #23 received six instalments in total – four instalments of PKR 6,000 through an ATM card, another PKR 6,000 through OMNI and a last instalment of PKR 12,000, also through OMNI. BHBP assistance was used by the beneficiary to buy medicines for her older brother, to pay off loans from shopkeepers and sometimes to make clothes for herself. BHBP payments allowed the beneficiary not to ask anyone for anything and enabled her to have *gurr* (jaggery/raw sugar) and to socialise with gifts.

Limited mobility due to social norms³⁵ (8 out of 64)

5 of the beneficiaries in this category live in households that have 3 meals/day, but only one reported an 'above basic' diet, while the rest reported diets that were 'basic' and 'basic to subsistence'. 3 households have fixed-income earners making PKR 16-20,000 per month. 5 of the beneficiaries are married and the sizes of households range from 4 to 20, 6 in rural areas. An equal number of households in this category belong to the Upper and Lower PMT ranges. These socioeconomic indicators suggest that social norms limiting mobility of women in a household are not impacted significantly by increased financial capability.

Case study: Beneficiary #35 is a married 71-year-old who lives in her 4-room well-constructed home with a total of nine family members: her 73-year-old husband, their youngest son and his family of 4, and a married daughter and her one-year-old daughter. The beneficiary's husband is the head of the household and is responsible for providing the family's income through his roles as an Imam at a mosque and a Qari (Quran reciter). The family often receives assistance in the form of rations from the community. The married son earns around PKR 15,000 per month as a tailor and also used to get Ehsaas payments, but these have been discontinued. Beneficiary herself does not engage in any household chores as these responsibilities are primarily handled by her daughter-in-law or her daughter and she has almost no mobility outside the house, 'Our women never work outside the house, nor did we send girls to school but the granddaughters all go to school – you need education now.' The beneficiary has health issues related to her stomach and joints. She tries to buy medication when they have the money, but at times, she has to forgo treatment due to financial constraints. Her daily medication cost is PKR 100. Her brother's son has his own clinic and helps out with free medicines sometimes. The family eats three 'basic' meals a day but reported resorting to a 'subsistence' diet in case medical expenses arise.

BHBP impact: Beneficiary #35 received five instalments through the ATM, the last one amounting to PKR 12,000. Beneficiary spent her money mostly on her medicines and the rest on household needs. Without BHBP the household has no money by month-end for groceries and has to take loans.

Working regularly (9 out of 64)

All the 9 beneficiaries who work regularly for pay reported having less than 3 meals/day of a 'basic' or 'basic to subsistence' diet: five beneficiaries work for daily wages on agricultural land, picking wheat, vegetables or sorting produce, two take care of animals that they can share in the sale proceeds of, one as a domestic worker and another selling home-made sweets. With the exception of one widow and one divorcee, all are married and between 65-74 years old. Only one of these households, which range in size from 3 to 13, has a fixed-income earner making PKR 15,000/month. 4 out of the 9 households in this category belong to the Upper PMT range, similar to the proportion for the overall beneficiary group (45 percent).

³⁵ Beneficiaries in both the limited mobility profiles suffer from health issues but those restricted by social norms have been separated because, even if their health had permitted, they would not have been able to move into any one of the latter three profiles.

Case-study: Beneficiary #45 is a married 70-year-old who lives in a 2-room kaccha house with her 78-year-old husband and their son and his family of 5. The beneficiary's husband can no longer work as a daily wage earner because of asthma. The son works and lives with a friend on his land and is awaiting harvest to send money home and pay off his loans. The beneficiary has to go and sort out rotten onions from fresh ones from 7 am to noon and earns PKR 300/day. When she comes home, she makes weaves for charpoys from which she earns around PKR 1,000 per month. She also participates in wheat cutting once the crop is ready for harvesting and gets wheat as payment and is able to earn enough for about 6 months. This household of 7-8 people has not been able to have even vegetable curry for a while now in either of their two daily meals, generally resorting to a meal with wheat bread and crushed peppers or onions. The beneficiary is very grateful that she does not have to ask relatives for help – *'when there is nothing to eat, I still thank Allah and pray that this poverty doesn't induce me to go against Him. We only dream of chicken, carrot, potatoes and oil and apples.'* At the time of the interview, the beneficiary was able to earn PKR 300 five days a week and earn PKR 6,000 a month. The beneficiary reported that her own medicines would cost her PKR 3,000 a month if she took them regularly for her body aches. The daughter-in-law suffers from blood deficiency and has an infant to breastfeed.

