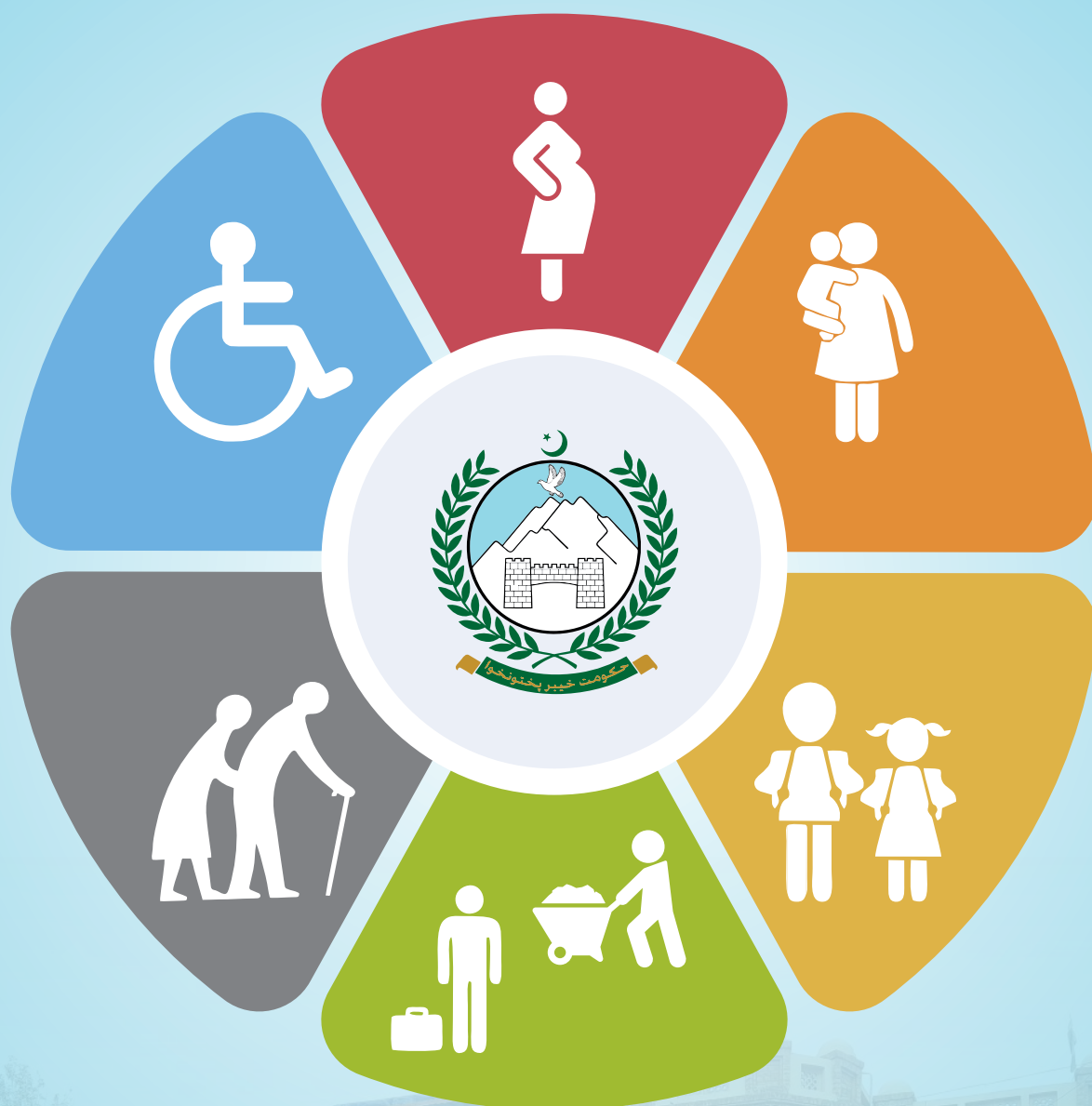


Khyber Pakhtunkhwa Social Protection Policy 2022



**Public Policy & Social Protection
Reforms Unit (PP&SPRU)**

Sustainable Development Unit (SDU)

Planning and Development Department (P&DD)

Government of Khyber Pakhtunkhwa

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List of Acronyms

ADP	Annual Development Plan
AfDB	African Development Bank
ALMPs	Active Labour Market Programmes
ASER	Annual Status of Education Report
BISP	Benazir Income Support Programme
CBN	Cost of Basic Needs
CCT	Conditional Cash Transfer
CSO	Civil Society Organization
DFID	Department for International Development (UK)
EEC	Ehsaas Emergency Cash
EOBI	Employees Old Age Benefit Institution
ESSI	Employees Social Security Institution
EU	European Union
FATA	Federally Administered Tribal Areas
FAO	Food and Agriculture Organisation
FCDO	Foreign and Common Development Office
FEI	Food Energy Intake
FGDs	Focus Group Discussions
GDP	Gross Domestic Product
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
GRM	Grievance Redressal Mechanism
GSDRC	Governance and Social Development Resource Centre
HCI	Human Capital Index
HCIP	Human Capital Investment Project
HDI	Human Development Index
HIES	Household Integrated Economic Survey
HOI	Human Opportunity Index
ICA	Integrated Context Analysis
ICESCR	International Covenant on Economic, Social and Cultural Rights
ILO	International Labour Organisation
IMF	International Monetary Fund
ISPA-CODI	Inter-Agency Social Protection Assessments - Core Diagnostic Instruments
KII	Key Informant Interviews
KIs	Key Informants
LFS	Labour Force Survey
M&E	Monitoring and Evaluation
MICS	Multiple Indicators Cluster Survey
MIS	Management Information System
MPI	Multidimensional Poverty Index
NADRA	National Database Registration Authority
NDMA	National Disaster Management Authority
NER	Net Enrolment Rate
NHDR	National Human Development Report
NMDs	Newly Merged Districts
NPGI	National Poverty Graduation Initiative
NGO	Non-Governmental Organization



NSER	National Socio-Economic Registry
OECD	Organisation for Economic Co-operation and Development
OPD	Outpatient Department
P&DD	Planning & Development Department
PACC	Poverty Alleviation Coordination Council
PaRRSA	Provincial Reconstruction, Rehabilitation & Settlement Authority
PBM	Pakistan Bait-ul-Maal
PBS	Pakistan Bureau of Statistics
PBUH	Peace Be Upon Him
PIDE	Pakistan Institute of Development Economics
PKR	Pakistani Rupee
PLMPs	Passive Labour Market Programmes
PM-NHP	Prime Minister's National Health Programme
PMT	Proxy Means Test
PDMA	Provincial Disaster Management Authority
PPAF	Pakistan Poverty Alleviation Fund
PP&SPRU	Public Policy & Social Protection Reforms Unit
PSC	Poverty Scorecard
PSC	Project Steering Committee
PWDs	Persons with disabilities
RSPs	Rural Support Programme
SDGs	Sustainable Development Goals
SDU	Sustainable Development Unit
SIDA	Swedish International Development Agency
SNG	Sub-National Governance
SP	Social Protection
SOPs	Standard Operating Procedures
SLIC	State Life Insurance Corporation
SPF	Social Protection Fund
SPIAC-B	Social Protection Inter-Agency Coordination Board
SHPI	Social Health Protection initiative
SWD	Social Welfare Department
TEVTA	Technical Education & Vocational Training Authority
UCT	Unconditional Cash Transfer
UDHR	Universal Declaration of Human Rights
UNCRPD	United Nations Convention on Rights of Persons with Disabilities
UN-DESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
UNRISD	United Nations Research Institute for Social Development
USD	United States Dollar
WB	World Bank
WFP	World Food Programme



Message from the Chief Minister



Mahmood Khan

Chief Minister Khyber Pakhtunkhwa

The people of Khyber Pakhtunkhwa have shown immense confidence in Pakistan Tehreek-e-Insaaf for bringing about change in the province in 2013. The government of Pakistan Tehreek-e-Insaaf is committed to establish a society based on justice and equality, where the structural factors that contribute to the socioeconomic hazards, such as poverty, corruption and injustice, are eliminated, whilst improving human capital and economic growth in the country. The Provincial Government is committed to realize the vision of PTI to reality and the Khyber Pakhtunkhwa Social Protection Policy is one of the most crucial policy frameworks for reducing poverty, mainstreaming marginalized people, and developing human capital in the province.

Following years of turbulent economic growth and development, the economies of Pakistan and Khyber Pakhtunkhwa are finally on a trajectory of positive growth and development. Despite this positive economic growth and development, acute poverty is a palpable phenomenon throughout Pakistan, including Khyber Pakhtunkhwa. The province has faced serious challenges related to protracted insurgency and militancy, coupled with natural disasters that have destabilized the region's ability to safeguard the rights of people and provide them with adequate safety nets. Over the years, the expectations of the people regarding improved service delivery have also increased. With this realization, the provincial government considers it imperative to redefine and restructure the existing welfare system in the province. The social protection programmes in Khyber Pakhtunkhwa have previously been operating without any overarching policy or strategy. The Khyber Pakhtunkhwa Social Protection Policy aims to fill this void and is the manifestation of the government's commitment towards addressing the structural inequality, ameliorating poverty, and abolishing elite capture.

The Khyber Pakhtunkhwa Social Protection Policy will serve



as a guiding document to move towards a more egalitarian, just society, formed on the principles of Riyasat-e-Medina. It is an embodiment of the vision to turn Khyber Pakhtunkhwa into the harbinger of the new welfare state that is emerging in Pakistan. In this regard, it is a commendable effort on the part of the Government of Khyber Pakhtunkhwa to formulate a policy which is in line with the international covenants that strive towards the goal of leaving no one behind. Through this policy, the government aims to ensure that the benefits of social protection schemes reach the poorest and most vulnerable people, making them more empowered and self-reliant.

I would like to take this opportunity to congratulate and express my profound appreciation for Mr. Shahab Ali Shah, Additional Chief Secretary and the team at the Planning and Development Department for preparing this policy. I would also like to thank our development partners, including the SNG, GIZ and ILO, for their technical assistance throughout the process.

May Allah help us to achieve the goals of this policy.



Message from the Additional Chief Secretary



Shahab Ali Shah

Additional Chief Secretary P&DD
Government of Khyber Pakhtunkhwa

With the new global focus on shock-responsive social protection as a result of COVID-19, there could be no better time to conceive and launch the Social Protection Policy for the province of Khyber Pakhtunkhwa. The welfare discourse led by Chief Minister of Khyber Pakhtunkhwa, already lies at the heart of the government's development vision at both the federal and provincial levels. The Planning and Development Department of Khyber Pakhtunkhwa endeavours to translate the government's vision into an action plan through efficient public sector investment, on one hand and cutting-edge strategic thinking about the future on the other. Khyber Pakhtunkhwa Social Protection Policy is a manifestation of P&D Department's latter role, as it will provide strategic direction to all ongoing and upcoming social protection activities to promote the integrated, inclusive welfare of the poor and marginalized segments of society.

The recent COVID-19 induced economic shocks has sensitized policymakers to new sets of risks and vulnerabilities. The inclusion of Newly Merged Districts (NMDs) in Khyber Pakhtunkhwa has added a layer of spatial dimension to the existing challenges. This situation has necessitated new, out-of-the-box solutions to address these challenges. This policy therefore aims to present an overarching social protection framework, within which all departments and agencies in Khyber Pakhtunkhwa are able to create synergies regarding an integrated public response to these new challenges. The strengthening of the welfare systems and delivery agencies across Khyber Pakhtunkhwa is also essential, as the 18th Constitutional Amendment delegated the subject of social welfare to the federating units. The Policy also aims to provide guidelines on the institutional setup required to coordinate and consolidate the social protection activities in the province.



The Khyber Pakhtunkhwa Social Protection Policy aims to ensure the provision of maximum equity, resilience and opportunity to the citizens, while keeping in view the guiding principles of rights-based universal welfare, sustainability, participation and inclusion. The policy classifies social protection into four major components, i.e., social assistance, social insurance, essential services and labour market policies, under which it further categorizes various sub-components, instruments and programmes. It emphasizes innovation, creativity, transparency and visualizes the reinforcement of workable, local solutions to address the regional disparity and spatial poverty. However, despite its emphasis on contextual solutions, the narrative of the policy is informed by global best practices and Pakistan's international obligations, National standards and provincial priorities such as the Sustainable Development Goals (SDGs), the Universal Declaration of Human Rights (UDHR) and other covenants on economic, social and cultural rights. In accordance with the thinking of the government, the policy reserves a special focus for marginalized communities, such as people with disabilities, the elderly, out of school children, youth and women, transgender persons, minorities and informal workers.

I would like to express my gratitude to the Honourable Chief Minister of Khyber Pakhtunkhwa for his leadership and commitment regarding the cause of inclusive welfare in Khyber Pakhtunkhwa, which drove the drafting of this policy. I would also like to commend the efforts of the team in the Planning and Development Department, particularly the PP&SPRU, for their initiative, supervision and facilitation of the policy process. Lastly, I wish to thank our development partners, including the Sub-National Governance programme of the Government of UK's Foreign, Commonwealth & Development Office, the GIZ Pakistan funded by Federal Ministry of Economic Cooperation and Development (Germany) and the International Labour Organization, for providing technical assistance with the highly consultative and participatory process of the drafting of this policy.



Preface



Shah Mahmood Khan

Secretary P&D Department
Government of Khyber Pakhtunkhwa

Social Protection has retained a wider role in overall governance during recent years. The reasons include growing poverty due to multiple socio-economic reasons, natural disasters and shocks primarily caused by climate change, and pandemics such as COVID-19. Many experts are now rating Social Protection as a vital sector at par with national defense since it provides shield against the internal enemies like hunger, shocks and crises leading to a vicious cycle of poverty. Khyber Pakhtunkhwa is no exception where over 40% population is estimated to be below poverty line with newly merged areas as the hotspots. In addition, geographical conditions of the province are more prone to natural disasters particularly to floods caused by effects of climate change.

The government's response to these multiple challenges faced by the citizens of the province is broad and extensive but is characterized by lack of coordination and lack of a systems-based approach.

A Systems-based approach to social protection calls for coordination between the four pillars of Social Protection—namely social assistance, social insurance, labor market and social services; whereby different programs operating under various administrative domains are brought under an overarching policy and strategy framework. This can be done through creating linkages among various programs within and across each pillar through sharing data and monitoring systems, enrolment and delivery systems at an operational level while a single entity empowered to coordinate social protection programs across sectors and departments at an institutional level. This becomes all the more important after the 18th constitutional amendment whereby social protection has been devolved to the provinces. Public Policy and Social Protection Reform Unit (PP & SPRU), Planning & Development Department has taken up this role of steering coordinating and monitoring



Social Protection activities in the province being multi sectoral in nature-under the overall guidance and patronage of the Additional Chief Secretary, Khyber Pakhtunkhwa and the Provincial Steering Committee constituted to oversee this process. The Khyber Pakhtunkhwa Social Protection Policy 2022 provides the provincial government's vision, priorities and direction for development of an integrated, comprehensive and responsive social protection system in the province.

The policy has been formulated through a series of consultative processes and extensive stakeholders' engagement, including government departments, civil society organizations and international development agencies. The process was also reviewed by a Technical Working Group headed by Director General, Sustainable Development Unit.

Planning & Development Department Khyber Pakhtunkhwa expresses its sincere gratitude for the technical assistance of International Development Partners namely, GiZ, FCDO (SNG Programme), ILO and the dedicated team of PP&SPRU under the leadership of Director General Sustainable Development Unit (SDU).

It has been an honor to lead the development and approval of this policy as the head of Planning & Development Department. I hope it will serve the purpose and help to alleviate the disparities and inequalities in Khyber Pakhtunkhwa





Acknowledgment



Suhail Khan

DG SDU, P&D Department
Government of Khyber Pakhtunkhwa

Khyber Pakhtunkhwa Social Protection Policy - 2022 has been developed by Public Policy & Social Protection Reform Unit (PP&SPRU), SDU, Planning & Development (P&D) Department with the technical assistance of international development partners, namely the Sub-National Governance (SNG) Programme, Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH and International Labor Organization (ILO) under the patronage of the Additional Chief Secretary (ACS), Government of Khyber Pakhtunkhwa.

During the policy development process, detailed interviews with the concerned officers of twenty-two relevant government departments and agencies helped develop a better understanding of the social protection dynamics of the province. I am deeply grateful to the leadership of the Khyber Pakhtunkhwa Government, collaborators and facilitators for this collective effort and continued support for the entire duration of this policy-making process. Besides, five focus group discussions were also conducted to solicit the insights of the recipients of welfare services, the civil society, the development partners and the service delivery partners. An earnest thanks is due to all of these participants for their truly useful insights for this document.

Sustainable Development Unit expresses its sincere gratitude to the lead author of this policy Dr Sohail Anwar Choudhry; who was designated as the national consultant for this process on behalf of SNG (FCDO) and GIZ, and aptly led the policy development process. We also appreciate the contribution of Mr. Khalid Mahmood national consultant on behalf of ILO. The support and facilitation of our international development partners, namely SNG /OPM, GIZ & ILO has been instrumental, with substantive local & national level expertise besides a global knowledge base in social protection. For SNG's collaboration and technical assistance, we would like to thank Dr. Raheal Ahmad



Siddique (Programme Team Lead) and Mr. Shahid Farooq (Advisor Social Protection SNG). I also extend my gratitude to GIZ's team of experts, particularly Mohammad Mustafa Khan (Advisor Social Protection) and Syed Muhammad Mustafa (Advisor Social Protection) for their assistance and valuable contribution/inputs throughout the policy development process. We also acknowledge the cooperation and support of ILO's colleagues Mr Saad Gillani (Senior Programme Officer), and Mr Bilal Ahmad (Project Officer). We are highly thankful to Ms. Elke Kasmann and Ms. Laura Sterner of GIZ and Ms. Stephanie Brockerhoff of Oxford Policy Management, UK, who reviewed the policy for quality assurance. Special thanks are also due to the FCDO funded SPACE programme's experts – Mr. Eric Goodman, Ms Maham Farhat and Ms Elayn Sammon, for their valuable suggestions on the shock-responsive aspect of the policy. We are also grateful to other reviewers including UNICEF, Punjab Social Protection Authority and various departments of Khyber Pakhtunkhwa government for their valuable feedback and suggestions.

Finally, a special note of gratitude is due to the dedicated team of PP&SPRU – the Project Director Mr. Fawad Khattak, Research Officer Dr. Awais Qazi, Assistant Director Mr. Muhammad Waqas Khatak, Assistant Director Mr. Gohar Zaman, and supporting staff for their unflinching diligence in providing intellectual input, timely coordination and other admin/logistics support to the consultants, besides developing the TORs for the policy and managing the meetings of Technical Working Group (TWG).



Executive Summary

The Social Protection Policy of Khyber Pakhtunkhwa seeks to set out the vision, strategic direction and methods for extending social protection to the poor and vulnerable people in the province. The policy has evolved to its current form as a result of sustained conceptual guidance by the Planning and Development Department, Government of Khyber Pakhtunkhwa, over the past few years and the recent consultations through a number of key informant interviews (KIIs) and focus group discussions (FGDs).

The Khyber Pakhtunkhwa government is committed to adopt the human rights approach towards social protection through offering welfare in accordance with the Islamic precepts of equality and the fundamental rights guaranteed to the citizens of Pakistan in its Constitution. The policy classifies social protection into four major components, i.e., social assistance, social insurance, essential services and labour market policies, under which it categorizes various sub-components, instruments and programmes.

The government recognizes that social protection has become more relevant than ever in the context of the recent rise in poverty and vulnerability due to COVID-19. The traditional challenges around poverty, low human capital, gender gap, unemployment and marginalization have not only persisted but also increased during the past year, despite the enhanced focus of the current government on alleviating poverty through economic growth and redistribution. The merger of erstwhile Federally Administered Tribal Areas (FATA) with the province has further necessitated urgent policy action to address the spatial dimension of poverty through promoting equitable regional development and broadening the scope of social protection for excluded individuals, households and communities.

The current focus of social protection in Khyber Pakhtunkhwa is heavily tilted in favour of social assistance programmes, although some new initiatives for social insurance, social services and labour market interventions have been experimented in the recent years. However, from a demand-side perspective, the policy identifies major gaps of coverage among all four components of social protection as well as systemic gaps including weak governance of the social protection systems, the low technical capacity for oversight and delivery, the inadequate legal framework and transparency, issues of inadequate funding vis-à-vis sustainability and the need to promote human capital, inclusion and shock-responsive systems. Although the government has rolled out numerous new pilots and programmes in recent years, including mega initiatives such as the Sehat Sahulat Card, the main focus has been on maximizing the volume and coverage of these programmes rather than strengthening the systems to improve the identification of eligible beneficiaries, addressing duplications and gaps, and facilitating the delivery of assistance. These gaps in the social protection system need to be put in place at the earliest possible opportunity.

The policy adopts the vision to establish an inclusive social protection system in Khyber Pakhtunkhwa, consistent with the welfare principles of Islam, to enable its citizens to attain a socially acceptable standard of living and pursue their personal, social and economic development. It pursues a mission to implement an integrated, comprehensive and responsive social protection system in Khyber Pakhtunkhwa to extend the maximum coverage to the poorest and most vulnerable members of society. It has adopted the working definition of social protection in Khyber Pakhtunkhwa to be **“a set of policies and programmes aimed at addressing poverty, vulnerability, social exclusion, ensuring equitable access to basic services and mitigation of risks of income variance for all individuals, households and communities”**. Its strategic objective is to ensure that the citizens have the economic



means to maintain a socially acceptable standard of living through the establishment of integrated, coherent and efficient systems of social protection in the province. This would, in turn, work towards achieving the goal of increased resilience, equity and opportunity among people in the low-income group, which would enable them to fulfil their day-to-day needs, cope with unforeseen shocks and work towards the achievement of a fruitful livelihood.

The policy is driven by the guiding principles of Building Institutional Capacity and Good Governance, Integration and Efficiency, the Participatory and Inclusive welfare agenda, following a Rights-based Approach for preserving Dignity and Equality for all recipients, balancing the need for Adequate Resourcing with Sustainability, investing in Human Capital Development to reduce Inter-Generational Poverty, the Adaptability and Responsiveness of the provincial social protection system. Within these broad principles, the policy aims to realign the overall approach and structure of social protection in the province, with the objective of building an inclusive, efficient and vibrant social protection system. It will require the adoption of an integrated approach to social protection, putting in place the missing systems and improving the method of identifying and targeting programmes to maximize the coverage of eligible individuals. The government also aspires to reach out to informal workers and register them in order to protect them against future shocks and vulnerability. This will form part of the broader shock-responsive social protection strategy of the government, which will ensure the resilience of all of the citizens in the province. The government will also address the spatial dimension of poverty and vulnerability by engaging in equitable investment in the lagging districts, especially the Newly Merged Districts (NMDs). There is also a need to invest in human capital, not only in the NMDs but also in the entire province, by rolling out new targeted programmes to address the vulnerability throughout the life cycle of an individual and strengthening the existing institutions, especially those of Zakat, Ushr and Baitul Maal.

All of these new aspirations require the missing legal framework such as the Social Protection Act and necessary amendments in the Rules of Business 1985 to be brought in place. In addition, there is a need for the strengthening of the social protection delivery institutions, such as the relevant units and wings of the Planning and Development Department for conceptual and development planning, as well as the Zakat Ushr, Social Welfare, Special Education and Women's Empowerment Department for service delivery at the local level. Similarly, there is a need for a central focal agency to coordinate and consolidate all of the welfare initiatives of the province, for which purpose the Public Policy and Social Protection Reforms Unit (PP&SPRU) in P&DD needs to be strengthened. Once this Unit transforms into a fully functional overarching agency for all social protection in the province, it will provide the robust oversight needed to monitor and assess the performance of all social protection interventions in the province.



INTRODUCTION



1. INTRODUCTION

The Social Protection Policy of Khyber Pakhtunkhwa is the first ever policy that seeks to set out the vision and strategic direction for the future of social protection in the province. It reflects the government's commitment to reduce poverty, economic vulnerability and the social exclusion of poor and marginalised communities through making all necessary interventions ranging from cash and in-kind support to building human capital and sustaining livelihoods. The Khyber Pakhtunkhwa government recognizes that economic growth does not necessarily translate into human development or poverty alleviation. To achieve the latter also requires an ongoing need to redistribute the resources at the provincial level.

Social Protection has been delivered in Pakistan ever since the country gained its independence in 1947. Prior to the 1980s, federal and provincial legislation provided for the creation and strengthening of the social security institutions, whereas the Zakat and Ushr Ordinance of 1980 laid the foundation for sustained social assistance in the country, including in Khyber Pakhtunkhwa. The present discourse on social protection in the province is dominated by the federal government's vision for Pakistan to become a welfare state, based on the principles of Islamic welfare similar to those proposed by Prophet Muhammad (PBUH) in Medina. As the federal government is still handling the bulk of social protection under the auspices of the recently launched Ehsaas programmes, this policy envisages a strong federal-provincial partnership regarding the delivery of welfare programmes in the province. Nevertheless, as the subject of social protection had been devolved to the provincial governments by the 18th Constitutional amendment, this policy emphasizes the development of a provincial social protection system by identifying the strategic policy direction and proposing the future structure, goals, guiding principles and components of social protection in the province.

1.1. Policy Context

The provincial government views it necessary for this policy not only to comply with the numerous welfare obligations guaranteed by the Constitution of Pakistan but also those which have been envisaged in several international agreements ratified by Pakistan. The 18th Constitutional Amendment 2010 devolved many subjects relevant to social protection to the provinces, including social welfare, population welfare, labour and human resources, education and health. This made the provincial governments responsible for the policy and programmatic interventions in these areas. However, the federal institutions, such as the Benazir Income Support Programme (BISP), Pakistan Poverty Alleviation Fund (PPAF), Pakistan Bait ul Maal (PBM) and Employees Old Age Benefit Institution (EOBI) continued to operate under the administrative control of the federal government in order to ensure the minimum standards of social protection service delivery nationwide. In 2018, the federal government established the Poverty Alleviation Coordination Council (PACC), which was tasked with taking stock of the pro-poor interventions in the country and providing a strategy for the effective implementation of social protection. This resulted in the launch of the Ehsaas Strategy in 2018, which mapped various social protection programmes and provided an overarching social protection framework for all the federating units across the country.



Within the federal framework, the government of Khyber Pakhtunkhwa seeks to provide a holistic approach to the conceptualization and provision of social protection across the province. This policy has evolved into its current form as a result of sustained conceptual input by the Planning and Development Department, Government of Khyber Pakhtunkhwa, over the past few years and the recent consultations with 22 departments and agencies involved in administering and delivering the social protection initiatives (see Annex A). The findings from these consultations were augmented with an analysis of the relevant national and provincial data, surveys, reports, conceptual documents on social protection frameworks, policies, strategies and action plans developed by various governments, international organizations and academic and research institutions both locally and overseas.

1.1.1. Constitutional Provisions on Social Protection

The Constitution of the Islamic Republic of Pakistan 1973 articulates the nature of the social contract between the citizens and the state of Pakistan in three sections; the preamble, the fundamental rights and the principles of the policy. The Preamble states that “the principles of democracy, freedom, equality, tolerance and social justice, as enunciated by Islam, shall be fully observed.” It also guarantees “fundamental rights, including equality of status, of opportunity and before law, social, economic and political justice, and freedom of thought, expression, belief, faith, worship and association, subject to law and public morality.”

Fundamental rights are enshrined in chapter one of the constitution. Several of the pertinent ones relate to the equality of the citizens (25), the right to education (25A) and safeguarding against discrimination regarding employment (27). However, while providing for the equality of all citizens, Article 25 promptly makes an exception with regard to the welfare of vulnerable groups by enunciating that “nothing in the Article shall prevent the State from making any special provision for the protection of women and children.” A similar approach is adopted in Article 27 to support assertive action for enhancing public-sector employment opportunities for people of certain “areas” and “classes” through enforcing quotas. There exist, however, limitations to the extent to which affirmative action as a policy instrument can be used vis-à-vis open merit.

Beyond fundamental rights, the constitution provides clear Principles of Policy to establish the type of society envisaged by the people of Pakistan. This includes the full participation of women in public life (Article 34) plus the protection of the institution of the family, mother and child (Article 35), and of minorities (36). Article 37 directs the state to promote, “with special care, the educational and economic interests of backward classes or areas; remove illiteracy and provide free and compulsory secondary education within minimum possible period;...[and] make provision for securing just and humane conditions of work, ensuring that children and women are not employed in vocations unsuited to their age or sex, and for maternity benefits for women in employment; enable the people of different areas, through education, training, agricultural and industrial development and other methods, to participate fully in all forms of national activities, including employment in the service of Pakistan” (37).

Article 38 of the Constitution obligates the State to “provide basic necessities of life, such as food, clothing, housing, education and medical relief, for all such citizens, irrespective of sex, caste, creed or race, as are permanently or temporarily unable to earn their livelihood on account of infirmity, sickness or unemployment” and “reduce disparity in the income and earnings of individuals, including persons in the various classes of the service of Pakistan,” respectively. However, it is noteworthy that, while the



fundamental rights of citizens are not contingent upon the available fiscal space, the implementation of the Principles of Policy will be dependent upon the `resources available for the purpose` (29), which allows the government to prioritize certain of the competing demands for citizens' welfare. This Constitutional Principle also provides the basis for bifurcating the Khyber Pakhtunkhwa social protection into contributory and non-contributory streams, as well as establishing eligibility thresholds for the selection of prospective beneficiaries.

1.1.2 International Agreements

The Government of Pakistan is a signatory to several international treaties and conventions, which provide for the social protection of the member states. The most prominent ones include

1. Sustainable Development Goals (SDGs), 2015
2. The Universal Declaration of Human Rights (UDHR), 1948
3. Conventions of ILO relating to labour welfare and Social Protection Floors recommendations
4. Hyogo Framework for Action, 2005-15
5. International Health Regulation 2005
6. The SAARC Social Charter
7. UN Convention on the rights of the Child, 1989
8. UN Convention on the rights of persons with disabilities, 2007
9. The Convention on the Elimination of all Forms of Discrimination against Women, 1979

The SDGs provide an overarching framework for the level of development which countries should achieve by the year 2030. Social Protection, as a policy instrument, can be used to support the global agenda and is specifically mentioned in SDG 1 “No poverty in all its forms everywhere,” of which SDG 1.3 specifically requires states to implement a nationally appropriate social protection system. Other SDGs which can and are being supported through social protection interventions include SDG 2 “Zero hunger, achieve food security and improved nutrition and promote sustainable agriculture”, SDG 3 “Ensure healthy lives and promote well-being for all at all ages”, SDG 4 “Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all”, SDG 5 “Achieve gender equality and empower all women and girls”, SDG 8 “Decent work and economic growth” and SDG 10 “Reduce inequality within and among countries.”

Articles 22 and 23 of the UDHR provide all citizens of the world the right to social security and protection against unemployment, respectively. Article 25 provides the right to a standard of living adequate for health and wellbeing, including food, clothing, housing, medical care and security against sickness, disability, old age, etc. It also provides social protection and assistance for motherhood and childcare. Article 26 requests the right to education, technical training and human development.

The provisions in the constitution of Pakistan, as narrated at Section 1.1.1. are consistent with the view of the human rights approach to social protection, whereby the minimum essential levels of social protection are not a matter of policy choice but 'a legal obligation under international human rights law' (Sepúlveda and Nyst, 2012, p.13). Many other international obligations of Pakistan, such as Article 9 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), Convention 102 of the

¹ United Nations (1948)



ILO, the UNRISD's Human Rights-based Approach to Social Protection and numerous targets of the Sustainable Development Goals, aim to protect vulnerable citizens against poverty, unemployment, risks and deprivation.

1.1.3. Islamic Welfare Approach

The Federal government, in its Ehsaas strategy, explicitly mentions its vision for "Pakistan to be a 'Welfare State' based on the principles of Islamic ideology similar to those proposed by Prophet Muhammad (PBUH) in Medina." The Government of Khyber Pakhtunkhwa is committed to developing a welfare society based on the moral principles and guidelines of Islam as derived from the Holy Quran, Hadith and Sunnah of the Holy Prophet (PBUH). As there is no differentiation between "temporal" and "spiritual" in Islam, Islam emphasizes the moral and spiritual benefits of actions taken by individuals and communities to help the poor, vulnerable and disadvantaged in society. Islam embodies Adl (justice) as the essence of all actions and establishes the equality of all human beings - thereby eliminating distinctions on the basis of colour, creed, race, language or gender.

The Islamic Welfare approach centers around Infaq fi Sabilillah (spending in the way of Allah) which includes both Zakat (Mandatory Charity) and Sadaqat- (Voluntary Charity). It is proclaimed that whoever spends in the Way of Allah is extending al Qard al Hasana- a benign loan in the name of Allah, the repayment of which He has made incumbent upon himself. In addition, it is declared that whatever one gives by charity is rewarded with many times folds in return and the dividends are guaranteed by Allah. Spending in the way of Allah is spending in the cause of public good, to strive for the social economic uplift of the down-trodden and to contribute towards works of public welfare for the benefit of the society in general. This includes giving generously to help the poor and indigent, to redress the miseries of orphans, widows, the handicap, way farers and the grief stricken within our communities. Allah SWT says, in the Holy Quran: "Surely those who...spend, privately and publicly, out of what we have provided them, look forward to trade that shall suffer no loss; so that Allah may pay them their wages in full and may add to them out of His bounty. He is most forgiving most appreciated." (Al Fatir, V:29).

Zakat has been structured as the primary social assistance mechanism in Islam. It offers social protection for widows, orphans, people with disabilities, and those who are unemployed or lack the means to sustain themselves. Together with Ushr, it holds the central position in an Islamic Economic and Welfare system. Zakat is not just an act of charity and almsgiving but also an obligatory act of worship - one of the five pillars of Islam. Zakat is the poor and needy's share of and right to the wealth of more affluent Muslims. Allah SWT says, in the Holy Quran: "And in their wealth, there was a rightful share for him who would ask and for the destitute" (Al Dhariyat, V: 19).

Islam stresses the importance of having an institutionalised system for the collection and distribution of Zakat. Implementing a proper mechanism for administering Zakat is one of the most fundamental constitutional duties of an Islamic state, and force can be used against evaders.

² Sepúlveda M & Nyst C (2012)

³ UNRISD (2016)



Khyber Pakhtunkhwa Zakat & Ushr Act (enacted in 2011, amended in 2014) provides valued guidance in this regard. There is, however significant room for improvement in its implementation e.g. ensuring apolitical approach towards the constitution of the Local Zakat Committees and distribution of Zakat, having an efficient and transparent system for mustahqeen targeting and funds disbursement, adequacy of zakat benefits, staff capacity building, awareness raising among the general public. Similarly, Ushr has tremendous potential to become a major source for SP financing for helping deserving individuals especially in the rural areas. Despite being part of the law, its practical implementation is completely missing. Special efforts need to be made to devise a viable system for the assessment and collection of Ushr. The government may also study the feasibility of provincial Baitul Maal, to be funded by the Zakat and Sadaqat donated by the citizens. The concept of “Bait ul Maal”, from the Sunnah of the Holy Prophet (PBUH), is to have a guaranteed source of help and an infallible institution of social security for all those in need of support.

1.2. Provincial Approach to Social Protection

A recent assessment conducted by the Public Policy & Social Protection Reforms Unit (PP&SPRU) concluded that ten departments of Khyber Pakhtunkhwa were running 43 interventions which could be classified as social protection initiatives. Most of these include non-contributory social assistance programmes providing cash or in-kind services to poor and vulnerable citizens, A few social insurance initiatives for workers are contributory in nature. To ensure consistency of understanding among all provincial departments and agencies regarding the nature, content and purpose of social protection, the provincial definition of social protection in Khyber Pakhtunkhwa has been agreed as follows:

‘A set of policies and programmes aimed at addressing poverty, vulnerability, social exclusion, ensuring equitable access to basic services and mitigation of risks of income variance for all individuals, households and communities’.⁴

The provincial government recognizes that, in the spirit of the above definition, a multipronged approach will be required to ensure positive welfare outcomes for the citizens of Khyber Pakhtunkhwa. The approach of Provision will ensure the availability of cash and in-kind support to enable the citizens to cope with poverty and vulnerability, while the approach of Prevention will seek to make them more resilient against future risks. Going a step further, the government will also work on the Promotion of human capital, livelihood and productivity to raise the socioeconomic lives of poor and vulnerable citizens. Finally, the approach of Transformation will focus on ensuring that an appropriate legal and institutional framework is in place to provide an enabling environment for all social protection efforts.

When juxtaposed with the ongoing welfare initiatives in Khyber Pakhtunkhwa, the above-mentioned approaches favour the organisation and delivery of social protection interventions in the province under the following four components:⁵

- a. Social Assistance
- b. Social Insurance
- c. Essential Services
- d. Labour Market Interventions

⁴Definition adopted by the Planning and Development Department, inspired by the Social Protection Inter-Agency Cooperation Board’s definition from SPIAC-B (2019).

⁵A review of various components and categories used by the international agencies to classify social protection initiatives is included in Annex B.



There follows a discussion of the nature, scope and intended target groups of these four components of social protection.

1.2.1. Social Assistance

The overarching objective of this component is to build equity and resilience among poor and vulnerable households by supporting their consumption smoothing, human capital, assets and livelihoods. This component comprises all non-contributory social transfers which, in the context of Khyber Pakhtunkhwa, will predominantly take the form of cash or in-kind transfers and may include tax exemptions. Although, occasionally, general subsidies and emergency/disaster assistance may elsewhere be classified as separate components of social protection, in Khyber Pakhtunkhwa, these will be considered the sub-components or instruments of Social Assistance. Typical recipients of this type of social protection are the transitory and long-term poor, the incapacitated, i.e., demographically vulnerable persons such as poor women, the elderly, PWDs, minorities, transgender persons, orphans, out-of-school children, etc., and households without a breadwinner. A large range of instruments and programmes fall under the category of social assistance, most of which are operating in the province despite the issue of low coverage (see table 1.1).⁶

Table 1.1: Social Assistance: Instruments and Programmes

Component	Instrument	Programme Examples for Khyber Pakhtunkhwa
Social Assistance	Cash Transfers	Zakat, BISP/Kafalat and other UCT programmes
		CCTs for Health, Nutrition and Schooling, etc.
		Housing/utility allowance benefits
		Family and child allowance
		Old-age (non-contributory) social pensions
		Disability allowance
		Non-contributory death compensation
	In Kind Transfers	Education Supplies, Textbooks & Uniforms, etc.
		Food Banks (langar-khanas) Food Stamps/Vouchers
		Tertiary care Transportation and OPD Vouchers under the Khyber Pakhtunkhwa Social Health Protection.
		Productive Assets
		Family planning supplies
		Assistive devices for Persons with Disabilities.
		Educational Vouchers, School feeding programmes and nutritional Supplements

⁶Tables classifying the components and instruments regarding Social Assistance, Social Insurance, Essential Services and Labour Market Programmes, prepared on the basis of input from the Key Informants and FGDs, with structural support from Bacil, F., C. Bilo, and W. Silva (2020).



Component	Instrument	Programme Examples for Khyber Pakhtunkhwa
Social Assistance	Free Provisions, Subsidies and Waivers	Universal free Primary and Secondary Healthcare and School Education
		Subsidized Medical and Education costs for tertiary Healthcare and Education
		Housing and Transport Subsidies
		Utility/fuel subsidies
	Emergency Assistance	Subsidies on food and agricultural inputs
		Emergency support in cash (including support for refugees/returning migrants)
	Tax Exemptions	In-kind emergency support (including for refugees/returning migrants)
		Tax exemptions
	Other exemptions	

1.2.2. Social Insurance

This component of social protection enables employees of the formal sector of the economy to manage risks, such as healthcare costs and a loss of income on account of disability, loss of employment or retirement through insurance. Social Insurance typically includes contributory schemes that use a risk-pooling mechanism, based on the principle of solidarity. In Khyber Pakhtunkhwa, however, the flagship health insurance programme (the Sehat Sahulat Card) remains non-contributory and is therefore considered as a social service at present, although the concern about sustainability may require it to be transformed into a contributory programme in future. Without Health Insurance, the presence of Social Insurance in the province is limited to a very few schemes that are being run by ESSI and EOBI, focused around the cohort of present and past workers (see Table 1.2).