BHBP impact: Beneficiary #45 received six instalments in total, four from the ATM and twice from a BoP vendor. The last instalment was of PKR 12,000. The beneficiary used the BHBP money to buy food for the house, sometimes to repay loans from the grocer, medicines for herself and her husband and once even milk for the children. Once she also made clothes for herself and her husband. *'This was God's help from the Unseen'*. Beneficiary would regularly give PKR 50-100 at the mosque because *'if He has given me, I should also give in His name. Everyone wants to be someone who can give to others. It's embarrassing to ask and take. BHBP money allowed us to eat better and make ends meet.'*

Working sometimes despite health issues (8 out of 64)

Only one household among 8 in this profile has a fixed income worker, earning PKR 15,000/month and this is also the only household of 9 that reported having 3 meals/day of an 'above-basic' diet. But even in this household, with two other daily wage workers, the 74-year-old beneficiary has to wash dead bodies before funerals or give massages to earn PKR 1,000 to be able buy clothes for herself. 3 beneficiaries in this category reported themselves as a household of 1: beneficiary #48 who had been told by her son to separate her cooking after the death of her husband because the son could not support her on his daily wages, beneficiary #49 whose step-children did not provide for her in any way and beneficiary #53 whose son 'allowed her' to remain in the storeroom of her own house on the condition that she kept her expenses separate.

3 other beneficiaries reported themselves as part of a household of 2: beneficiary #50, a 65-year-old widow living with an unmarried daily wage working son and having to clean people's houses occasionally for PKR 2-3,000/month; beneficiary #52, a 72-year-old widow responsible for herself and her unmarried daughter even though her three married sons live within the same boundary walls, and earning PKR 3,000 selling candies and biscuits to children from her room because she has a fractured leg; and beneficiary #54 who lives with an unmarried son who does not work regularly and spends his time at the mosque, so that

the 80-year-old has to find domestic work to make ends meet. Beneficiary #55, a 77-year-old widow living with 5 other family members also resorts to making charpoy weaves for PKR 500 on order but the family is only able to manage 2 'basic' meals/day.

This category of beneficiaries provides an interesting illustration of how family dynamics interact with socio-economic realities: although a higher proportion of households in this category belong to the Upper PMT range than the overall beneficiary average (63 percent vs 45 percent), all beneficiaries are widows and have to resort to working despite health issues. Beneficiary #51 works even though her household gets 3 meals/day of an 'above-basic' diet because she wants to earn money for her own clothes – an indication of straitened circumstances but also that her social aspirations are wider than of those who are not even able to get adequate food. Others are isolated by sons who live in Upper PMT range households and are forced to fend for themselves. Widows living in Lower PMT range households can either be abandoned, as in the case of beneficiary #53 living in the storeroom of her own house, or still be an integral part of an overall household dynamic struggling to meet day to day needs jointly.

Mobile but not working (9 out of 64)

6 beneficiaries in this category reported they were able to eat 3 meals/day regularly, while 4 of these reported having an 'above-basic' diet. 5 households had fixed-income earners earning between PKR 15-45,000 per month in addition to daily-wage-earning family members. 5 beneficiaries in this category were widows. It is interesting that only 3 beneficiaries live in Upper PMT range households in this category – regular rather than higher income seems to allow beneficiaries the luxury of not working in their old age.

Case study: Beneficiary #64 is a 67-year-old widow living in a 3-room house with one of her seven sons where she prefers to be in the summer because the house has a very large courtyard. This household of 9 has 2 fixed income workers earning PKR 20,000 per month and is able to manage only two meals a day of 'basic' and sometimes 'subsistence diet'. The beneficiary's other sons provide her clothes and she does not have health issues. The beneficiary is independent and spends a lot of time with her friends, enjoying her cups of tea; *'At this age now I am free – I raised 11 children, worked in tomato fields when I was young. I have done enough. Now I don't sit at home like a girl, I have lots of friends and we visit.'*

BHBP impact: Beneficiary #64 received six instalments, four of PKR 6,000 from the ATM and twice from a BoP vendor. The last instalment received was for PKR 12,000. Beneficiary would purchase tea and fruits with the money. She also spent the money on her clothes. She sometimes bought chicken for the household.