Table 1.2: Social Insurance: Instruments and Programmes

Component	Instrument	Programme Examples for Khyber Pakhtunkhwa
Social Insurance	Contributory Public Sector benefits	Old Age Pensions (National Schemes)
		Old Age Pensions (Civil Servant Schemes)
		Survivor Pensions (at 50%)
		Gratuity (One-time Lumpsum)
		Medical benefits for retired civil servants
	Contributory Private (formal) Sector benefits	EOBI Pensions (Old-age, Disability, Survivors)
		Sickness benefits
		Maternity Benefits
		Iddat Benefit ⁷
		Disability grants & Pensions
		Death/funeral grants



1.2.3. Social Services

Non-contributory in nature, this component aims to provide the essential services needed by vulnerable segments of the population, such as marginalised children, women, persons with disabilities and the elderly. Social services enable these groups to minimise their risk of vulnerability in advance as well as overcome problems if they occur. The provincial government of Khyber Pakhtunkhwa has been investing heavily in order to provide free and subsidised public services to their citizens, particularly to ensure the availability of and access to public health, education, social and family services and institutionalised/social care. However, despite a relatively stronger focus on institutionalised care in the past, this Policy recognises that all vulnerable adults and children – including children with disabilities – have the right to live and grow up in a family. It also acknowledges the right of persons with disabilities to live in communities in accordance with the provisions of United Nations Convention on Rights of Persons with Disabilities (UNCRPD). While shelters and residential institutions will still serve the purpose of immediate and short-term relief where necessary, the Policy favours such referral systems that can ensure that these vulnerable groups receive the necessary cash transfers and social services such as home care, personal assistants, community-based rehabilitation etc. which can enable them to live within communities. This policy therefore adopts two sub-components of social services – Preventive Social Services and Responsive Social Services which will contain Institutionalised Care as well. Examples of the programmes related to these sub-components are shown in Table 1.3.

Table 1.3: Essential Services: Instruments and Programmes

Component	Instrument	Programme Examples for Khyber Pakhtunkhwa
Social Services	Preventive measures	Reproductive Health, Maternity Care and Counselling/ Lady Health Workers' Services
		Healthcare Services under the Prime Minister's National Health Programme (PM-NHP)
		Khyber Pakhtunkhwa Social Health Protection Initiative (Non-contributory provincial healthcare services)
		Rescue Assistance
		Child protection helpline and awareness campaigns
		Bolo Helpline Centre for Gender-based Violence (GBV)
		Transformational services provided by Women's Ombudsperson
	Responsive Measures	Home-based Social Care Services
		Referral Mechanism for the vulnerable groups
		Residential care for the elderly and Persons with Disabilities
		Orphanages (Daar ul Atfaal)/Child Protection Centres
		Residential care for vulnerable women (Dar ul Amaans)
		Homeless Shelters (Panahgah)
		Social Care for Substance Abusers/ The Drug Addicts' Rehabilitation and Detoxification Centre

⁷130 days paid leave for female workers on the death of their husband.



1.2.4. Labour Market Interventions

This type of social protection aims to improve the access of low-income and vulnerable people to gainful employment and livelihood opportunities. Active labour market policies provide better earnings opportunities by upgrading workers' skills and assisting the unemployed and jobseekers to find adequate jobs through job centres, employment subsidies and newly created public sector jobs. As discussed in the situational analysis section, Khyber Pakhtunkhwa faces a youth bulge which can benefit from these policies. The low labour market participation of women also makes them an ideal target group for this intervention. The other group of interventions, also known as passive labour market interventions, ensures that the minimum employment standards are met to protect workers' wellbeing while at work as well as providing them with replacement income during periods of unemployment. Moreover, it includes legislation to promote the minimum wage, equal employment opportunities and a safe working environment. A list of the labour market interventions, along with the respective sub-component/instrument, is provided in Table 1.4.

Table 1.4: Labour Market Interventions: Instruments and Programmes

Component	Instrument	Programme Examples for Khyber Pakhtunkhwa
Social Services	Active Labour Market Programmes (ALMPs)	Ehsaas Amdan and Interest-free loans
		Skills-building/Vocational Training under TEVTA and Social Welfare Department (Dastkari Centres, etc.)
		Internships/Apprenticeships
		Employment Incentives/Wage Subsidies
		Employment measures for PWDs and other vulnerable groups (women, youths, minorities)
		Job creation through public works/other means
		Entrepreneurship support/start-up incentives
	Passive Labour Market Programmes (PLMPs)	Unemployment Assistance
		Fixation of a Minimum Wage
		Unemployment Insurance



**POVERTY AND
VULNERABILITY ANALYSIS**



2. POVERTY AND VULNERABILITY ANALYSIS

Although the government intends to progressively increase social protection coverage to all citizens of Khyber Pakhtunkhwa, in the short to medium term, it needs to determine the threshold for the eligibility of an individual, household or community for the provincial social protection programmes. This requires an understanding of the current measure of poverty at the national level to conceptualize an eligibility threshold for social protection programme in the province.

2.1 Conceptualization of Poverty for Khyber Pakhtunkhwa

Before 2014, poverty in Pakistan was officially measured in terms of the FEI method. Strengthened by the research of B.S. Rowntree and William Beveridge⁹ during the 20th century, this approach gained popularity not only in Europe but also in the former British colonial territories, including Pakistan. This approach defines poverty in terms of maintaining physical efficiency and does not account for many non-food items¹⁰. The second approach is the 'basic needs' concept which, in addition to physical sustenance, caters for a minimal level of material deprivation and social provisions, such as water supply, sanitation, healthcare, and education. Presenting the conclusions of the World Employment Conference held in Geneva in 1976, the ILO summarised the participants' view of this approach as "...meeting the minimum requirements of a family for personal consumption - food, shelter, clothing; it implies access to essential services, such as safe drinking water, sanitation, transport, health and education...: a healthy, humane and satisfying environment..."¹¹

As Pakistan has adopted the CBN approach since 2014, this threshold becomes the natural choice for the understanding of poverty for Khyber Pakhtunkhwa as well. In terms of eligibility threshold however, this method may still have its limitations in capturing the full reality of poverty¹². Currently, the debate about poverty in most OECD countries is couched in terms of indicators that define people to be in need relative to other members of their society¹³. With a reduction in absolute poverty, the new political objective in these countries is to target the relative deprivations of their low-income individuals and so promote a more equitable distribution of wealth and opportunities¹⁴.

The Policy therefore recognises that, while individuals below the CBN threshold will be the preferred cohort for provincial social protection, the government may, subject to fiscal space, adopt an optional higher threshold from time to time, to cater for the vulnerability and risks created by the multidimensional poverty or relative poverty and inequality existing in the province. The government is aware that despite some recent policy and programmatic measures (see section 3), the citizens of the province face considerable socio-economic challenges in terms of poverty, low human capital, gender gap, disabilities and uncertain livelihood opportunities, which remain a priority of action for the provincial government.

⁹Rowntree, B.S. (1901 and 1918)

⁹Beveridge, W. (1942)

¹⁰Townsend, 1993, p. 33

¹¹ILO (1976, p. 7)

¹²In fact, Townsend and Sen both consider the entire notion of income cut-offs as arbitrary and therefore emphasise the need for a conceptual liberation from the notional and ideological constructs [See Townsend, P. (1993) and Sen A (2006)]

¹³Walker, R. (2005)

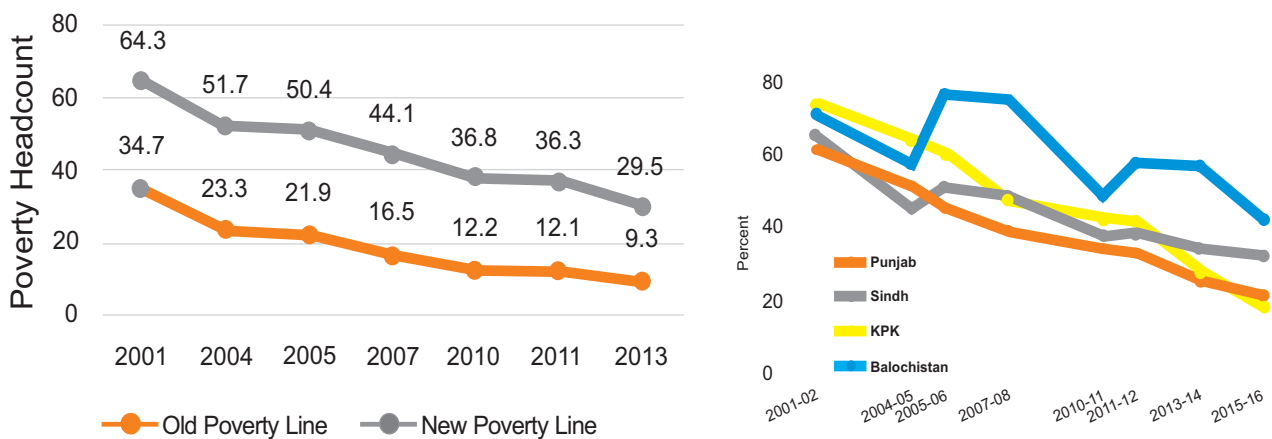
¹⁴Castell and Thompson (2007)



2.2. Poverty

Most estimates of poverty suggest that there has been a decline in the poverty headcount in Pakistan and Khyber Pakhtunkhwa over the past two decades, a trend which is now at risk of reversal due to the current COVID-19 situation. In terms of Cost of Basic Needs (CBN) poverty, the poverty headcount in 2001 was estimated to be 64.3 percent in Pakistan, which declined to 24.3 percent in 2015¹⁵. Under the FEI measure, this rate would have fallen to a single digit figure (see figure 2.1). The World Bank's PovCalNet6 shows a decline of 10 percentage points in poverty in Pakistan between 2005 and 2015. According to World Bank estimates, the poverty headcount in Khyber Pakhtunkhwa declined the most among all the provinces and was estimated at 19 percent in 2015.

Figure 2.1: Poverty trends by the official measures in Pakistan and Khyber Pakhtunkhwa



While the general trends of poverty seem positive, it is worth noting that some approaches to measuring poverty show a contradictory picture. Some academic estimates contradict the view of poverty reduction in Khyber Pakhtunkhwa. For instance, PIDE knowledge brief III of May 2020 uses the CBN method to provide estimates of province-wise poverty in Pakistan, according to which, while the overall poverty in Pakistan declined from 24.3% in 2015-16 to 21.5% in 2018-19, the poverty in Khyber Pakhtunkhwa increased from 18.1% to 27% during the same period (see table 2.1).

¹⁵Government of Pakistan (2019a)



Table 2.1: Poverty Incidence at the provincial level

	Poverty Incidence (%age Points) 2018-19			Poverty Incidence (%age Points) 2015-16			Change in Poverty (%age Points)		
	All	Urban	Rural	All	Urban	Rural	All	Urban	Rural
Punjab	16.3	8.8	20.6	20.8	9.9	26.2	-4.6	-1.1	-5.5
Sindh	24.5	10.4	40.0	12.2	15.4	49.1	-7.6	-5.0	-9.0
KP*	27.0	16.8	29.0	18.1	10.0	19.9	+8.9	+6.8	+9.1
KP	26.0	16.5	28.2						
Balochistan	40.7	24.7	46.7	42.2	26.4	48.2	-1.5	-7.7	-4.4
Pakistan*	21.5	10.7	27.6	14.3	12.5	30.7	-2.9	-1.9	-3.0
Pakistan	21.3	10.6	27.5						

Source: Iqbal, N. (2020)

Another poverty estimation, based on FEI approach using HIES 2015-16 and 2018-19 microdata, also finds an increase in poverty in Khyber Pakhtunkhwa (table 2.2) from 27.2 percent in 2015-16 to 36.1 percent in 2018-19.

Table 2.2: Comparative Incidence of Poverty (2019 vs 2016)

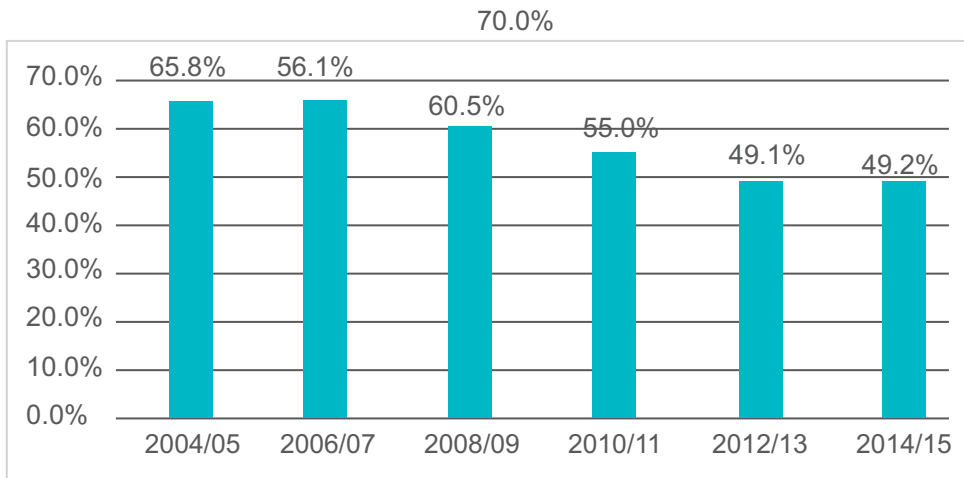
		2018-19	2015-16	Change	Percentage Change
Pakistan		36.6	37.9	-1.3	-3.4
	Urban	32.1	31.9	0.2	0.6
	Rural	39.3	41.2	-1.9	-4.6
Punjab		31.6	34.8	-3.3	-9.3
	Urban	27.4	28.8	-1.4	-4.8
	Rural	34.0	37.7	-3.8	-10.0
Sindh		43.7	47.9	-4.2	-8.7
	Urban	34.2	34.9	-0.7	-2.0
	Rural	54.0	60.9	-6.9	-11.4
KPK		36.1	27.2	8.9	32.7
	Urban	40.1	29.0	11.1	38.2
	Rural	35.3	26.8	8.5	31.7
Balochistan		56.8	53.1	3.8	7.1
	Urban	58.5	50.5	8.0	15.7
	Rural	56.2	54.0	2.2	4.1

Source: Jamal H. (2021)

The figures for multidimensional poverty support a trend of decline between 2004-05 to 2014-15 (figure 2.2), with an overall fall of 16.6 percentage points in the headcount ratio (H), which was at 49.2 percent. It is noteworthy that, unlike the 10 global indicators, the Multidimensional Poverty Index (MPI) uses 15 indicators of wellbeing in Pakistan, across the three universal dimensions of education, health and quality of life. Its composition and weights can be seen in Annex C. The unequal incidence of MPI poverty is striking among the districts (Annex D), with Haripur at 24.7 percent and Kohistan at 95.8 percent. Similar variations are observable across MPI and its intensity across the districts, which identifies an uneven provision of health, education and infrastructure to the citizens living in various districts of the province.



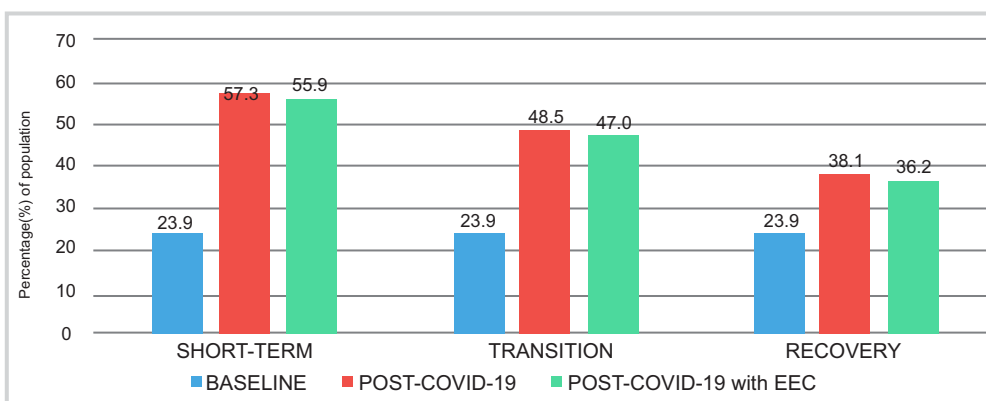
Figure 2.2: Khyber Pakhtunkhwa Headcount, 2004-2015



Source: Government of Pakistan (2016)

Therefore, while the MPI poverty decreased by up to 10 percentage points in the years preceding 2019,¹⁶ there is an apprehension that Khyber Pakhtunkhwa may see a rise in poverty in the aftermath of COVID-19. As the province heavily relies on external factors, such as remittances, for its high growth, the slowing of the economy in the Middle East and elsewhere has caused a sharp decline in the inflow of money into the province.¹⁷ According to a recent estimate, the proportion of the Khyber Pakhtunkhwa population which is vulnerable to poverty has increased, from 53.7 percent in 2015-16 to 59.1 percent in 2018-19.¹⁸ A recent simulation by Lone et al (2020) suggests that, as a result of COVID-19, the current rate of poverty will rise significantly and even the responsive cash transfers intervention by the federal government i.e. Ehsaas Emergency Cash (ECC) programme would marginally lower the imminent rate of poverty (Figure 2.3).

Figure 2.3: Headcount poverty at baseline and post-COVID-19 (with and without EEC)



Source: Lone, T., Shakeel, M., Bischler, J. (2020)

¹⁶Government of Pakistan (2019a)

¹⁷UNDP, PK-NHDR (2020)

¹⁸Jamal H. (2021)



The Integrated Context Analysis (ICA) Report 2017 estimates the number of long-term food insecure population in Khyber Pakhtunkhwa is at 7.25 million people, a number that can rise by another 0.49 million as a result of natural hazards and shocks, and eventually very likely to have already happened as a result of COVID-19.¹⁹

2.3. Risks and Vulnerability throughout the lifecycle

It is well recognised that various types of vulnerabilities pose risks and challenges from birth to old age of an individual's life and, therefore, the social protection measures should also be structured in a way that addresses these vulnerabilities throughout the lifecycle.²⁰ This way of thinking about the different forms of support people might need during the different stages of their life also makes the case for why it makes sense to think of building social protection systems and ensure harmonization and coordination among various social protection interventions. ILOs Social Protection Floors Recommendation, 2012 (R202) calls for establishing national standards of minimum guarantees that should ensure that, `over the life cycle, all in need have access to essential health care and to basic income security which together secure effective access to goods and services defined as necessary at the national level` (ILO, 2012). The government therefore considers it essential to adopt a lifecycle approach to social protection in the province, in order to address various risks and vulnerabilities of citizens at different stages of their lives (see table 2.3).

Table 2.3: Examples of life-cycle risks

Various Group	Programme Examples for Khyber Pakhtunkhwa
Pregnancy and early childhood (children under the age of 5)	Unsafe birth; limited or no access to antenatal and post-natal care, lack of birth registration; no immunization; undernutrition of children (especially in the first 1,000 days); Impaired cognitive development; undernutrition of mothers; deficiencies in care (e.g., breastfeeding); no access to early childhood development centres; orphanhood
School Age Children (mostly aged 6-17)	Child labour; being out of school/school drop-out; school fees; poor access to health; poor home environment; child abuse; orphanhood;
Youth	Unemployment; lack of skills; limited access to training opportunities; early marriage; early pregnancy; alienation; HIV/AIDS infection
Working Age	Unemployment; debt and the dowry system; gender discrimination; labour force concentration in informal sector, limited social security in informal employment; migration; lack of access to financial and insurance markets
Old age	Disability and chronic illness; no access to special health care; widowhood; no pension provision
Gender and Disability	Gender inequality in early years care and schooling, low female labour market participation, low property ownership, gender-based violence. Lack of physical infrastructure for Persons with Disabilities, exposure to violence, no access to specialist habilitation and rehabilitation, exclusion from mainstream schools and skills provision, little assertive action for jobs and work.

Source: UNICEF (2014); Rawlings, Murthy, and Winder (2013) in Bacil, F., C. Bilo, and W. Silva. 2020

¹⁹NDMA (2017)

²⁰Common ground (2013)



Besides individual level, households also face collective risks and vulnerabilities. In Khyber Pakhtunkhwa, citizens living in distant and poor districts suffer from lack of access to medical facilities during health emergencies. Some regions are prone to natural disasters such as earthquakes and floods. The relatively larger household sizes among people belonging to lower income quintiles in the province also contributes to fewer resources per capita. Low human capital is among the most potent risks for young adults in Khyber Pakhtunkhwa, which reinforces the cycle of inter-generational poverty.