APPENDIX K

LITERATURE REVIEW

National level initiatives that define Pakistan's social protection landscape include Pakistan *Baitul-Mal*, the *Zakat* and *Ushr* Programmes, the Employees' Old-Age Benefits Institution, the Workers' Welfare Fund and provincial Employees' Social Security Institutions. The Benazir Income Support Programme, however, remains Pakistan's flagship social protection initiative (ILO, 2021). Recently, the *Ehsaas* Emergency Cash Transfer Programme was launched in response to the COVID-19 pandemic which provided a one-off cash payment in various categories.

Numerous empirical studies on social protection in Pakistan repeatedly indicated that "there is no clearly articulated government Social Protection Framework (SPF). Schemes in Pakistan's SPF developed largely as a series of ad-hoc responses to problems which arose through particular circumstances (PRSP-II GoP, 2009) or were recommended by international donor agencies". It is, therefore, not surprising that the framework contains duplicating and overlapping programmes. Moreover, these programmes have been developed over a number of years and combine the interests of many different political parties, constituencies and involve several institutions.

Pakistan has implemented several cash transfer programmes. Evidence-based research concludes that programmes in terms of conditional and unconditional cash transfers in Pakistan are characterized by inadequate size of grants and low coverage. Bari et al (2005) argued that the programmes currently in operation have had only a marginal impact in alleviating the poverty of households living below subsistence level. The coverage and size of grants disbursed as individual transfers under the Food Support Programme of Pakistan *Bait-ul-Mall* and *Guzara* Allowance scheme of Zakat institution inadequately addresses the needs of the poorest households. ADB (2004) also takes the adequacy of payment as an important issue. The report narrates that "The rate of individual financial assistance (for *Zakat*) is not adjusted for family size. The adequacy of support can be further damaged by administrative problems resulting in late release of funds".

Recently, PSPA which is a provincial social protection authority in Punjab and manages several social protection programmes in the Punjab province has initiated a cash transfer exclusive for older persons and provides a monthly cash transfer of Rs. 2,000 to eligible older women. As the current assignment is to evaluate the *Ba-Himmat Buzurg* Programme (BHBP) of the Punjab Government, it would be useful to comprehend some key issues and impact of Older Persons Cash Transfers (OPCTs) programmes on the welfare of senior citizens.

OPCTs refer to a social protection programme that provides financial assistance exclusively to senior citizens typically those aged 65 or older who may be at risk of poverty, social exclusion, or vulnerability to help them meet their basic needs. It is also termed as social pension or non-contributory pension. These transfers are intended to reduce poverty and promote social inclusion among the elderly population who may be particularly vulnerable to the effects of poverty due to their age and declining health. Moreover, OPCTs target senior citizens who do not have access to other sources of income, such as a pension or social security, and who may be living in households that are experiencing economic hardship. There are different types of cash transfer programmes for the elderly, including:

1. Universal pension: regular cash payment is provided to all elderly citizens, regardless of their income or employment status.
2. Means-tested pension: cash transfers are provided to elderly citizens who meet certain eligibility criteria based on their income or assets.
3. Non-contributory social pension: cash transfers are provided to elderly citizens who have not made contributions to a social security system.
4. Contributory pension: regular cash payment is provided to elderly citizens who have made contributions to a social security system during their working lives.

COUNTRY SPECIFIC OPCTS:

Many countries around the world have implemented cash transfer programmes for the elderly, including developed countries such as the United States, Japan and European nations, as well as developing countries such as Brazil, Mexico, India, South Africa and Kenya. The design and implementation of these programmes can vary depending on the country and the specific goals of the programme. Few country-specific OPCTs in developing countries are listed below.

India:

In India, there are several cash transfer programmes targeted towards older persons, aimed at providing them with financial support to improve their quality of life. Some of these programmes are:

National Social Assistance Programme (NSAP): This programme provides financial assistance to destitute older persons, widows, and disabled persons. The assistance includes a monthly pension of Rs. 300-500 (depending on the age) and a one-time grant of Rs. 20,000 for those aged 80 years and above.

Annapurna Scheme: This programme provides free food grains to eligible older persons who are not covered under the National Food Security Act or other pension schemes. The beneficiaries receive 10 kg of food grains per month.

Indira Gandhi National Old Age Pension Scheme (IGNOAPS): This scheme provides a monthly pension of Rs. 200-500 to eligible older persons who are aged 60 years or above and belong to below the poverty line (BPL) households.

Pradhan Mantri Vaya Vandana Yojana (PMVVY): This scheme is a pension scheme for senior citizens aged 60 years and above. The scheme provides a guaranteed pension of 7.4% per annum for 10 years.