A review of the human development indicators reveals that Khyber Pakhtunkhwa remains below the national average for Adult Literacy, Net Enrolment Rate and Per Capita Income. The province is, however, ahead in terms of life expectancy at birth and, over the past 15 years, has improved its comparative human development position more quickly than the other federating units in the country (table 2.4).²¹

Table 2.4: Human Development Index indicator values (2006-2007 and 2018-2019)

Regions	Education				Health		Income	
	Adult Literacy Rate		Net Enrolment Rate		Life expectancy at birth		Per Capita Income	
	2006-07*	2018-19	2006-07*	2018-19	2006-07	2018-19	2006-07	2018-19
Pakistan	50.7	57.4	34.7	37.0	64	67	4,135	4,922
Urban	69.5	72.7	44.0	43.7	66	70	5,752	6,556
Rural	40.0	47.7	30.6	33.7	63	66	3,610	3,988
Punjab	52.4	52.0	37.4	42.9	62	64	4,072	4,890
Urban	71.0	75.7	47.3	48.3	65	66	4,816	5,909
Rural	42.8	53.2	33.3	40.0	61	63	3,723	4,336
Sindh	53.8	56.5	34.1	32.2	61	68	5,223	6,017
Urban	70.7	72.2	42.4	42.4	63	70	6,556	7,547
Rural	34.8	36.9	27.1	25.5	59	66	3,926	4,381
Khyber Pakhtunkhwa	43.0	49.7	31.3	32.1	66	71	2,839	3,876
Urban	52.2	62.3	37.5	39.0	67	74	4,170	4,756
Rural	40.1	47.0	30.2	31.0	65	70	2,590	3,701
Balochistan	35.0	37.5	20.6	22.1	69	66	3,486	3,576
Urban	55.1	53.8	30.2	30.8	72	68	4,223	4,199
Rural	28.5	30.9	17.6	19.1	68	66	3,254	3,325
Azad Jammu and Kashmir	66.8	76.8	39.7	42.2	64	69	4,383	5,190
Gilgit-Baltistan	45.0	NA	28.5	NA	NA	NA	3,804	NA

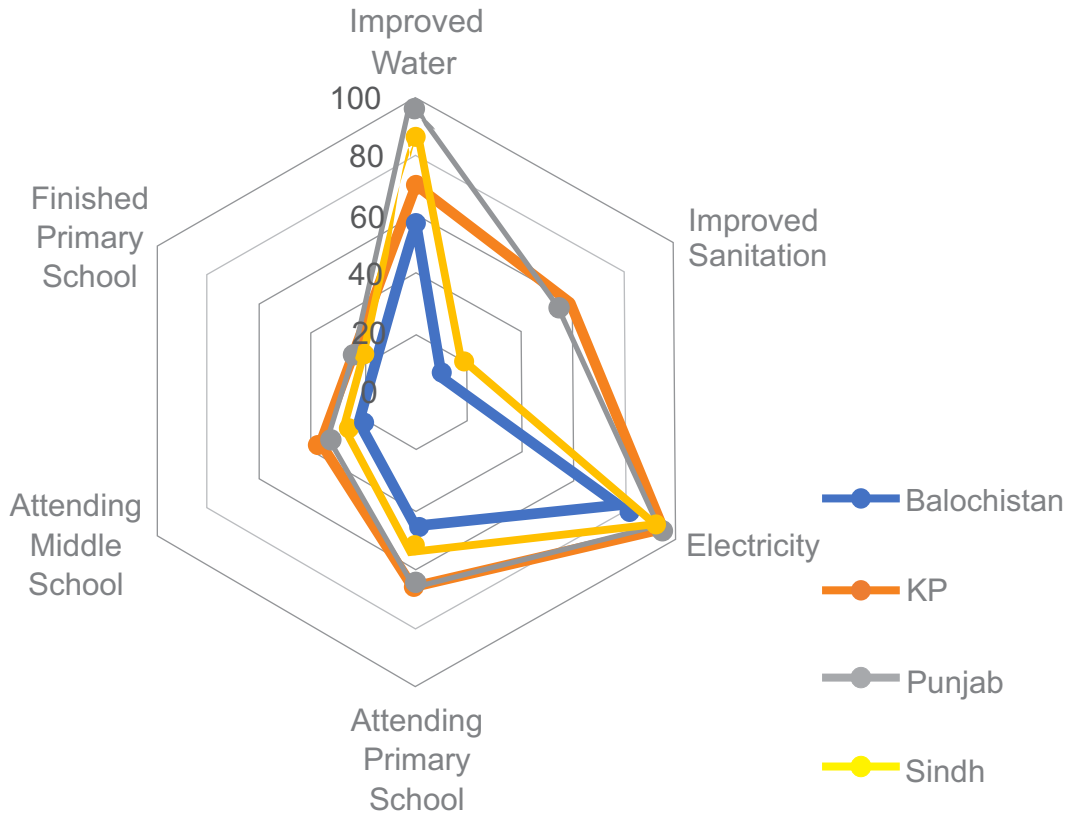
Source: UNDP, PK-NHDR (2020)

In terms of the World Bank's Human Opportunity Index (HOI), Khyber Pakhtunkhwa appears to be outperforming Sindh and Baluchistan in terms of the coverage as well as equality of the provision of opportunities to children, based on their circumstances at birth (figure 2.4). However, the lack of human capital and development along the lifecycle is evident from the discussion of poverty in section 2.1, as well as the later analysis of the challenges and vulnerability in this section.

²¹Ostby K (2021)



Figure 2.4: Human Opportunity Index by the World Bank



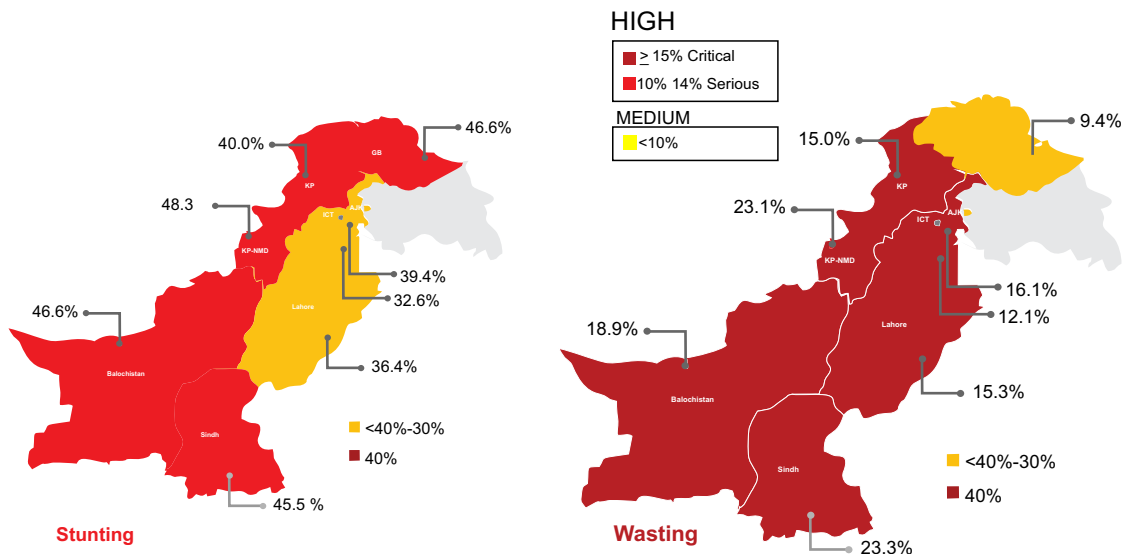
Source: World Bank (2019)

2.3.1. Early years health and nutrition

A study commissioned by the World Bank and UNICEF has identified a number of risks and vulnerabilities for children during their early years, which have detrimental short- and long-term outcomes for their later life (see Annex E). Pakistan's National Nutrition Survey 2018 estimates the rate of stunted growth in Khyber Pakhtunkhwa children at an alarming 40 percent whereas, for the Newly Merged Districts (NMDs), this percentage rises to 48.3%, which is the highest for any region in the country. The prevalence of wasting (low weight for height) has been consistently increasing nationwide, from an average of 8.6 percent in 1997 to 17.7 percent in 2018, with again Khyber Pakhtunkhwa and the NMDs among the most vulnerable regions in the country.

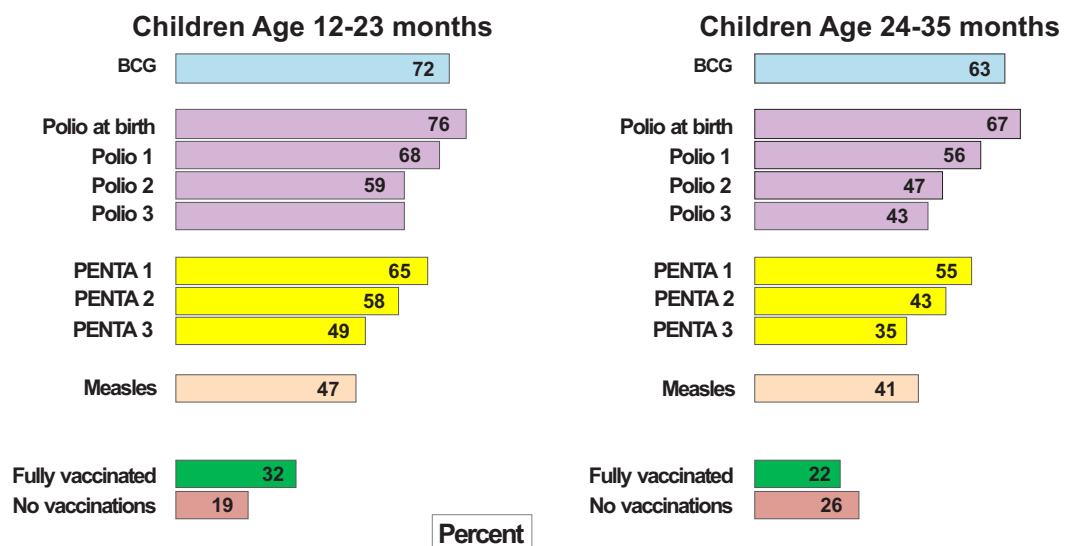


Figure 2.5: Prevalence of Stunting and Wasting by Province



Similarly, Khyber Pakhtunkhwa’s infant and under five mortality rates, at 60 and 74 deaths per thousand live births respectively, are relatively high, with a strong coincidence with poverty. The poorest households (lowest quintile) have an incidence of 84 deaths per thousand live births before age 5, compared with 54 for the highest income quintile. The rate of vaccinations is generally low, with less than 70 percent of children receiving polio drops by their first birthday.²³ Figure 2.6 shows the low uptake of other vaccinations, a deficiency which impedes future life chances and human capital among these children.

Figure 2.6: Vaccinations by age 12 months



Source: Government of Khyber Pakhtunkhwa (2018)

²²Common Ground (2013)

²³Government of Khyber Pakhtunkhwa (2018)



2.3.2. Literacy and Education

The lack of human capital is evident among other indicators of the literacy rate (10 years and above) of the Khyber Pakhtunkhwa population. At 55 percent, it is not only behind Punjab and Sindh, but also below the national rate of 60 percent.

Table 2.5: Literacy Rate (10 Years and Above) in Khyber Pakhtunkhwa

Area	Literacy Rate
Pakistan	60
Rural	51
Urban	74
Khyber Pakhtunkhwa (including NMDs)	55
Rural	52
Urban	66

Source: Government of Khyber Pakhtunkhwa (2020b)

According to PSLM (2018-19), the 66 percent net enrolment rate (NER) of Khyber Pakhtunkhwa for the primary level (age 6-10), is identical to Pakistan's average but considerably lower than Punjab's, which is at 73 percent. The NER of NMDs for this age group is at 64 percent only. For middle school years (11-13), the province's NER drops down to 39 percent, which is slightly better than the national average at 38. However, when it comes to the Matric level (14-15), Khyber Pakhtunkhwa is the only province where the NER has declined from 26 to 25 percent between 2013-14 and 2018-19. This indicates the higher vulnerability of this age group for a social protection intervention. MICS 2016-17 indicates a strong coincidence of poverty and timely school enrolment in grade 1. Children aged 5, living in the richest households, are more than twice as likely to be attending grade 1 than students from the poorest households. The primary school completion rate is only 72 percent, which varies greatly across districts, from 45 percent in Dera Ismail Khan to 87 percent in Mardan.²⁴ Girls constitute 74 percent of the out-of-school population at the secondary level.

2.3.3. Youth

Although the youth constitute half of the current working age population (15-64 years-old) in Pakistan, this demographic dividend²⁵ is likely to start narrowing in another 25 years or so.²⁶ Figure 2.7 shows this declining bulge in the second half of this century as well as the 2015 status of youth development in Pakistan, indicating the Khyber Pakhtunkhwa's performance at that point. Although the more recent NHDR (2020) indicates a more promising picture of the recent improvements in the HDI in Khyber Pakhtunkhwa, the historical lag of the province vis-à-vis other provinces may take a while to overcome.

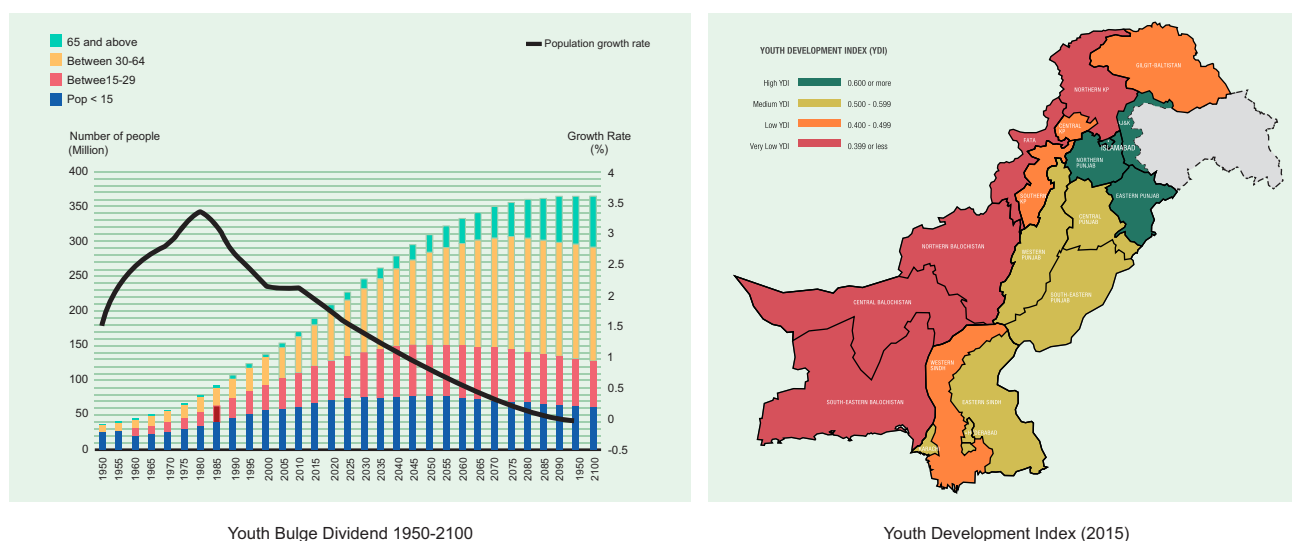
²⁴ibid

²⁵A term used for a demographic context where there are more working age people (15-64 years-old) than non-working age people (under 15 and over 65 years-old), so there are fewer dependents per working age person.

²⁶UNDP, PK-NHDR (2017)



Figure 2.7: Youth Bulge and Development



Source: UNDP, PK-NHDR (2017)

The labour force participation rates of the youth present a mixed picture in Khyber Pakhtunkhwa (see Table 2.6). The unemployment rate is quite high, particularly among women. Over 6 percent of boys and 2.5 percent of girls of mandatory school age (10-14 years-old) are involved in child labour. Across the remaining age tiers, the male labour force participation rate among the youth is several times higher than for females.

Table 2.6: Khyber Pakhtunkhwa Youth Labour Force Participation and Unemployment Rates

Age Groups (Years)	Labour Force Participation Rates			Un-Employment Rates		
	Total	Male	Female	Total	Male	Female
1	2	3	4	5	6	7
All Areas						
TOTAL (ALL AGES)	24.38	41.08	7.98	-	-	-
TOTAL (10 YEARS AND OVER)	35.42	61.06	11.34	7.16	6.81	8.95
10-14	4.57	6.30	2.57	3.36	3.83	2.05
15-19	24.80	41.38	6.84	8.08	7.72	10.41
20-24	43.21	79.31	14.87	11.55	10.79	14.73
25-29	48.32	95.67	14.94	8.69	7.96	12.01

(Government of Pakistan, 2018)



2.3.4. Vulnerability among the Working Age Population

While Pakistan has the ninth largest labour force in the world,²⁷ the Labour Force Survey (2017-18) reveals that the share of formal employment in Pakistan stood at only 28 percent compared to informal employment, which was around 72 percent. A considerable proportion of informal workers are home-based and domestic workers. The economic wellbeing in the province was most impacted in 2020-21 by the COVID-19 pandemic, which caused significant income loss and resultant poverty. According to the latest survey by the Pakistan Bureau of Statistics, the incidence of income shock, measured as a decrease in income in Khyber Pakhtunkhwa, was more pronounced in the province than the rest of the country (see table 2.7).

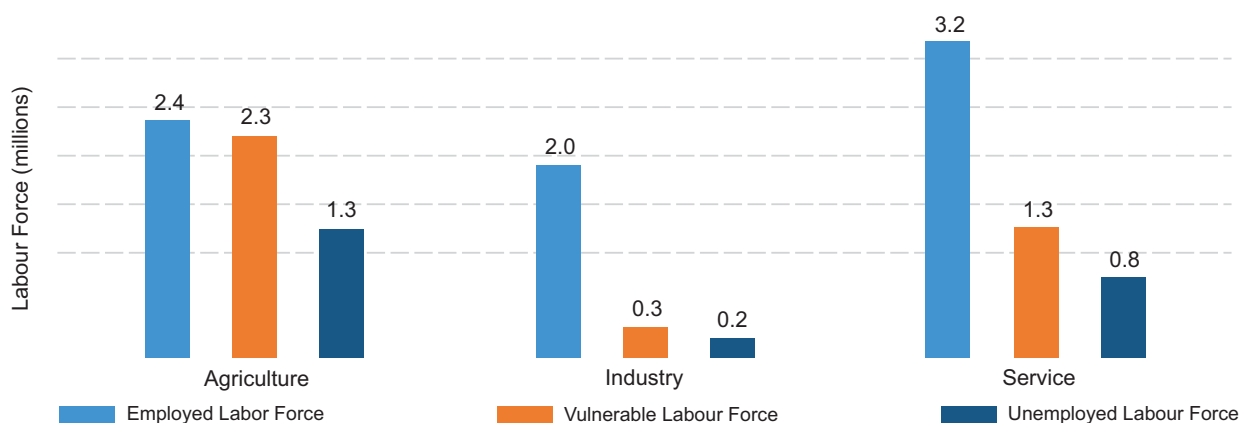
Table 2.7: COVID-induced decrease in income April-July 2020

	Affected (%)	Decrease in Income (%)
Pakistan	49	12
Khyber Pakhtunkhwa	55	26
Punjab	48	10
Sindh	51	11
Baluchistan	46	08

Source: Government of Pakistan (2020b, pg. 6)

Responding to the crisis, the government of Khyber Pakhtunkhwa announced a relief package for about 2 million vulnerable workers, mostly concentrated in the agriculture and services sectors and to a lesser degree in industry (figure 2.8). This was in addition to the cash relief provided by the federal government to the poor and vulnerable families in all provinces of the country.

Figure 2.8: Vulnerable Employment Statistics for Khyber Pakhtunkhwa



Source: Government of Khyber Pakhtunkhwa (2020a)

²⁷Government of Pakistan (2020a)

²⁸ibid (Table 9.1)



In terms of employability, less than 5 percent people in the labour force in Khyber Pakhtunkhwa have a degree level and above education, which is a clear indicator of a higher chance of employment.²⁸ Almost 45 percent of the population lacks any formal education (illiterate category in LFS, 2017-18), with a resultant lower chance of being gainfully employed compared to their literate counterparts.