Vridha Pension Yojana: This is a state government scheme implemented by the government of Delhi. The programme provides a monthly pension of Rs. 1,000 to older persons living below the poverty line.

Mukhya Mantri Vridha Pension Yojana: This is a state government scheme implemented by the Government of Madhya Pradesh. The programme provides a monthly pension of Rs. 500 to older persons living below the poverty line.

Impact studies reveal that cash transfer programmes for older persons in India have had a positive impact on the lives of vulnerable elderly citizens, helping to reduce poverty, improve living conditions, empower older persons, provide social protection, and address gender inequities. These programmes have played a crucial role in ensuring that older persons are not left behind in the country's economic and social development.

Bangladesh:

The *Older Persons' Allowance Programme* (OPAP) is a cash transfer programme in Bangladesh that provides financial assistance to elderly citizens aged 62 or above who are living in poverty. The programme is administered by the Ministry of Social Welfare and is funded by the government of Bangladesh.

Under the programme, eligible beneficiaries receive a monthly allowance of 500 taka (about \$6 USD) to help cover their basic living expenses. The programme also provides additional benefits, such as free healthcare and support for housing repairs. To be eligible for the programme, applicants must be at least 62 years old, have no regular source of income, and have a monthly income of less than 5,000 taka (about \$60 USD). Applicants must also be Bangladeshi citizens and not be receiving any other government assistance.

The programme has been successful in reducing poverty and improving the well-being of elderly citizens in Bangladesh. The programme has contributed to improving the health and well-being of older persons in Bangladesh by enabling them to access basic healthcare services and purchase essential medicines. It has also helped to improve their nutrition by enabling them to purchase food and other essential items. However, there have been some challenges in implementing the programme effectively, including issues with identifying eligible beneficiaries and ensuring that the funds reach those who need them the most.

South Africa:

In South Africa, there are several cash transfer programmes aimed at providing support to older persons. These programmes are designed to alleviate poverty and improve the quality of life for elderly citizens who are often vulnerable and may struggle to make ends meet. Here are some of the key programmes:

Old Age Pension: This is a non-contributory social grant paid to South African citizens who are 60 years or older and who meet certain eligibility criteria, including income and asset tests. The grant provides a basic income for older persons to cover their daily needs.

Disability Grant: This is a social grant paid to South African citizens who have a disability that prevents them from working and earning a living. The grant is available to people of all ages, including older persons who may have developed a disability later in life.

Care Dependency Grant: This is a social grant paid to caregivers of children with severe disabilities. The grant is intended to help cover the costs of caring for a child with a disability, including medical expenses and specialised equipment.

Social Relief of Distress: This is a temporary grant paid to people who are in a crisis and need immediate assistance. Older persons who are facing financial difficulties or other challenges may be eligible for this grant.

Nepal:

In Nepal, the government has implemented several cash transfer programmes for older persons to support their social and economic well-being.

One such programme is the "*Senior Citizen Allowance*", which provides a monthly allowance to citizens aged 70 years or above. The programme was initiated in 1994 and has been expanded to cover all 77 districts in Nepal. As of 2021, the programme provides a monthly allowance of NPR 3,000 (approximately USD 25) to eligible senior citizens.

Another programme is the "*Elderly Citizen Allowance*", which provides a monthly allowance to citizens aged 60-69 years who are economically vulnerable. The programme was initiated in 2017 and provides a monthly allowance of NPR 2,000 (approximately USD 17) to eligible elderly citizens.

Both programmes aim to support the economic and social well-being of older persons in Nepal by providing a regular source of income to cover their basic needs. The programmes also serve as a social protection mechanism for vulnerable elderly citizens who may be at risk of poverty or social exclusion.

Kenya:

In Kenya, the government has implemented several cash transfer programmes aimed at providing financial assistance to vulnerable older persons.

One such programme is the *Older Persons Cash Transfer Programme* (OPCT), which was launched in 2007. This programme provides a monthly stipend to individuals who are 65 years and above and who are considered to be living in extreme poverty. The beneficiaries of this programme receive Kshs. 2,000 (approximately USD20) per month. The programme is means-tested, and beneficiaries are identified based on their socio-economic status. The programme has been implemented since 2007 and has reached over 700,000 older persons across the country.

Another programme is the *Inua Jamii Cash Transfer Programme*, which was launched in 2015. This programme targets vulnerable individuals aged 70 years and above, and those who are 65 years and above with severe disabilities. The beneficiaries receive Kshs. 2,000 per month.

In addition to these programmes, the government has also launched the *Hunger Safety Net Programme*, which targets households in northern Kenya that are considered to be food insecure. The programme provides cash transfers to vulnerable households, including those with older persons.

FINDINGS OF RESEARCH ON OPCTS

There is a growing body of evidence-based research that supports the effectiveness of cash transfers in improving the well-being of senior citizens. Some of the key findings from the research on OPCT are reproduced below.

Kenya's older persons cash transfer programme (OPCT) targeted at the poorest used a 2-stage targeting process to identify beneficiaries, combining community-based selection with a proxy means-test. The research by Gloria et al (2023) addresses two research questions. The first question seeks to assess whether the OPCT was effective in reaching the most vulnerable older adults in a resource-poor area by examining the household and individual level characteristics associated with receipt of the cash transfer. Regression results show that individuals with greater need were covered under the OPCT.

The second research question examines whether receipt of the OPCT improved the beneficiaries' perception of whether they have enough money to meet basic needs. The paper concludes that the programme helped to improve beneficiaries' perception of having sufficient money to meet basic needs, highlighting that cash transfers to older people can be an instrument in reducing vulnerability, especially in a resource-poor environment.

However, issues of adequacy remain particularly important; a monthly stipend of KES 2,000 (US\$20) is too low to cover all beneficiaries' basic needs. Cash transfer programmes need to be integrated into a wider social security package to considerably improve the financial wellbeing of older people.

The study by Narayana (2023) provides an empirical framework for economic security of older persons to incorporate distributional considerations of inequality, poverty and inequity by a national level old age pension scheme in India with special reference to *Indira Gandhi National Old Age Pension Scheme* (IGNOAPS).

Poverty and inequality have differential impacts on income and consumption by age and generations and thus analysis of inequality in distribution of labor income and consumption is important for the policy analyses regarding cash transfers or social pension. A reduction in inequality may be useful for attainment of generational equity as well as realization of potential demographic dividend. The results of the paper offer empirical evidence for design and implementation of redistributive policies for older persons by integrating the objectives of reduction in economic inequalities, poverty and inequity.

The study by Lloyd and Agrawal (2014) uses data from the World Health Organization (WHO) survey of Global Ageing and Adult Health (SAGE), which includes detailed information on health behaviors, use of health services and health outcomes, as well as a varied set of socioeconomic items.

The study draws on nationally representative survey data from South Africa to provide a systematic analysis of pension effects on health and quality of life. It reports significant associations with the frequency of health service utilization, as well as with awareness and treatment of hypertension. Findings indicate a complex picture of relationships between household pension status and the health of their oldest members. Household pension status was associated with higher rates of health service utilization, hypertension awareness and treatment.

Nonetheless, the authors warned that the study identifies patterns of associations, but this does not itself demonstrate causality. It is conceivable that these associations were significantly affected by unobserved factors, such as higher rates of susceptibility to hypertension among pensioners due to more stressful working lives. In the case of South Africa, the lack of relationship between lifetime activity and pension entitlement makes these unobserved effects less likely.

The book "Social protection for older persons: Social pensions in Asia" is a compilation of essays edited by Handayani, Sri Wening, and Babken Babajanian, and was published by the

Asian Development Bank in 2012. The book examines the social protection programmes in Asia that are specifically targeted towards older persons, with a focus on social pensions.

The book discusses the challenge of rapid aging and distills policy lessons in developing and running social pension programmes in Asia and the Pacific. The early chapters of the book investigate the conceptual framework of social pensions. The later chapters are case studies on designing and implementing them.

The political economy of Social Pension Reform in Asia, discussed in Chapter 1, concludes that: (i) social pensions are attractive to policy makers in countries where poverty rates are high; (ii) pension reform is more conducive with clear problem analysis, reform bundling, linkage with the national poverty agenda, and political support; and (iii) extension of social pensions regionally faces challenges in providing basic protection to low-income and informal urban workers, building popular support, ensuring elderly support in political decision making, and designing comprehensive and integrated systems. The chapter on Fiscal Cost and Financing Methods asserts that there is a strong consensus that social pensions can have a significant role in mitigating old-age poverty in Asian countries, especially those that can find an appropriate balance between the development perspective of fiscal space and the fiduciary perspective emphasizing fiscal and financial sustainability.