2.3.5. Gender

With the female literacy rate as low as 49 percent compared to the male counterparts at 71 percent (see table 2.8), the Global Gender Gap Index of World Economic Forum ranks Pakistan 143rd out of 144 countries. The rate of female labour force participation still stands at only 25 percent.²⁹ The gender imbalance in Khyber Pakhtunkhwa, and particularly the NMDs, is even starker. Only 4 percent of women in the NMDs are involved in the decision-making process for their household compared to 35 percent nationwide. Almost 95 percent of the women in NMDs are oblivious of their basic rights, which partly attributes to girls' exclusion from education in these districts.³⁰

Table 2.8: Female literacy rates in Khyber Pakhtunkhwa (age 10 and above)

Area	Male	Female
Pakistan	71	49
Rural	65	38
Urban	80	67
Khyber Pakhtunkhwa (including NMDs)	75	36
Rural	74	33
Urban	82	51

Source: Government of Khyber Pakhtunkhwa (2020b)

Khyber Pakhtunkhwa's labour force participation rate for women aged 25-29 years is below 15 percent, compared to over 95 percent for men. A similar inequality regarding participation can be observed for the 15-19 and 20-24 age groups (table 2.5)³¹. Global evidence suggests that COVID-19 has increased the amount of unpaid and care work undertaken by women, as well as their vulnerability to domestic violence.³²

2.3.6. Persons with Disabilities and other marginalized groups

The issue of marginalized groups has often been complicated by the unavailability of relevant data. Following the population census in 2017, the PBS acknowledged that the data on persons with disabilities (including children with disabilities) and transgender persons might have been inadequate in terms of the numbers and details. The official website of PBS still relies on the figures for people with disabilities in Pakistan from the 1998 census (Annex F), which places the total number of persons with disabilities in Khyber Pakhtunkhwa at 375,752, among which 327,638 live in rural areas and 48,114 in urban ones. According to a British Council study, the total number of PWDs in Pakistan can vary from

²⁸World Bank (2018)

³⁰Government of Pakistan (2019b)

³¹Government of Pakistan (2018)

³²Holmes R et al (2020)

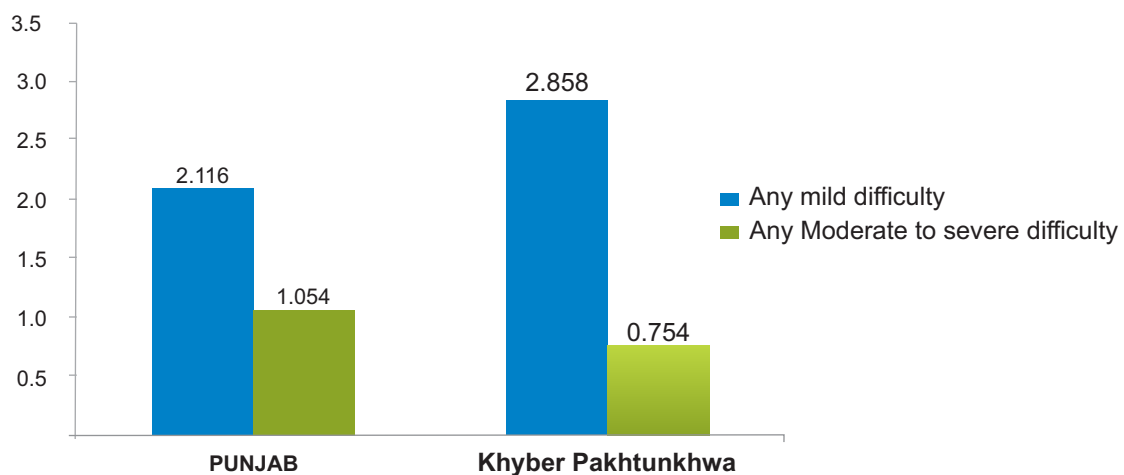
³³Kundi I.A. (2018)



3.3 million to 27 million, depending upon the source of data and the definition of disability employed. The study finds that inaction regarding PWDs is costing the national economy between 4.9 and 6.3 percent of its GDP. In 2018, Pakistan was estimated to have lost US\$ 20 billion because of this exclusion. Although there is a two percent quota for differently abled people in government jobs, a 2019 study found that only 0.67 percent of the 1,71,137 surveyed government employees had a disability. An ASER Pakistan study on disability in children (3-16 years-old) found a disability prevalence of 3.5 percent for Khyber Pakhtunkhwa and 3.1 percent for Punjab.

From a COVID-19 responsive lens, the international evidence suggests that older people do not only face a higher health risk as a result of such shocks but also a deeper economic shock. Similarly, the COVID-19 related mortality rate is higher among ethnic and racial minorities and persons with disabilities compared with the general population. Pakistan is currently hosting 1.4 million Afghan refugees, of which 58 percent reside in KP. With 45 percent of them working as day-labourers, these refugees form part of a much larger group of informal workers and are also among the most vulnerable segments of the Khyber Pakhtunkhwa society.

Figure 2.9: Prevalence of Disability in Khyber Pakhtunkhwa and Punjab



Source: ASER (2014)

2.4. Newly Merged Districts (NMDs)

The 25th Constitutional amendment in Pakistan resulted in the merger of the former Federally Administered Tribal Areas (FATA) with Khyber Pakhtunkhwa. FATA comprised seven tribal agencies, including Khyber, Mohmand, Bajaur, Kurram, Orakzai, North Waziristan, and South Waziristan and six Frontier Regions namely Bannu, D.I. Khan, Kohat, Lakki Marwat, Peshawar and Tank, which are now called the Newly Merged Districts (NMDs). Through this merger, a further 5 million was added to Khyber

³⁴British Council (2014)

³⁵Arsh A et al (2019)

³⁶ASER (2014)

³⁷Holmes R et al (2020)

³⁸World Bank Group; UNHCR. (2019)



Pakhtunkhwa’s existing 30.5 million population. The higher incidence of multidimensional poverty in the NMDs, compared to Khyber Pakhtunkhwa is evident from table 2.9 and poses new challenges regarding the social sector and livelihood provisions for the provincial government. Of the total population of approximately 5 million people in the newly merged areas, 52 percent live below the \$1.25 per day poverty line compared with 39 percent for the province.³⁹

Table 2.9: Poverty in Khyber Pakhtunkhwa and the NMDs

Area	MPI	Incidence (H)	Intensity (A)
Khyber Pakhtunkhwa	0.250	49.2%	50.7%
NMDs (FATA)	0.337	73.7%	45.8%

Source: UNDP (2016b)

Although the same as the national average, the NMDs also face the challenge of a high population growth rate of 2.4 percent. Only 2.85 percent of the population is urban, with a literacy rate as low as 33 percent alongside low enrolment and high dropout rates. The region also faces a relatively high unemployment rate of 7.1 percent, along with other challenges, including the low female participation rate in the labour force and a lack of job opportunities. The lack of human capital is visible in the net enrolment rate of only 22.9 percent and the stunted child rate of 52 percent. Only 65.5 percent of mothers receive antenatal care and the under 5 mortality rate (per 1000 live births) is 71.6.⁴⁰ It is clear that, without the large-scale provision of essential services, targeted interventions for better schooling and health outcomes and investment in the youth, the NMDs appear set to be a major cause of concern for the provincial government in terms of poverty, vulnerability and low human capital. The relatively low coverage of social protection schemes in NMDs (see section 3) further exacerbate the aforementioned problems.

³⁹Government of Khyber Pakhtunkhwa (2019)

⁴⁰The source of the statistics used in this paragraph is UNDP, PK-NHDR (2020)



**STATE OF THE SOCIAL PROTECTION PROGRAMMES
IN KHYBER PAKHTUNKHWA**



3. STATE OF THE SOCIAL PROTECTION PROGRAMMES IN KHYBER PAKHTUNKHWA

This section reviews the current social protection programmes and schemes being implemented by the federal and the provincial governments in Khyber Pakhtunkhwa, along with a subsection on the current gaps and challenges.

3.1. Social Assistance Programmes

The Government of Pakistan has instituted a tiered system of public health facilities, which aim to provide essential health care at no or subsidised cost on a walk-in basis. Health care is, however, the primary responsibility of the provincial governments. With local government structures now in place in all provinces, the essential services in some regions, such as Khyber Pakhtunkhwa, are being managed at the local level.

In general, the services in the hospital emergency centres – including tests recommended to those who avail themselves of emergency services – are intended to be free of cost. Medicines are to be made available from hospital dispensaries either for free or at a nominal cost. For outpatients, a nominal fee is charged, although medicines are provided by public dispensaries. In-patient facilities are normally subject to charges, but these are nominal compared to the costs of the private health facilities. The Federal Government also runs a free nationwide immunization programme and provides a network of Lady Health Workers (LHWs). These primary health care practitioners work at the community level, providing advice and basic services concerning primary health care, family planning and disease prevention.

As for Social Transfers, the income support programme, under the federal Ehsaas Kafalat programme (formerly BISP) and its allied components, form the largest social assistance programme in the province. The poverty scorecard survey used by BISP covers 3.64 million households in 24 districts in the province, with 1.4 million eligible families. Its salient interventions include:

- The **Unconditional Cash Transfer (UCT) Programme** has been the core programme of BISP since 2008. Its objective is to meet the redistributive goals of the country by providing a minimum income support package for the chronically poor and those who are more likely to be affected negatively by future economic shocks. In Khyber Pakhtunkhwa, the UCT provides PKR 2000 monthly in cash to approximately a million families.
- **Waseela-e-Taleem (CCT)** aim to support primary level education through the provision of an additional PKR 1,500/- per quarter for a male child and PKR 2,000/- per quarter for a female child. Almost 0.92 million children receive this CCT, all of whom belong to families who are eligible for BISP.
- The **Ehsaas Nashonuma (CCT)** is a health and nutrition pilot that was launched in 2020 to address stunting and wasting in children under 23 months of age. Currently, this pilot is operating in only nine districts of the country, including two in the province, i.e., Khyber and Upper Dir.
- The **Ehsaas Undergraduate Scholarship Programme** was launched in 2021 to provide needs-based undergraduate scholarships to almost 50,000 students in the country. These scholarships will cover 100% of the tuition fees plus a living stipend of 4,000 per month.





Some of the upcoming interventions under the federal Ehsaas programmes include:

- **Ehsaas Langars** are food banks created in partnership with Saylani Welfare International Trust. A total of 112 Langars will be opened throughout Pakistan under a public-private partnership. Its mobile version, the **Ehsaas Koi Bhooka Na Soye: Meals-on-Wheels Initiative**, aims to serve those people who cannot access Ehsaas Langars. It is also a public private partnership model, where Pakistan Bait-ul-Maal will provide the food trucks and Saylani Welfare International Trust will provide the meals.
- **Ehsaas Roshan Portal** is a donor-beneficiary linking system for ration distribution so that private sector and CSOs can reach vulnerable beneficiaries and provide them with food ration packs/cash, in light of the magnitude of the Covid-19 pandemic in Pakistan.

A number of relatively smaller social assistance initiatives in the province are being run by Pakistan Bait-ul-Maal, which was established in 1991 to provide financial and in-kind support to the 'deserving poor', especially religious minorities who were not served by Zakat. It is funded through the transfer of receipts from taxes levied, alongside grants from the federal government, provincial governments, local authorities, national organisations and international agencies. It also receives funding from voluntary donations, including Sudqat and Atiyyat (charitable donations) by individuals, societies, bodies, institutions and organisations. Currently, PBM implements four initiatives in Khyber Pakhtunkhwa: i) free medical treatment of up to PKR 01 million; ii) education stipends; iii) a disability allowance of PKR 25,000 and the provision of wheelchairs; and iv) women empowerment centres, which provide a conditional cash transfer to poor women to cover livelihood skills and training.

Among the provincial programmes, Zakat is the longest-running programme in the province, having been established under the Zakat and Ushr Ordinance of 1980. The Ordinance decrees that Zakat is to be charged with respect to certain assets and collected on a compulsory basis for each 'Zakat year', which begins on the first of the month of Ramadan in the Islamic calendar. Zakat funds are provided to target populations either directly through local Zakat committees or indirectly through institutions such as educational, vocational or social institutions, hospitals, etc. Currently, Khyber Pakhtunkhwa offers a number of Zakat-funded programmes, listed at Table 3.1.

Table 3.1: Zakat-Funded programmes in Khyber Pakhtunkhwa

S#	Programmes/Services	Amount Utilised in FY 2019-20 (PKR Million)
1	Guzara Allowance: A monthly grant of PKR 1,000 for those living in chronic poverty, paid by the local Zakat Committee of the area to the Mustahiq (deserving) person	707.2
2	Marriage Assistance Grant: A one-off grant of PKR 30,000, provided to unmarried women, whose guardians cannot afford the cost related to their marriage.	124.8



3	<p>Education Stipends General: Financial assistance to enable poor and deserving students to continue education</p>	N.A
4	<p>Healthcare Treatment Grant: A health safeguard for poor and deserving patients, who cannot afford the cost of treatment as per the following details:</p> <ul style="list-style-type: none"> • In-patients: PKR10,000/visit • Out-patients: PKR5,000/visit <p>These Zakat funds are provided to the Tehsil and District Headquarters, and Provincial Teaching Hospitals.</p>	N.A.
5	<p>Deeni Madaris Students' Allowance: An educational stipend provided to poor and deserving students studying at religious institutions as per the following details:</p> <ul style="list-style-type: none"> • Resident students: PKR3,000/month • Non-resident students: PKR2,000/month 	83.2

3.1.1. Social Assistance for Disaster Response

During all major natural calamities, disasters and shocks that have occurred over the past two decades, the federal government took the lead in responding with emergency cash assistance, whereas the role of the provincial government focused on the administrative handling of the crises, the logistical arrangements for the rescue, relief, relocation and rehabilitation of those affected, and the management of health and social services at the Provincial level. The compensation amounts for the two earthquakes that occurred in 2005 and 2015 are shown in table 3.2.

Table 3.2: Cash Compensation for the Earthquakes that Occurred in 2005 and 2015

Compensation for	Earthquake 2005	Earthquake 2015
Death (one per family)	100,000	600,000
Permanent Disability	50,000	200,000
Injury (Minor/Major)	15000/ 25000	100,000
House Damage	175,000	200,000

With the elementary social protection systems in 2005, the payment was made mostly through cheques and cash disbursements under the district administration's oversight. By the time that the 2015 earthquake occurred, however, the federal government had developed a virtual accounts payment mechanism for the beneficiaries of BISP, who could draw their cash through a debit card. The same method was used to provide cash assistance to the legal heirs of 232 persons who lost their lives during the earthquake of 2015 in Khyber Pakhtunkhwa.



The unprecedented floods of 2010 affected more than 20 million people nationwide. On this occasion, the federal and provincial governments joined forces to set up a Citizens' Damage Compensation Programme; a rapid response cash grant, in order to provide cash assistance to affected households. The Federal and Provincial Governments mutually financed the programme under the banner of the "Watan Card", and an immediate one-off payment of PKR 20,000 was provided to the affected families. The programme was able to deliver the first financial assistance within 72 hours on the basis of geographical targeting, counter verified by National Citizen Database. An amount of USD 779 million was disbursed to 3.9 million families using biometric verification, as shown in the figure below⁴¹. In Khyber Pakhtunkhwa, approximately 277,825 Watan Cards were issued, through which PKR 11.008 billion was disbursed to the affected families⁴²:

Figure 3.1: Watan Card Process-Flow



Source: NADRA, Government of Pakistan(2010)

In Khyber Pakhtunkhwa alone, a total of 100,776 households received early recovery support and expenditure amounting to US\$ 160.59 million, which may be broken down as follows:

Table 3.3. Sectoral Expenditure in Response to Floods 2010

S#	Sector	Expenditure Up to Dec 2011 (US\$ Million)
1	Agriculture and food security response	23.16
2	Health and nutrition response	9.15
3	Water and sanitation response	5.62

⁴¹(NADRA, Government of Pakistan, 2010)

⁴²(Provincial Disaster Management Authority, Government of Punjab, n.d.)



4	Education response	14.36
5	Housing response	70.46
6	Governance response	2.62
7	Non-farm livelihood response	5.50
8	Community physical infrastructure response	17.28
9	Disaster risks reduction responses	0.76
10	Environment response	2.75
11	Gender response	0.01
12	Protection response	8.91
	Total	160.58

Source: Early Recovery-Floods 2010: Final Report March 2012, Government of Pakistan.

In 2011-12, the Government of Khyber Pakhtunkhwa established the Relief, Rehabilitation and Settlement Department, with the main aim of creating safer communities through fostering an effective system for managing and preventing emergencies and disasters through adopting a proactive approach towards emergencies and disaster management. The department now oversees the working of the PDMA, the PaRRSA, the Emergency Rescue Service (1122) and the Directorate of Civil Defense. The Department has fixed minimum compensation standards for civilian victims in the case of a human-made disasters, including terrorist and extremist acts, whereas PDMA has set similar compensation for the victims of natural calamities, such as floods, earthquakes, hurricanes, tornados, mudslides, landslides, thunderstorms, wildfires, mining, accidents, etc. Details of these compensation rates can be found in **Annex H**.

3.2. Social Insurance Programmes

In Khyber Pakhtunkhwa, the bulk of social insurance focuses on old-age pensions and contributory in-service healthcare for employees working in the formal sector. The public sector Pension-cum-Gratuity Scheme was initiated in 1954 for government employees and has been periodically amended since then. Entitlements begin upon retirement, at the age of 60, or earlier once a civil servant has completed 25 years of pensionable service. A gratuity, which is a lump sum payment, is extended to those employees who have served for a period of five years or more, but less than ten years, or whose jobs were abolished prior to the completion of the 25-year minimum eligibility period. Retired government servants are also entitled to medical treatment at the government's expense, on a par with the facilities available to currently serving government servants. In addition, they are entitled to the reimbursement of medical charges. In the case of in-service death, a civil servant's widow/widower/eligible family members receive 50 per cent of their gross pension, in addition to a gratuity equal to 25 per cent of the employee's gross pension. In the event of the civil servant's death after retirement, their survivors receive 50 per cent of the pension previously drawn by the deceased. For private sector coverage, the federal 'Employees' Old-Age Benefits Institution' (EOBI) was created by an Act of Parliament in July 1976 under Article 38-C of the Constitution of the Islamic Republic of Pakistan. The EOBI Act applies to every industry or establishment in Pakistan which has employed five or more people since July 2008, irrespective of the wage, salary or designation. A contribution equal to a 5 per cent minimum wage must be paid by employers of all industrial and commercial organizations where the EOBI Act is applicable. In



addition, a contribution equal to 1 per cent of the minimum wage is made by the employees of these organizations. The benefits under EOBI include:

- Old age pension
- Reduced old age pension
- Invalidity pension
- Survivor pension
- Old age grant

As for the provincial social insurance schemes, the Khyber Pakhtunkhwa Employees Social Security Institution (ESSI) provides free of cost medical care to slightly over 100,000 employees/workers belonging to 3,300 industrial and commercial establishments through its designated medical units (one 25 bed-hospital, one poly clinic, one dental unit, 12 medical care centres 12 dispensaries and eight medical posts) and other government hospitals throughout the province. ESSI spent the following budget in Fiscal Year 2018-19:

Table 3.4: Budget of KP Employees Social Security Institution (ESSI) 2018-19

S#	Programme	Expenditure in PKR
1	Medical care expenditure	262,113,922
2	Medicines and medical supplies	180,452,412
3	Cash benefits	26,917,272
4	Pension & gratuity/GPF/CPF	80,369,192
5	Death grant to ESSI staff	1,700,000
	Total	551,552,798

The medical care covers hospitalization, consultations, the cost of medicines, dental care, angioplasty, heart surgery and treatment for burns.

The main objective of this Social Security Scheme is to provide benefits to registered employees and their dependents (including parents), in the event of Sickness, Maternity, Employment Injury and Death. The benefits provided by the ESSI include:

- **Sickness benefit:** Payable equal to 75% of wages in case of ailment up to 121 days in a year in routine cases, and equal to 100% of wages up to 365 days to cancer and TB patients
- **Maternity benefit:** For female workers, equal to their wages for 12 weeks
- **Injury benefit:** Equal to employees' wages for 180 days in a year in the case of employment injury
- **Death grant:** Equal to the daily rate of sickness benefit multiplied by thirty on the death of a secured worker
- **Disablement grant:** For disability as a result of an employment injury from 5% to 20% of physical loss as determined by the Medical Board
- **Partial disablement pension:** For disability as a result of an employment injury from 21% to 66% of physical loss as determined by the Medical Board
- **Total disablement pension:** For disability as a result of an employment injury from over 66% of physical loss as determined by the Medical Board



- **Survivor pension:** A family pension for the widows of deceased worker who dies as a result of an employment injury
- **Iddat benefit:** To female workers for 130 days on the death of her husband equal to her monthly wages
- **Artificial Limbs Workshop** to provide artificial limbs for patients who need them.