Chapter 6 examines the development of the old-age allowance or social pension system in Thailand, discussing the challenges and implications of its movement from a means-tested system to universal coverage. It is argued that the movement to a universal social pension in 2010 in Thailand helped remove some drawbacks associated with means-tested targeting, such as favoritism in beneficiary selection. The chapter concludes with possible lessons for other Asian countries, mainly that even a fairly small pension can have important impacts on older people and on wider poverty rates; such impacts can be achieved at quite a low cost; for a means-tested social pension, a strong targeting system is crucial; political support for reform is vital; and the design of a social pension should be part of a wider system of support for older people.

Chapter 7 of the book presents findings of a qualitative assessment of rural communities in Viet Nam and argues that the social pension scheme helped recipients to cope with poverty and risks. Viet Nam's social pension system was introduced in 2000 as a targeted scheme using age, health status, and poverty incidence as criteria. The assessment shows that social pensions can reduce economic vulnerability of older people, especially those without permanent income, and can provide benefits to older people living in rural areas. The authors also discuss the challenges of social pension implementation such as fiscal sustainability, beneficiary identification, low coverage, corruption in delivery systems, lack of professional staff, and weak monitoring and evaluation systems. The chapter concludes with the following policy implications: a universal social pension can work in low-income

countries despite limited initial expenditure; a programme with low benefits to many beneficiaries is more beneficial than high benefits to few beneficiaries in reducing poverty; incremental expansion is recommended; a universal approach is simpler to run than a targeted approach; a social pension is only one of several instruments to reduce poverty; and elderly associations play an important role in monitoring and implementing the social pension system.

Chapter 8 reviews the Old Age Allowance Programme in Bangladesh. Its information is based on focus group discussions and interviews. The government has various safety net programmes, but, launched in 1998, this is the only official programme specifically targeting older people. The author discusses the impacts of the allowance such as beneficiary spending specifically on basic food needs, enhanced access to health care services, mental satisfaction and happiness, economic security, and social benefits such as longer time with grandchildren and preservation of traditional values. The programme faces challenges such as corruption and exclusion in beneficiary selection, selection committee ineffectiveness, staff shortages, and inefficient payment and monitoring systems. The following policy implications are presented for Bangladesh: governments should ensure an open and transparent beneficiary selection process with the involvement of civil society and without giving undue power to selection committee heads; provide a clearer description and orientation of the programme with local leaders to determine the most deserving candidates; increase or double the benefit amount to improve the lives of older people; improve benefit delivery by fixing payment dates to decrease financial and social costs to beneficiaries or exploring the use of a mobile bank payment system; strengthen the political will of the government to improve benefit administration; and scale up the programme to a national level to provide a sustainable universal pension.

Chapter 9 presents Nepal's universal and noncontributory social pension, the Senior Citizens' Allowance, the main pillar of the country's social assistance. The programme addresses not just poverty reduction but also social inclusion, given Nepal's complex caste and ethnic system, and is a good example of a low-income country providing an effective rights-based and universal social pension. The author shows that countries can initiate social pensions with limited coverage and low benefits and progressively increase the size of the transfer and old-age eligibility over time. The study discusses the impact of the allowance on the basic consumption requirements of the poorest beneficiaries, their household expenses as a result of the free medical care and hospital treatments from the pension, and overall social norms given the perception that social pensions are viewed as a symbol of inclusion. Numerous challenges, such as irregularity of payment, lack of an independent oversight system, and limited outreach campaigns in remote rural areas, affect the programme. The chapter concludes with lessons for policy and practice such as: strengthening programme effectiveness to ensure reliability of the allowance for older people; increasing local government capacity to deliver the programme in remote rural locations; building better

systems for independent monitoring and rights protection; creating an independent and credible impact assessment; lowering age eligibility and increasing benefit levels; and consolidating the allowance into a more comprehensive system of social protection.

The last Chapter of the book highlights the findings of all chapters and discusses the implications for development policy, practice, and research. It notes that national ownership of social pension schemes is crucial in ensuring the financial and institutional sustainability of social pension programmes. The need to do the following is also highlighted: strengthen the empirical knowledge of social pension impacts; explore existing socioeconomic and political factors that affect resource sharing in household decisions; determine circumstances that challenge institutional barriers generating social exclusion; consider challenges and opportunities associated with different targeting approaches; improve the take-up rate through active information campaigns; enhance local capacity by reaching out to prospective beneficiaries; improve accountability in beneficiary selection; achieve effective targeting by creating strong government capacity and encouraging transparency; determine the appropriate institutional arrangement for benefit payments; and adopt the right balance between expanding pension schemes and maintaining fiscal space.