3.3. Social Services

In Khyber Pakhtunkhwa, Social Services are offered by both the federal and provincial governments. In response to the poor quality of services offered by the public health facilities, the Government has introduced systems of social insurance to support the provision of essential health care. The most recent example is the PM-NHP, which was operational in 23 districts in 2018 and is due to be expanded to 40 districts. The scheme, which provides two forms of insurance cover, has premiums funded by the federal and provincial governments as a joint venture. To date, the programme has enrolled 1.5 million families. The PM-NHP covers families who fall below a certain poverty score (Proxy Means-test score of 32.5), maintained by the Benazir Income Support Programme. Due to the non-contributory nature of this programme, it is currently classified as a Social Services programme instead of a Social Insurance one.

A similar, non-contributory, initiative in the province is the Khyber Pakhtunkhwa SHPI (Sehat Sahulat Programme), the objective of which is to improve the health status of the targeted population through increasing access to quality health services and to reduce poverty through the reduction of out-of-pocket payments for health expenditure in KP. This micro health insurance is managed by the Khyber Pakhtunkhwa Health Department through the SLIC Pakistan, where a PKR 6.7 billion insurance premium for 64% of the population is paid by the Government of Khyber Pakhtunkhwa. Under this initiative, 3.2 million families (22 million individuals) can access secondary and tertiary healthcare services. Beneficiaries were earlier identified for this Initiative through the BISP Poverty Score Card targeting mechanism (a PMT score of 24.5) but recently the government has extended its coverage for all households, regardless of their economic status. Under this programme, each family may receive healthcare cover of up to PKR 1 million a year for selected medical conditions (see Annex G). Additionally, the programme provides the following benefits:

1. Wage Replacement: PKR. 250 per day for a maximum of three days to be paid upon discharge
2. Tertiary care Transportation: PKR. 2,000 to be paid upon discharge
3. Maternity Transportation: PKR. 1,000 to be paid upon discharge in the case of normal or surgical delivery
4. OPD Voucher: One OPD voucher will be provided to each beneficiary upon discharge that may be utilized for one post-discharge follow-up visit
5. Burial Insurance: 10,000 in the case of the death of a beneficiary during admission

In addition to healthcare services, a number of provincial social services, with relatively limited coverage, are offered by the Social Welfare Department (SWD), Government of Khyber Pakhtunkhwa. Some of the salient ones are:

- Dar-ul-Aman (residential care homes for vulnerable women) in selected districts in Khyber Pakhtunkhwa except for the Newly Merged Districts, where the social welfare setup and services are unavailable currently.



- There is a dedicated helpline (BOLO Helpline 0800-22227) for psychosocial support and legal aid.
- The Drug Addicts' Rehabilitation and Detoxification Centre (Dar-ul-Kafala) in Peshawar (Faqirabad).
- A hearing Impairment facility for children
- A Special Education Complex Hayatabad with a hostel facility
- A referral mechanism for women, children and others, who cannot be supported by the Social Welfare Department, e.g., legal aid through the Noor Trust
- Vocational Training Centres for Women provide free vocational training in Sewing, Knitting, Embroidery, Cooking and Beauty
- Psychologist positions are requested since SWD has one psychologist in Dar-ul-Aman

The development budgetary allocation to these schemes is relatively small and, because of the lack of physical infrastructure, a considerable part of it goes towards the construction or upgrading of bricks and mortar elements. Table 3.5 shows the development expenditure of the Social Welfare Department during a typical year.

Table 3.5: ADP Schemes of Social Welfare Department for the Fiscal Year 2019-20

S#	Programme/Service	Expenditure (PKR)
1	Functionalization of 105 DASTKARI (Embroidery) centres	72,503,678
2	Construction of Special Education Complex Chakdara Dir Lower	8,882,459
3	Construction/Up-gradation of School for Children with speech and hearing impairments at Dir Lower	6,043,979
4	Modification of existing buildings to make them accessible for PWDs	3,608,994
5	Construction of Social Welfare Complex at Nowshera	25,000,000
6	Establishment of Boys' Campuses of the Model Institute for Street Children in three Districts and a Girls' Campus in Peshawar	20,490,000
7	Establishment of a Detox Unit and Capacity Enhancing of the Existing 11 Drug Addict Rehabilitation Centres in Khyber Pakhtunkhwa	40,100,000
8	Establishment of a Computerized Braille Printing press in a Government Institution for the Blind, Peshawar	43,164,262



9	A structure audit of the existing buildings to make them accessible for PWDs	4,550,000
10	Augmentation, Renovation and Provision of Missing facilities in the Special Education Complex at Hayatabad, Peshawar	39,791,543
11	Provision of Missing Facilities in the Special Education Institutions	19,850,095
12	Establishment of Panahgahs at each Divisional Headquarter & Rehabilitation of the Existing 11 Sarrais in Khyber Pakhtunkhwa	29,400,892
13	A structure audit and modification of the existing buildings to make them accessible for PWDs	593,543
14	Establishment of Darul Aman at Chitral and Bannu	4,667,432
15	Establishment of a Bolo Helpline Center for Gender-based Violence (GBV)	1,625,527
16	Purchase of Equipment and Furniture for ADP Completed Schemes	18,533,964
	Total	338,806,368

Source: Finance Department, Government of Khyber Pakhtunkhwa (2021)

3.4. Labour Market Interventions

Relatively few labour market services designed to enhance the employability/productivity of poor and vulnerable people are currently being offered by the federal and provincial governments in Khyber Pakhtunkhwa. The federal **Ehsaas Programme** has recently announced the roll-out of the following initiatives:

- The **Ehsaas Amdan** programme to provide assets (goats, cows, buffalos, poultry, agricultural inputs, Chingchi rickshas and inputs for small retail outlets and small enterprises, etc.) with the objective of raising the deserving population of Pakistan out of poverty.
- **Ehsaas Interest Free** Loans under the NPGI will provide 3.8 million (80,000 loans in the next four years) through the PPAF. Each interest-free loan ranges between PKR 20,000 and PKR 75,000. They will benefit 2.28 million households (14.7 million people) and use the Poverty Score Card to select beneficiaries in 100 districts.

The **Pakistan Poverty Alleviation Fund** periodically engages in the productive inclusion of poor households through asset transfers, accompanied by enterprise training. Some assessments of these interventions indicate an increase in household income and food security and the enrolment of children in school.

The limited provincial interventions are mostly structured around free livelihood training offered by the SWD and TEVTA. These include courses that are especially designed for women, i.e., Sewing, Knitting, Embroidery, Cooking and Beautician training.



A considerable share of such labour market initiatives rests with the voluntary sector in the province. While RSPs have a long history of community-based livelihood investment, more recently, interest-free lending by Akhuwat Organization has emerged as a popular choice for the recipients. Akhuwat was established in 2001 to empower the poor to emerge from poverty in a sustained manner. These loans are primarily utilised to set up or expand small enterprises. While this organization relies heavily on donations to support its activities and operational costs, the generosity and compassion of people have allowed it to support over a million poor families across Pakistan (including Khyber Pakhtunkhwa and NMDs) through offering interest-free microfinance.

3.5. Gaps and Challenges

As the subject of Social Protection was relatively recently delegated to the provincial governments through the 18th Constitutional amendment, this subject is still a nascent area of activity for the Khyber Pakhtunkhwa government. The major legal, programmatic and systemic gaps are identified below under the relevant components, followed by an account of the cross-cutting gaps and challenges relevant to the entire social protection domain.

3.5.1. Social Assistance

The issue of coverage is the foremost gap in the provincial social assistance. The government has conventionally relied on the provision of universal essential services, such as public healthcare to all residents of Khyber Pakhtunkhwa, irrespective of their economic status and capacity to afford them. While this universal approach has its benefits, it allows little fiscal space for expanding the coverage of social assistance and other categories of welfare. The government, therefore, needs to rationalise this balance over time. Both major cash transfer schemes (Ehsaas Kafalat and Zakat) were launched as a result of the federal government's initiative. Khyber Pakhtunkhwa still lacks a purely provincial cash transfer scheme which is designed to cater for the local context of poverty and vulnerability. Accordingly, several vital programmes are currently missing in the province. For instance, there is no targeted cash transfer programme for the elderly or PWDs. From a shock-response standpoint, informal workers such as home-based workers and domestic workers, remain off-the-grid for the government, not only regarding employment benefits and pensions but also targeted social assistance during shocks. A cash transfer package of PKR 200 billion of the federal government, reserved for informal workers during COVID-19, had to be re-appropriated to other uses due to the lack of identification data.

To cater for the recent COVID-related income and job shocks, social assistance has arguably been the most reliable component in Khyber Pakhtunkhwa. However, while the federal government provided cash assistance to over two million households in the province, the provincial government's contribution to responsive cash assistance has been relatively limited. As the COVID-19 crisis continues, there is a need for expanding coverage of key provincial social protection programmes, as well as explore ways of flexing existing social protection programmes to provide greater support to those affected by the crisis. The government also needs to devise a strategy for creating linkages between the cash transfer programmes and the skills/livelihood programmes to maximize the benefits for the recipients. Where feasible, the unconditional cash transfers need to be realigned to achieve better outcomes in terms of human capital and livelihoods for the beneficiary households. Similarly, the feasibility of piloting productive assets, school meals and tax exemption interventions need to be carried out by the respective departments.



More than any other component, the social assistance programmes in Khyber Pakhtunkhwa face problems associated with fragmentation and duplication, which need to be addressed in order to maximize the impact of the social protection initiatives. For instance, the provincial chapter of Pakistan Bait-ul-Maal (PBM) runs four initiatives: i) free medical treatment of up to PKR 01 million; ii) education stipends; iii) a disability allowance of PKR 25,000 and the provision of wheelchairs; and iv) women empowerment centres which provide a conditional cash transfer to poor women to promote livelihood skills and training. Similar initiatives are being run by the provincial Zakat and Social Welfare Department, SHPI (Sehat Sahulat Card) and ESSI, without any synergies or data-sharing. A review of all such programmes is required, with a view to nominating a focal department/agency for each major type of programme.

3.5.2. Social Insurance

Social insurance is currently available to formal sector employees only. There are only 100,000 workers in over 3,300 establishments who are the beneficiaries of the ESSI). Currently, ESSI social protection services are available in Khyber Pakhtunkhwa excluding NMDs, where industries are yet to be set-up. As for the threshold of eligibility, all employees receiving up to 60 percent more salary than the notified minimum wage are covered. This threshold needs to be reviewed by ESSI to facilitate the coverage of more employees. In addition, a mechanism for registering informal workers with the government is required to enable them to enrol in social insurance in the mid-term future.

Although the EOBI is a federal institution, the relevant departments of Khyber Pakhtunkhwa government need to work with EOBI to increase registration by workers for contributory old-age pensions. To date, only 5,700 employers and 160,000 active employees are registered with EOBI, which indicates a serious lack of old-age benefits coverage for the remaining population of workers. To improve the coverage and outreach of the pension scheme, the provincial government need to study the feasibility of a social pension scheme for people working in the informal sector, who are willing to make voluntary contributions towards an old age pension (or savings scheme).

As the SHPI scheme is still non-contributory in Khyber Pakhtunkhwa, its considerable cost restricted the government to offer it only to very poor households until recently. Lately however, the government has announced to making the non-contributory health insurance service available for the entire population, regardless of their economic status. As the scheme will still remain non-contributory, the challenge of low coverage will now change to that of long-term sustainability. There is an urgent need to study the feasibility of adding a contributory tier for those who can fully or partly afford to pay the premiums.

3.5.3. Social Services

Given the significant increase in health shocks in the province, the expansion of the SHPI is among the foremost needs of poor and vulnerable people. However, with the current eligibility threshold, only two million families are eligible for this Health Insurance scheme. The government's decision to extend coverage to all citizens of Khyber Pakhtunkhwa has enable the entire population of the province to be benefited from its coverage. Although the current programme is non-contributory, the government, at some stage, may consider a transition from non-contributory to contributory health insurance for those beneficiaries who are able to afford to pay the premiums.



Following the initiation of Sehat Sahulat Card, there is the problem of `double-dipping` in government hospitals. While the government is now paying the health premiums to the insurance companies for the health coverage of poor people on the one hand, it is continuing to provide free healthcare in government hospitals on the other. The government needs to address this duplication by gradually replacing part of the funding for hospitals with the earnings they receive from the insurance companies.

Khyber Pakhtunkhwa has a strong tradition of residential care institutions, such as Welfare Homes (for orphans and mothers), Drug Addict Centres, Darul Kafala (for beggars), Sarkari Sarain (Government Inns), etc. While the government will continue to invest in this area, it needs to facilitate and empower the private and voluntary sector gradually to take the lead in the provision of residential care to vulnerable groups in order to improve the quality of the provision in this regard.

3.5.4. Labour Market Interventions

Although TEVTA and other agencies in Khyber Pakhtunkhwa are involved in enhancing the employability of the entire working age population (18-64) through skills-building, vocational training and counselling, more targeted interventions are required for vulnerable groups, such as PWDs, women, youths, religious and ethnic minorities. Such interventions should aim to promote their inclusion in the labour market. The entry requirements for training courses needs to be reviewed as well to make them more pro-poor, with the underlying idea of including those people who are likely to have little or no formal education.

While the current government is committed to launching targeted interventions for women to facilitate their access to the labour market and livelihoods, limited fiscal space and weak delivery systems are two of the major implementation constraints. A partnership with international development partners and the national voluntary sector would help to overcome the challenges associated with resources and implementation respectively for the launch of a productive inclusion programme for women through promoting asset transfer, entrepreneurial training and business support.

There is currently no employment guarantee scheme or public works programme in place in Khyber Pakhtunkhwa. However, the government has expressed its intention to study the feasibility for the initiation of such programmes to address the rising unemployment rate after COVID-19.

No legal, programmatic or other support mechanisms exist to support domestic commerce and home-based workers. The Billion Tree Tsunami project is perhaps the only notable example, where the drive for afforestation is implemented through micro entrepreneurs, by empowering each of them to grow 25,000 plants in their nurseries and sell those to the government. Similar small-scale public-private partnerships need to be encouraged in other sectors.

An overwhelming number of workers in Khyber Pakhtunkhwa are informal, which excludes them from accessing employment benefits. The Labour Department could launch a drive to register informal workers with a provincial workers' repository and/or job centre. This would assist the identification and traceability of these workers during future shocks. Once a database of these workers is in place, the government may also be able to find a way to insure them for health, employment and old-age benefits.



3.5.5. Key Challenges

The above review of the existing programmes and systems identifies several major challenges that need to be addressed by the government. These include the weak governance of the social protection systems, the low technical capacity for oversight and delivery, the inadequate legal framework and transparency, issues of adequate funding vis-à-vis sustainability and the need to promote human capital, inclusion and shock-responsive systems:

a) Inadequate Legal Framework: The Rules of Business of Khyber Pakhtunkhwa 1985, do not mention social protection as one of the functions of the government and it is therefore unsurprising that the province does not have a lead agency to plan, coordinate, consolidate and monitor all of its social protection activities. In the absence of a uniform, overarching legal framework, various programmes are governed by their respective, sometimes outdated legislation, providing little scope for mutual linkages and synergies. The province also need measures to ensure a minimum standard of socially acceptable necessities for the poor individuals over the life cycle. Such measures need to ensure localised, targeted interventions for the inclusion of marginalised groups, such as PWDs, vulnerable women and children, the elderly, transgender persons and informal workers. Similarly, the legal basis that would allow an overarching agency to coordinate and consolidate all social protection in the province is also non-existent.

b) Institutional Capacity and Governance: Social protection systems face a lack of institutional and technical capacity for the governance, oversight, delivery and coordination of social protection. There is no designated focal agency to ensure multi-sectoral harmonisation and synergy among the various federal, provincial and local programmes. A lack of integration and complementarity inhibits the adoption of a system's approach to poverty identification at the provincial level, the selection of the beneficiaries, a standardized provincial method for outreach and social mobilization, a central payment instrument, data integration, a monitoring system and impact assessments of the ongoing social protection programmes. While the federal social registry i.e. NSER suffers from the shortcomings related to coverage, inaccuracy and age for the optimal targeting of poor and vulnerable people in Khyber Pakhtunkhwa, the province lacks a social registry of its own. In addition, there is no unified provincial registry of data on the social protection programmes or beneficiaries, which could link the MIS of multi-tier schemes and programmes or ensure the elimination of duplication and gaps in coverage. Similarly, there is no common monitoring system in place.

c) Efficiency and Transparency: In the absence of a unified database of programmes and beneficiaries, it is likely that multiple programmes may target the same households. While this may be justifiable in isolation of other factors, the limited fiscal space for social protection in the province means that each such duplication excludes an eligible household from accessing a benefit. In addition, the fragmentation of the programmes prevents economies of scale and therefore, leads to higher operational costs and a lower density of institutional capacity for each programme. The government also seeks to improve the degree of transparency in the delivery of social protection, especially with a view to targeting and selecting beneficiaries. While the current measures for the selection of beneficiaries, i.e., PMT and Community-based methods, are grounded in comparative literature and practice, there is a need for an effective communication strategy to offer equal opportunities to all applicants to access the provincial social protection programmes. Another challenge is to reduce the amount of political and administrative discretion in the formulation or implementation of non-evidence-informed social protection programmes.

d) Inadequate Funding Vis-à-vis Sustainability: Excluding the universal provision of free healthcare and school education, the provincial government spends relatively little on the targeted social protection through cash and in kind transfers. This results in the inadequate coverage and adequacy of



benefits, especially for social insurance and labour market interventions. Given that the Finance Department has a limited fiscal capacity to divert more resources to social protection among the numerous competing demands, the concerns about inadequate funding need to be reconciled with sustainability. The imbalance of social protection in the province in favour of social assistance programmes needs to be corrected by building more political appetite and administrative space for contributory social insurance and labour market interventions. At the same time, better poverty identification methods, dynamic data management systems and active labour market programmes will ensure robustness regarding the selection and registration of beneficiaries for the social assistance programmes, based on their need and capacity and their timely graduation out of these programmes, so that a considerable part of the welfare rolls of social assistance can be kept transitory and rotating.

e) Building Human Capital to break the cycle of intergenerational poverty: Currently, limited policy attention is focused on building human capital among the children and youth belonging to extremely poor households. Despite the provision of free early schooling and healthcare facilities, the government has not yet done enough to improve the access of such households to these facilities by offsetting their indirect costs (transportation, medicine, school supplies, etc.) to benefit from these services. Within the broad principle of equal opportunities, the government must make special efforts to build human capital among extremely poor households to break the cycle of intergenerational poverty. A recent World Bank-funded, multi-sectoral project, the Khyber Pakhtunkhwa HCIP, sought to improve the availability of and access to primary healthcare and elementary education services in Peshawar, Nowshera, Swabi, and Haripur, through offering CCT. Another component of this project seeks to improve the workforce's productivity level, which is essential in order to benefit from the youth bulge, discussed earlier in the analysis. Subject to the project's success, the government can consider the scaling up of this project to cover other districts through the provincial funding.

f) Lack of Shock-Responsive Systems: At present, the Khyber Pakhtunkhwa social protection system lacks a focus on enabling the citizens to build up their resilience against covariate (external) shocks such as natural disasters and conflict. The past response to shocks has largely been in the domain of emergency relief and cash compensation for the loss of life and property. Little prior attention has been given to provide targeted cash assistance, savings schemes or insurance options to the residents of shock-prone areas in the province. As well as investing in the resilience and preparedness of the citizens through regular social protection programmes, the government also needs to strengthen the ability of the social protection system to support traditional disaster response. Currently, the province lacks a shock-responsive strategy to offer guidance on how to tweak the social protection programmes and systems during shocks and promote coordination among the relevant agencies. There is no budgetary provision for contingency funds for shocks, inadequate investment in early warning systems and the absence of a standardised implementation procedure in case of a future natural or man-made economic shock. The provincial government still lacks the financial and technical capacity to scale up its social protection programmes on the analogy of the federal government which, in response to COVID-19, expanded its cash transfer programme to increase the number of beneficiaries from 4.5 million to over 16 million, including 2.9 million Khyber Pakhtunkhwa residents, who received EEC transfers of over PKR 35 billion. In the past, the PDMA responded to shocks such as earthquakes and floods, under the instructions of the federal agencies such as the NDMA, without being a part of an integrated social protection response.



**THE FRAMEWORK FOR SOCIAL PROTECTION
IN KHYBER PAKHTUNKHWA**



4. THE FRAMEWORK FOR SOCIAL PROTECTION IN KHYBER PAKHTUNKHWA

This section will discuss the vision, mission statement, objectives and guiding principles of the social protection policy. As it is important that this policy is truly reflective of the local context, this section has primarily been informed by the local consultations on the nature, need and future of social protection in Khyber Pakhtunkhwa, followed by a review of the comparable literature to ensure structural consistency, theoretical rigour and the full coverage of the themes. The salient features of the policy are as follows.

4.1. Vision

To establish an inclusive social protection system in Khyber Pakhtunkhwa, guided by the welfare principles of Islam, to enable its citizens to attain a socially acceptable standard of living and pursue their personal, social and economic development.

4.2. Mission Statement

To implement an integrated, comprehensive and responsive social protection system in Khyber Pakhtunkhwa to extend the maximum coverage to the poorest and most vulnerable members of society.

4.3. Working Definition

The provincial definition of social protection in Khyber Pakhtunkhwa shall be:

“A set of policies and programmes aimed at addressing poverty, vulnerability, social exclusion, ensuring equitable access to basic services and mitigation of risks of income variance for all individuals, households and communities”⁴⁴.

4.4. Policy Objectives

The strategic objective of the Khyber Pakhtunkhwa Social Protection Policy is to provide protection and support to the poor and vulnerable people in the province through the development of an integrated, coherent and efficient system of social protection in the province. The policy seeks to expand the existing social assistance programmes in the province, particularly for marginalised social groups, for whom there are yet no targeted income support and resilience-building programmes. The policy also seeks to institute stronger preventive social services in Khyber Pakhtunkhwa to create a balance with the existing greater focus on responsive services and institutionalised care. With a view to promote sustainable social protection, the policy aims to enhance the productive capacity of welfare beneficiaries with low-human capital and provide them with an opportunity to build their skills and enhance their employability to foster sustainable livelihoods. Finally, the policy seeks to strengthen the risk-sharing mechanisms in the province by offering sustainable contributory social insurance to all

⁴³For the structure and content of the Khyber Pakhtunkhwa SP policy, numerous international documents of a similar nature were reviewed. This review informed the structure of the SP Policy and the framework for social protection, as provided in section 5 of this document. Some of the salient documents reviewed for this purpose, along with their salient features; vision, mission statement, goals, objectives, principles, components, etc., are appended in Annex. I.

⁴⁴Definition adopted by the Planning and Development Department, inspired by the Social Protection Inter-Agency Corporation Board's definition from SPIAC-B (2019).



citizens, so that more citizens are able to share the costs of welfare and there is relatively less dependence on non-contributory programmes.

4.5. Policy Principles and Guidelines

To achieve its vision, mission and objectives, the Khyber Pakhtunkhwa government will observe the following guiding principles regarding the conception and delivery of all welfare interventions:

4.5.1. Building Institutional Capacity and Good Governance

The government is committed to address the lack of institutional and technical capacity for the oversight, delivery and coordination of social protection in Khyber Pakhtunkhwa. This will involve the designation of a focal agency to ensure the multi-sectoral coordination and consolidation of all programmes and systems in the province, besides ensuring synergies among the various federal, provincial and local programmes. The Khyber Pakhtunkhwa government recognises that, in the spirit of federation, it needs to create vertical linkages and an alignment with the federal government's vision, discourse and strategy with regard to social protection. In the post 18th amendment context, while the basic responsibility for social welfare has been entrusted to the federating units, the federal government is still ensuring that the minimum standards for welfare across the country are met by initiating major interventions, such as the unconditional Ehsaas Kafalat programme and the CCT for nutrition and schooling. Recognising that this multi-tiered approach is conducive to resource-optimisation and a higher welfare impact, the Khyber Pakhtunkhwa government will seek to foster complementarities with the federal government as well as any upcoming district or local level government.

Policy Principles:

4.5.1.1. Institutional development: The government shall create or expand such institutions which can deliver efficient social protection in the province and move towards a systems-based approach to social protection.

4.5.1.2. Building synergies and coordination: Synergies will be created among the agencies involved in social protection, with a designated focal agency responsible for the coordination and consolidation of all social protection programmes and measures.

4.5.1.3. Complementarities: Multi-tier linkages and complementarities will be ensured by unifying the targeting instruments, entry points, delivery mechanisms, MIS and GRM across the federal, provincial and local governments to minimise the possibility of the duplication and overlapping of benefits.

4.5.1.4. Multi-sectoral Outreach: The focal agency in the province will devise and assist with the implementation of multi-sectoral outreach/social mobilisation to enrol beneficiaries in the new welfare schemes.

4.5.1.5. Monitoring and Evaluation (M&E): All social protection-delivering departments and agencies will ensure that all programmes have inbuilt oversight mechanisms to ensure robust monitoring and evaluations of the ongoing programmes.

4.5.1.6. Appropriate Transformative Measures: The Rules of Business of Khyber Pakhtunkhwa Government 1985 and the respective laws of all relevant departments and agencies will be reviewed to ensure that all agencies have the requisite laws and rules to back up their work. A new legislation for the creation of a focal agency for social protection will be drafted.



4.5.2. Integration and Efficiency

The government needs to adopt an integrated approach regarding the conception, formulation, design, delivery and monitoring of the social protection programmes in the province. All departments and agencies responsible for any form of social protection in the province can benefit from common registries of programmes and beneficiaries, with information sharing protocols and a SOPs for referrals and linkages across the various components of social protection. The efficiency of the system can be enhanced by avoiding the duplication and overlapping of benefits by implementing more robust methods of poverty identification at the provincial level, the selection of the beneficiaries, a standardised method for outreach and social mobilisation, a central payment instrument, communication strategy, GRM and strong monitoring oversight of the ongoing social protection programmes.

Policy Principles:

4.5.2.1. Targeting Efficiency will be enhanced by using the federal government's social registry (i.e., NSER) and complementing it with the provincial methods of beneficiaries' targeting. A unified registry of social protection programmes and beneficiaries will be maintained with the focal agency to analyse duplications and gaps.

4.5.2.2. Accessible Data and MIS systems: All provincial social protection agencies will move towards developing MIS systems which follow the minimum agreed standards for data privacy and protection, while ensuring easy and prompt data sharing and interoperability.

4.5.2.3. Payment Mechanism: Khyber Pakhtunkhwa will develop a standardized, non-binding payment mechanism for use by all agencies delivering social protection in the province. The existing payment delivery agencies can either opt to switch to the new system or continue with their existing arrangements.

4.5.2.4. Grievance Redressal: All social protection programmes will ensure that an easily accessible, responsive GRM is in place throughout the duration of the intervention.

4.5.2.5. Referral and Linkages: Where necessary, referrals and linkages will be created to add additional layers of programmes and services for poor and vulnerable people. This will be especially valuable in creating synergies among the different components of social protection in the province.

4.5.2.6. Effective Communication: All social protection programmes and interventions will implement a formally-approved, programme-specific communication strategy to promote awareness of the scope and uptake of benefits among prospective beneficiaries.

4.5.3. Inclusive and Participatory

The government shall adopt an inclusive, life-cycle approach to social protection for all citizens of the province, particularly those who are marginalised and facing demographic, economic and social exclusion. While poor women receive the bulk of policy attention in the ongoing social assistance programmes, their representation in the social insurance and labour market interventions is disproportionately lower than that of their male counterparts. Targeted programmes directed at the social inclusion and sustained livelihoods of PWDs, the elderly, minorities and transgender persons are required. All of these programmes will be rolled out in phases and progressively scaled up to ensure full coverage. The design and delivery of all such programmes will be participatory in nature, by involving all stakeholders, especially the prospective beneficiaries. This principle will particularly be observed for programmes addressing the spatial dimensions of poverty, such as the Newly Merged Districts (NMDs), by involving the local communities. As the very notion of social protection is based on the principle of



social solidarity, the taxpaying citizens shall also be involved in the decision-making process. This principle of participation shall also be extended to the social insurance and labour market interventions, where employers and employees shall have representatives present within a structure which does not allow the hegemony of either party.

Policy Principles:

4.5.3.1. Ensuring Minimum Standards of Welfare: The government shall ensure that vulnerable groups, such as PWDs, women and children, the elderly, transgender persons, displaced population and informal workers, can access a minimum standard of socially acceptable necessities of life in accordance with the provisions of the Constitution of Islamic Republic of Pakistan, 1973.

4.5.3.2. Life Cycle Welfare: Every effort will be made to design and launch evidence-based age- and need-appropriate programmes to ensure human capital development and protection against life-cycle risks for all social groups, extending from birth to old age.

4.5.3.3. Gender sensitive approach: Interventions will be sensitive or seek to narrow the significant gender gap, especially with regard to education and labour market participation in the province.

4.5.3.4. Targeted and Localized Solutions: The government shall introduce context- and vulnerability-sensitive interventions that are targeted and localised according to the needs of the recipients.

4.5.3.5. Participation: Where possible, prospective beneficiaries and taxpayers will be involved in the decision-making process regarding the formulation and delivery of new social protection schemes. This principle will particularly be applied to the programmes, designed to address the spatial dimension of poverty, i.e., area-specific programmes of social protection, such as NMDs.

4.5.3.6. Social dialogue: The government shall facilitate an ongoing dialogue between employers and workers' organizations with the aim of improving the working conditions of formal sector employees and bringing informal workers into the purview of social protection.

4.5.4. Rights-based Approach for Dignity and Equality

In accordance with the relevant Constitutional provisions, the government recognises the right of each Khyber Pakhtunkhwa citizen to possess or have access to all of the essential provisions of life, as accounted for by the prevalent Pakistani measures of poverty estimation. While this may happen progressively, subject to fiscal space, the policy aspires to ensure that every low-income and vulnerable citizen in Khyber Pakhtunkhwa is covered by some social protection measures. As the government believes that all citizens have a right to the resources of the state, it is imperative to ensure that no recipient of the government's social protection services is treated in an undignified or unjust manner. In the government's view, the recipients of social protection should enjoy the same dignity and respect as the taxpayers who contribute to this redistribution. In addition, all prospective recipients of social protection will be equal in the eyes of the government, irrespective of their domicile (within Khyber Pakhtunkhwa), gender, religion, ethnicity or any other demographic and/or social characteristics. To institutionalize the aspects of dignity and equality, the social protection agencies shall keep the aspects of privacy, dignity, adequacy of benefit, non-discrimination, transparency and self-sufficiency in view when designing and delivering the social protection programmes.



Policy Principles:

4.5.4.1. State Responsibility: The government acknowledges its responsibility to provide social protection to enable its residents to lead poverty-free, economically productive lives.

4.5.4.2. Maximum coverage: All social protection programmes will be designed with a view to ensuring the maximum coverage of poor individuals as well as easy registration and uptake procedures.

4.5.4.3. Respect for privacy: All social protection agencies in the province will ensure that appropriate guidelines and procedures are in place to protect the identity of the beneficiaries.

4.5.4.4. Avoiding shame and stigma: The design and delivery features of the social protection programmes will ensure that these do not cause any shame or stigma to the prospective recipients of benefits and their families.

4.5.4.5. Adequacy of benefit: As far as possible, the benefit will be set at a level which provides a socially acceptable level of income or in-kind support to the recipients, and compensates for the additional costs associated with disability.

4.5.4.6. Non-discriminatory: All social protection programmes will be non-discriminatory and free from political and administrative discretion.

4.5.4.7. Transparency: The design of social protection interventions will have clearly laid-out guidelines and conditions regarding the eligibility criteria, service delivery, access to information and accountability mechanisms.

4.5.5. Adequate Resourcing and Sustainability

As far as possible, the government shall progressively increase the provincial funding for social protection from both the current-side (operational) and development budget. In addition to reinforcing annual investments, the government will establish a provincial SPF, which will receive periodical capital allocations from the Finance Departments when surplus cash is available with the provincial government. The proceeds of this fund will be utilised to provide sustained welfare during periods of relative austerity. The government will also bring the voluntary and private sectors on board to attain a workable, sustainable welfare mix in the province. The imbalance in the social protection in the province in favour of social assistance programmes needs to be corrected by building better contributory social insurance and labour market interventions. The government will aim to de-incentivise dependency on benefits and endeavour to promote productive inclusion of beneficiaries in the labour market. Long-term social assistance will, therefore, be reserved for those individuals who are incapacitated regarding work due to their disability, health or age. For all able-bodied, working age beneficiaries, social assistance will be transitory until such a time as they are able to improve their circumstances through active or improved participation in the labour market.

Policy Principles:

4.5.5.1. Adequate Resourcing: The provincial government will gradually increase the fiscal space for social protection through both the current-side budget and ADP. An SPF will also be created for sustained welfare provision, even in times of financial austerity.

4.5.5.2. Welfare Mix: Besides all tiers of the government, the local as well as international voluntary, private sector and general public will be encouraged to partner in the provision of welfare activities in Khyber Pakhtunkhwa.

4.5.5.3. Promotion of Contributory Welfare: To ensure the long-term sustainability of social protection, the government shall invest in designing social insurance schemes, designed gradually to encourage the recipients of social assistance to enrol in contributory schemes.





4.5.5.4. De-incentivising Dependency: Apart from the citizens who lack the agency to work because of disability, health or age reasons, all recipients of social assistance will be encouraged to enrol in skills and other labour market interventions to promote sustainable livelihoods.

4.5.5.5. Self-Sufficiency: As far as possible, the capacity of all able-bodied, working age welfare-recipients will be enhanced to enable and to emerge from poverty and attain self-sufficiency.

4.5.6. Human Capital Development to reduce Inter-Generational Poverty

The aspect of human development deserves an enhanced focus in this Policy due to the considerably low level of human capital in the province, which closely coincides with the level of poverty in the households. The government, therefore intends to adopt a life-cycle approach to social protection for all stages of an individual's life, especially during childhood and youth. The lead agency responsible for social protection in Khyber Pakhtunkhwa will use the recently launched World Bank's Human Capital Index (HCI) or similar upcoming methods to review progress across all relevant indicators for assessing human capital development among children and young adults. The government will also reinforce provincial interventions to address stunting and wasting in children by scaling up projects such as the multi-sectoral Khyber Pakhtunkhwa HCIP that aims to improve the access of poor and vulnerable households to primary healthcare and elementary education services in Peshawar, Nowshera, Swabi, and Haripur. The provincial government will also collaborate with the federal government and development sector partners regarding the roll-out of new human capital building pilots in Khyber Pakhtunkhwa, such as vouchers, school meals initiatives and CCT that aim to improve the access of children from low economic strata to schools and healthcare facilities. Investment in transferring productive assets to such households will also be piloted to reduce the intergenerational transmission of poverty.

Policy Principles:

4.5.6.1. Human Capital investment: Preference will be given to programmes that produce and/or enhance human capital, especially to avert stunting, wasting and low school attendance among younger children.

4.5.6.2. Youth Programmes: To reap the maximum dividend from the current youth bulge in the province, the government will invest in skills, vocational training, educational scholarships, internships, start-ups and other livelihood interventions, that will be rolled-out for youths from low-income and vulnerable households.

4.5.6.3. Investment in New Pilots and Scaling-Up: With a view to enhancing human capital and productivity, the government shall prioritise the launch of new innovative pilot projects in collaboration with its local and international development partners, as well as fund the scaling-up of successful interventions.

4.5.1.4. Averting the Inter-generational Transmission of Poverty: Through early interventions in health and education, youth programmes, and the transfer of productive assets, the government will strive to break the cycle of inter-generational poverty among poor households.



4.5.7. Adaptive and Responsive

The social protection system of Khyber Pakhtunkhwa needs to be adaptive to the changing realities and needs of its citizens and responsive to the emerging risks and challenges such as those related to climate change. The government, therefore, aims to invest in enabling the citizens to build up their resilience, whether individual or collective in nature, against future shocks. While some areas of Khyber Pakhtunkhwa are more prone to natural disasters than others, the current poverty assessment method i.e. PMT of the federal government does not take such hazards into account. This creates a need for targeted provincial schemes to invest in the resilience and preparedness of the residents of these areas. The provincial government will launch pilots to support saving schemes and subsidised insurance for life, crops and livestock in these areas. It will also strengthen the ability of the social protection system to respond to the future covariate shocks and to rehabilitate the affected families. This will involve holding pre-positioned contingency funding for shocks, investing in early warning systems, mapping the residents of shock-prone areas, standardising the shock-responsive procedures to be followed by the provincial social protection system, and providing short- to medium-term livelihood grants and other promotional measures for the affected households.

Policy Principles:

4.5.7.1. Flexible and adaptable: The social protection programmes in Khyber Pakhtunkhwa will be designed in a way that allows for the underlying rules, financing and operations to be adjusted to respond to the future crises and risks.

4.5.7.2. Building Resilience: The government shall invest in building the resilience of all poor and vulnerable households, especially those located in the disaster-prone areas, by prioritising them for the existing social assistance schemes and initiating targeted pilots to incentivise savings and the subsidised insurance of life, crops and livestock.

4.5.7.3. Enhancing Rehabilitative Capacity: The government will enhance the rehabilitative capacity of the PDMA by establishing its linkages with the relevant social protection agencies in order to provide sustained, medium-term support for households that have been affected by disasters.

4.5.7.4. Regular reviews: All of the social protection delivery agencies will devise a mechanism for holding annual reviews that will provide information about the efficacy of the programmes and any necessary reforms of them.

4.5.8. Islamic Welfare

In line with the Federal government's vision, Khyber Pakhtunkhwa government is committed to working towards achieving the goal for making Pakistan an Islamic welfare state on the precepts similar to those practiced by Prophet Muhammad (PBUH) in Medina." The key guidelines and principles of Islamic welfare are based on the Holy Quran, Hadith and the Sunnah of the Holy Prophet (PBUH) and his four rightly guided successor caliphs.





Policy Principles:

4.5.8.1. Voluntary Redistribution of Wealth: The government will encourage the affluent members of the society to ensure that the benefits of wealth trickle down to the lowest strata of the population. It will be done by improving the system for collection and disbursement of Zakat, levying Khumas and Ushr on agricultural produce and encouraging Sadaqat (voluntary charity).

4.5.8.2. Building Social Cohesion: Following the Islamic tradition of social solidarity and cohesion, the government will discharge the role to sensitize and encourage the relatively affluent members of communities to take care of their family members, relatives and neighbours.

4.5.8.3. Organizing official Zakat: The government will initiate systematic reforms to improve the methods for the determination of liability, collection, targeting and distribution of zakat (including Ushr) funds for Muslims and Sadaqah funds for non-Muslims.

4.5.8.4. Promoting Self-Reliance: Considering that Islam enjoins upon Muslims to develop a strong work ethic for a sustained livelihood, the government will encourage all citizens with the capacity to work, to take up gainful means of livelihood that lead to sustained earnings and self-sufficiency.



IMPLEMENTATION FRAMEWORK



5. IMPLEMENTATION FRAMEWORK

The implementation of a social protection policy will need an effective legal framework, institutional arrangement and robust monitoring and evaluation methods in place. This section provides a brief overview of these aspects along with the proposed roles and responsibilities of the key departments and agencies.

5.1. Legal Arrangement

According to the legal requirement in Khyber Pakhtunkhwa, this Policy requires the approval of the Provincial Cabinet. Such approval generally precedes approval by the Chief Minister of Khyber Pakhtunkhwa and a discussion on the draft by the relevant standing committee of the Cabinet. Once approved, the Policy will be announced in the official gazette. Subsequently, the function of social protection needs to be assigned to a designated department through an amendment to the Khyber Pakhtunkhwa Rules of Business 1985. Other significant changes to the Rules of Business may include the addition of social protection coordination in the subjects of the P&D Department and the substitution of the existing terms for social welfare with the specific categories of social protection mentioned in the policy under the responsibilities of the SWD.