The chapter acknowledges that social pensions reduce poverty and vulnerability, and support poor households, particularly children and socially excluded individuals. Social pensions also provide a policy alternative when contributory schemes cannot reach the majority of informal sector workers, and present an important tool in addressing the needs of older persons. The effectiveness of social pensions largely depends on coverage and size, choice of eligibility criteria, and design and implementation arrangements.

The article by Kakwani and Subbarao (2007) examines the issue of poverty among the elderly population in Sub-Saharan Africa and the potential impact of social pensions as a policy tool to address this problem. The authors note that these programmes have generally been successful in reducing poverty among the elderly and improving their standard of living.

Drawing on household survey information, the study provides evidence from a number of Sub-Saharan African countries, including Ghana, Kenya, and South Africa, which have implemented social pension programmes. The poverty situation of the elderly living with children and the elderly-headed households was found to be much worse than the average in many countries. This is due in part to a lack of formal retirement systems, which leaves many elderly individuals without a regular source of income. The impact of providing a social pension to the elderly on group-specific and national poverty head-count ratios was analysed and fiscal implications of these interventions were also investigated. Simulating various plausible eligibility criteria and benefit levels, the study concludes that the case for an untargeted social pension is weak. Substantial welfare gains can be however obtained at

a low cost with a social pension targeted to the poor among the elderly. The authors argue that social pensions can play an important role in reducing poverty among the elderly, as they provide a regular source of income that can be used to meet basic needs. They also note that social pensions can have broader societal benefits, such as reducing the burden on informal family support systems and promoting intergenerational equity.

The research by Barrientos et al (2003) analysed non-contributory pension programmes in Brazil and South Africa, the two developing countries with the largest programmes. The research aims to provide evidence of the impact of these programmes upon the wellbeing, participation and security of older people and their households; and to identify lessons for other developing countries, and low-income countries in particular.

According to the report, main findings emerging from the research are:

- ▶ Pension benefits are shared within households, and non-contributory pension benefits should be considered more appropriately as household cash transfers tagged on older people.
- ▶ Non-contributory pension programmes have a significant impact on poverty. In the absence of non-contributory pension programmes, the poverty headcount and the poverty gap would be appreciably higher for households with older people. The impact on the poverty gap is much larger for the poorer households. The programmes significantly reduce the probability that individuals in households with a pension recipient will be in poverty.
- ▶ Non-contributory pension programmes reduce household vulnerability. Households with a non-contributory pension recipient show greater financial stability and lower probability of experiencing a decline in living standards.
- ▶ Non-contributory pension programmes promote functioning in older people. Preliminary analysis of a range of deprivation indicators shows that pension recipients have a lower incidence of deprivations, especially in urban areas.
- ▶ Non-contributory pension programmes reach a large number of poor older people at relatively low cost (1 per cent of GDP in Brazil and 1.4 per cent in South Africa). The programmes are financially sustainable and attract a large measure of political support.

The evidence from this study suggests that extending non-contributory pension programmes to other developing countries could have a significant impact on reducing poverty and vulnerability among households with older people. In low-income countries, with a limited tax base and a lack of an effective administrative structure, the introduction of non-contributory pension programmes will require international support.

In summary, studies on OPCTs indicate the following key findings:

1. Improved health outcomes: cash transfers have been shown to improve the health outcomes of older persons. For example, a study in Mexico found that cash transfers were associated with an increase in the use of preventive health services and a decrease in the prevalence of depressive symptoms among older adults.
2. Increased economic security: cash transfers provide a regular and predictable source of income for older persons, which can help them to meet their basic needs and reduce their vulnerability to poverty. Studies in Brazil, South Africa, and Thailand have all found that cash transfers have a positive impact on the economic security of older persons.
3. Enhanced social participation: cash transfers can also increase the social participation of older persons. For example, a study in Ethiopia found that cash transfers were associated with an increase in the number of social activities and contacts among older adults.
4. Improved intergenerational relationships: cash transfers can also help to improve intergenerational relationships. For example, a study in Nepal found that cash transfers improved the relationships between older persons and their adult children, who were more likely to provide support and care to their parents after receiving the cash transfers.

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