In terms of legislation, while the federal Ehsaas programmes and many provincial social protection programmes are backed up by their respective legislation, overarching legislation will be required to consolidate and coordinate the social protection in Khyber Pakhtunkhwa. Such legislation will also establish the autonomous focal agency for managing the inter-agency linkages and cooperation among all the relevant department and agencies in the province. This can initially be enforced in the form of an Ordinance, which can subsequently be introduced in the Provincial Assembly of Khyber Pakhtunkhwa to be enacted as an Act. The proposed Act will determine the Authority's composition, functions, and relationship with the departments engaged in social protection. A similar approach to legislation was taken by the province of Punjab in Pakistan to create the PSPA through the PSPA Act 2015. The functions and organisational structure of PSPA is reproduced in Annex I, as an example.

5.2 Institutional Framework

Like all policies in a democracy, this Policy will be implemented under the oversight of the government of Khyber Pakhtunkhwa through the Provincial Assembly, the Cabinet and the Chief Minister. Below these oversight tiers, several federal and provincial agencies are currently implementing various social protection programmes. A recent review of the ADP 2020-21 indicates that 58 such interventions are being managed by ten (10) different departments.⁴⁵ Under the current Policy, these departments will continue to deliver their current programmes and interventions, although the task of unifying these interventions under an overarching vision, mission and objective will rest with a lead organisation in the province.

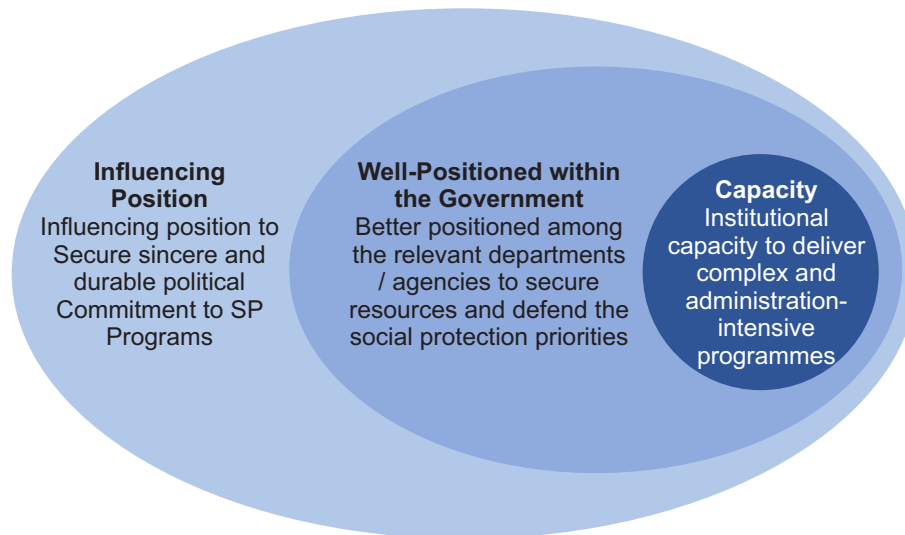
The various consultations held to identify a focal agency for social protection in Khyber Pakhtunkhwa indicated two options or a combination of both. The first is to have the Planning and Development Department (P&DD) as the focal point for social protection, not only because it has handled this subject

⁴⁵Review conducted by the Sub-National Governance Programme, Khyber Pakhtunkhwa



for the last few years through the 'PP&SPRU', but also because of its hands-on involvement with all development in KP, which includes human development. In addition, it fulfils three vital characteristics required for such a focal point, i.e., an influential position, well-placed within the government, and capacity (Figure 5.1)

Figure 5.1: Characteristics of Social Protection Governance



Derived from: **Implementing Social Protection Strategies (OECD 2019)**

The second option is Zakat Ushr, the Social Welfare, Special Education and Women Development Department (SWD), which has traditionally handled social and institutional care, cash transfers and transformational well-being (laws, etc.) related to marginalised groups. However, the recent conceptual realignment of poverty from income to a multidimensional measure has necessitated large-scale social protection investment in health and education sectors, an area where this department may not have prior experience in terms of its mandate and the requisite convening power to engage in multi-sectoral partnerships and decision-making.⁴⁶

Based on the above discussion, it is evident that, while P&DD can handle policymaking, budgetary allocations, decision-making, and coordination at the provincial level more effectively, the strengths of the SWD lie in the rolling-out and delivery of programmes, local-level monitoring, grievance redressal and engagement with the CSO, NGOs, and communities. Therefore, the government has decided that, while the P&D Department will be the administrative department that leads all social protection in Khyber Pakhtunkhwa, the SWD will serve as the agency for the rolling-out and implementation of social protection in the province. Within the P&DD, this role will be initially assigned to the Public Policy &

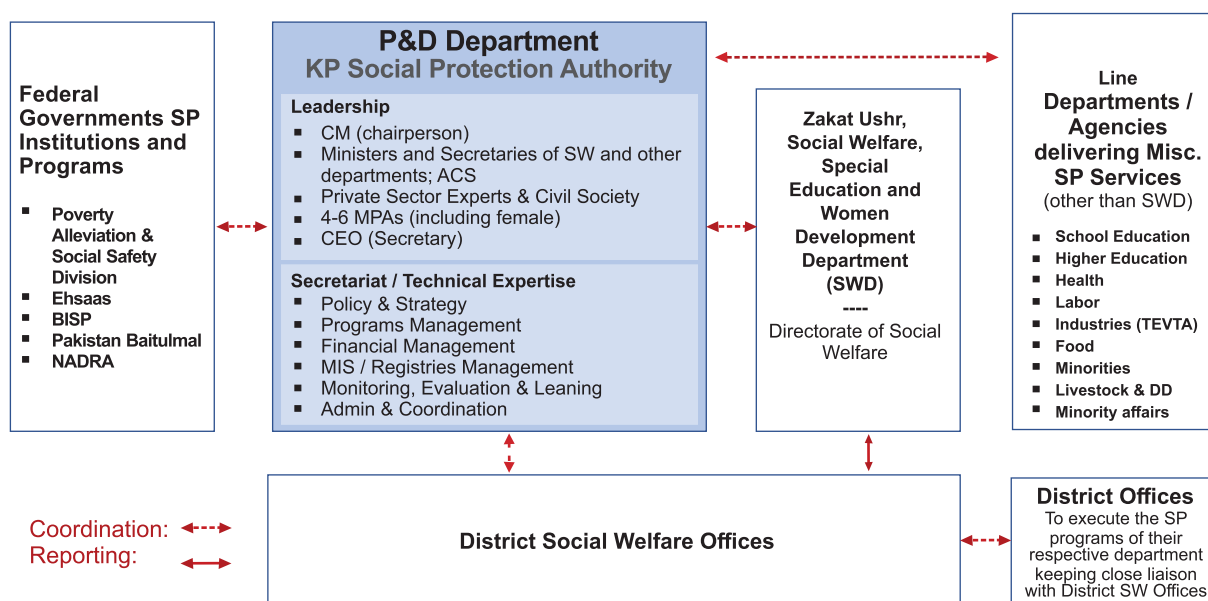
⁴⁶A comparative table of the perceptions of the stakeholders regarding the strengths and limitations of the two departments is presented in Annex J.



Social Protection Reforms Unit (PP&SPRU), which has already been performing SP conceptualisation and coordination for many years. With the proposed role and mandate, the Unit will act as the umbrella organisation for all of the social protection schemes in Khyber Pakhtunkhwa, with a range of functions. These functions include the integration and coordination of programmes, transformational measures regarding social protection, the formulation of recommendations regarding the optimal resource allocation for the relevant sectors, the overseeing of social protection MIS and data management issues in Khyber Pakhtunkhwa, evaluations, and impact assessments of ongoing schemes to inform future policy, the capacity to identify gaps for future interventions and the designing of innovative pilots and projects.

For the sustainability of the social protection system, the Unit's functions mentioned above will need to be institutionalised as a permanent entity within the P&DD or an autonomous agency working under its administrative control. Hence, the government will decide the legal and institutional arrangement for this entity and raise its human resources, financial, technical and operational capacity to a level where it can optimally deal with the functions mentioned above. If the government decides to develop an autonomous body, the ultimate organisational arrangements for social protection delivery will be as reflected in the diagram below:

Figure 5.2: Social Protection Institutional Framework⁴⁷



⁴⁷ A description of the organizations, together with a description of their roles, is provided in Annex K.



5.3. Monitoring and Evaluation Arrangements

Monitoring and evaluation (M&E) arrangements are integral to the implementation of this policy. The social protection M&E system in Khyber Pakhtunkhwa will function at two levels, i.e., the individual programmes' level and the overall policy level. At the individual programme level, the line departments will incorporate an appropriate M&E mechanism into the design of each programme to achieve the target results within the available resources and time. These M&E plans will mainly focus on the key results targeted data collection, and management and reporting. These individual M&E plans of the projects/programmes will correspond and contribute to the overarching M&E framework for policy implementation, managed by the focal agency in the province. Therefore, the designs of all the individual programmes will also be vetted by teams of experts at the focal agency, and the data related to the individual programmes will be regularly shared with the focal agency.

A comprehensive provincial Social Protection M&E framework will be developed at the policy level to ensure policy implementation and track the development of social protection, holistically. The focal agency, which is primarily responsible for weaving the individual programmes into the social protection system, will design this M&E framework and guide the line department in preparing the individual programmes to ensure that the policy's objectives, strategies, and interventions are achieved in a timely manner. In addition, the framework will also focus on the operational aspects of different programmes to avoid any deviation from the desired goals. The framework will also collect data for MIS and statistical analysis that will provide evidence for improving the design of future interventions and policy revision.

An MIS will also be a vital component of the Social Protection M&E framework in the province. This system will consolidate the data from the different programs in order to gauge the performance and contribution of individual programmes with regard to policy implementation. The MIS will provide a fair idea of the programmes that target particular groups of the population, the geographical locations and the coverage of the social protection intervention. These data will help the focal agency to conduct analysis, comparing different datasets of the federal government and the international development agencies, to develop a more realistic picture of the social protection scenario of the province.



ANNEXURES



Annex A: Consultations⁴⁸

List of Key Informants (by designation)

1	Additional Chief Secretary, Government of Khyber Pakhtunkhwa
2	Additional Secretary, Finance Department, Government of Khyber Pakhtunkhwa
3	Additional Secretary, Law, Parliamentary Affairs and Human Rights Dept, KP
4	Chairperson, KP Commission on the Status of Women.
5	Chief, Rural Development Section, P&D Department, KP
6	Chief, Social Protection & Gender Mainstreaming Section, P&D Department, KP
7	Consultant, Local Government, Elections and Rural Development Department, KP
8	Deputy Chief, Child Protection and Welfare Commission, KP.
9	Deputy Secretary, Food Department, Government of Khyber Pakhtunkhwa
10	Director / Regional head KP, Employees Old Age Benefits Institution KP
11	Director General, Benazir Income Support Programme in KP
12	Director General, Employees Social Security Institution (ESSI), KP.
13	Director General, Provincial Disaster Management Authority, KP.
14	Director General, Sustainable Development Unit (SDU), P&D Department, KP
15	Director Monitoring Population Welfare Department, Khyber Pakhtunkhwa
16	Director Pakistan Bait-ul-Maal, Khyber Pakhtunkhwa
17	Managing Director, TEVTA, Khyber Pakhtunkhwa
18	Planning Officer, Culture, Sports, Tourism, Archaeology & Youth Affairs, KP
19	Project Director, Billion Trees Tsunami Afforestation Project, KP.
20	Project Director, PP&SPRU, P&D Department, Khyber Pakhtunkhwa
21	Project Director, Social Health Protection Initiative (SHPI) KP
22	Secretary, Elementary and Secondary Education Department, KP
23	Secretary, Labour Department, Government of Khyber Pakhtunkhwa
24	Secretary, Planning & Development Department, Khyber Pakhtunkhwa
25	Secretary, Zakat, Special Education, Women Dev & Social Welfare Dept, KP
26	Special Secretary, Finance Department, Government of Khyber Pakhtunkhwa
27	Special Secretary, Health Department, Government of Khyber Pakhtunkhwa
28	Tech Advisor, Industries and Commerce Department, Khyber Pakhtunkhwa

⁴⁸These semi-structured interviews were held mostly in Peshawar, with a few conducted online, between February and May 2021 (see questionnaire in Annex B). This information was reinforced by holding five focus group discussions with current and prospective recipients of social protection, representatives of civil society organizations, academia, the media, international development partners and local level service delivery managers (Composition in Annex C).



Focus Group Discussions were conducted with the following five groups:

1. Donor Agencies
2. Beneficiaries of Social protection programmes in Khyber Pakhtunkhwa
3. Service providers
4. Civil Society Members
5. Strategic Audience



Annex B: Social Protection Components Recognized Internationally

A review of several taxonomies of social protection indicates that different international agencies recognise / prioritize various components of social protection, a gist of which is given below.

Components ⁴⁹	Recognized by ⁵⁰
Social Assistance	SPIAC-B, ILO, UNDP, WFP, FAO, WB, IMF, ADB, DFID (FCDO), SIDA, EU, GIZ, OECD, Irish Aid, GSDRC ⁵¹ , ISPA-CODI ⁵²
Social Insurance	SPIAC-B, UN-DESA, ILO, UNDP, WFP, FAO, WB, IMF, ADB, DFID (FCDO), SIDA, EU, GIZ, OECD, GSDRC, ISPA-CODI
Tax Funded Social Benefits	SPIAC-B, UN-DESA, DFID (FCDO), SIDA, EU, GIZ.
Public Works Programmes/ Employment	SPIAC-B, AfDB, DFID (FCDO), SIDA, EU, GIZ, Irish Aid, ISPA-CODI.
Guarantee Scheme	SPIAC-B, UNDP, ADB, DFID (FCDO), SIDA, EU, GIZ
Essential Services	UNDP.
Informal Social Protection	UNDP, WFP, FAO, WB, IMF, ADB, OECD,
Labour Market Interventions	GSDRC, ISPA-CODI
Re-Training of Public Employees	AfDB.
Child feeding programmes	AfDB.
Emergency Relief	AfDB.
Social Care Services	GSDRC, ISPA-CODI
General Subsidies	ISPA-CODI

⁴⁹Some descriptions of the components in 'Annex I' have been merged with others for ease of analysis; the Social Assistance component in Table 10 includes Social Transfers; Essential Services includes 'Welfare Services', 'Social Services' and 'Other schemes' guaranteeing access to essential services'; Labour Market policies include 'Minimum Labour Standards'.

⁵⁰For agencies not listed in Annex I, see UNICEF (2019) or individual agency references.

⁵¹GSDRC (2021).

⁵²Bacil, F., C. Bilo, and W. Silva. (2020)



Annex C: Multidimensional Poverty Index (MPI) global dimensions and indicators

Table1: The dimensions, indicators, deprivation thresholds and weights of the MPI²

Dimension	Indicator	Deprived if..,	Relative Weight
Education	Years of Schooling	No household member has completed five years of Schooling.	1/6
	Child School Attendance	Any school-aged child is not attending school up to the age at which would complete class 8.	1/6
Health	Child Mortality	Any child has died in the household.	1/6
	Nutrition	Any adult or child for whom there is nutritional information is malnourished	1/6
Living Standard	Electricity	The household has no electricity.	1/18
	Improved Sanitation	The household's sanitation facility is not improved (according to MDG guidelines), or it is improved but shared with other households.	1/18
	Safe Drinking Water	The household's does not have access to safe drinking water (according to MDG guidelines) or safe drinking water is more than a 30-minute walk from home, roundtrip.	1/18
	Flooring	The household has a dirt, sand or dung floor.	1/18
	Cooking Fuel	The household cooks with dung wood or charcoal.	1/18
	Assets	The household does not own more than one radio, TV, telephone, bike motorbike or refrigerator and does not own a car truck.	1/18

Pakistan's dimensions and indicators

	Indicator	Weights		Indicator	Weights		Indicator	Weights
Education	Years of Schooling	1/6=16.67%	Health	Access to health facilities/clinics/Basic Health Units (BHU)	1/6 = 16.67%	Standard of Living	Water	1/21=4.76%
	Child School attendance	1/8=12.5%		Immunisation.....	1/18=5.56 %		Saitation	1/21=4.76%
	Educational quality	1/24=4.17%		Ante-natal care	1/18=5.56%		Walls	1/42=2.38%
		Assisted delivery		1/18=5.56%	Overcrowding		1/42=2.38%	
					Electricity		1/21=4.76%	
					Cooking fuel		1/21=4.76%	
				Assets	1/21=4.76%			
				Land and livestock (only for rural areas)	1/21=4.76%			



Annex D: District-Wise Multidimensional Poverty in KP

KP	MPI	Incidence (H)	Intensity (A)
		2014/15	
Abbottabad	0.149	32.9%	45.4%
Bannu	0.289	58.6%	49.2%
Batagram	0.422	75.2%	56.1%
Buner	0.373	71.6%	52.0%
Charsadda	0.213	44.6%	47.8%
Chitral	0.194	43.3%	44.9%
D.I.Khan	0.362	65.5%	55.2%
Hangu	0.271	55.8%	48.5%
Haripur	0.110	24.7%	44.5%
Karak	0.253	50.3%	50.3%
Kohat	0.238	47.5%	50.0%
Kohistan	0.581	95.8%	60.6%
Lakki Marwat	0.320	62.7%	51.0%
Lower Dir	0.194	41.6%	46.4%
Malakand	0.171	37.1%	46.1%
Mansehra	0.204	40.7%	50.1%
Mardan	0.153	33.8%	45.3%
Nowshehra	0.168	37.4%	44.9%
Peshawar	0.148	31.5%	46.8%
Shangla	0.438	80.2%	54.6%
Swabi	0.210	43.8%	48.0%
Swat	0.271	55.0%	49.3%
Tank	0.385	71.1%	54.2%
Torgarh	0.571	92.0%	62.1%
Upper Dir	0.443	76.4%	58.0%





Annex E: Risks and their Impact across a Child's Life-cycle⁵³

Age	Risks and Vulnerabilities	Short-ter, outcomes	Facts	Long-term outcomes
9-11 years	<ul style="list-style-type: none"> In utero exposure to maternal infections, nutritional deficiencies, and environmental toxins, as well as poor care around birth, may lead to severe and irreversible damage to the brain and other organs. 	<ul style="list-style-type: none"> Increased risk of maternal mortality, premature births, birth defects, low birth weight, and neonatal death Low birth weight 	<ul style="list-style-type: none"> 19 million infants in developing countries are born with low birth weight. 4 million newborns worldwide are dying in the first month of life. 	<ul style="list-style-type: none"> Severe, potentially irreversible consequences for physical and cognitive growth and development The majority of permanent disabilities have their origin in neonatal disease.
	<ul style="list-style-type: none"> Poor maternal and early nutrition leading to stunted growth and other lifelong negative health impacts Poor cognitive development if early care and stimulation inadequate, with lifelong impact Acute vulnerability to disease and infection/ poor access to health services Exposure to hazardous environments relating to poor housing and/or parents' work High dependency: risk from loss of parent/carer Disability through lack of early intervention 	<ul style="list-style-type: none"> Increased risk of infant and child morbidity and mortality. Stunting, slow physical growth, and other manifestations of early childhood malnutrition. 	<ul style="list-style-type: none"> 148 million children under five in the developing world are underweight for their age. 8.8 million children worldwide died before their fifth birthday in 2008. 	<ul style="list-style-type: none"> Irreversible effects on physical and cognitive growth and development Increased likelihood of learning disabilities, delayed school entry, poorer school performance, and increased likelihood of early dropout and lower grade attainment
9-11 years	<ul style="list-style-type: none"> Risk of not attending school, school dropout, or low educational quality because of lack of income or pressure due to income earning responsibilities Insufficient food or poor diets increasing likelihood of illness with knock on effects in education. 	<ul style="list-style-type: none"> Failure to enroll, delayed enrollment, grade repetition, reduced school performance, early dropout 	<ul style="list-style-type: none"> Over 100 million children are not attending primary school, with more girls than boys missing out 150 million children 150 million children aged 5-14 engaged in child labor. 	<ul style="list-style-type: none"> Loss of human capital and capacities. Persistence of gender inequalities Social exclusion
12-18 years	<ul style="list-style-type: none"> Lack of opportunity to access and complete primary and/or secondary schooling Lack of access to relevant formal education, life and livelihood skills development, and peer education, lack of information and poor access to health services. Lack of information and poor access to health services. Lack of access to training/formal employment leading to entry into high risk employment categories Vulnerability of (especially girl) children to early withdrawal from school due to lack of parents/family income. Risks from early marriage and child-bearing Increased risk of HIV and AIDS infection as individuals become sexually active. Increasing vulnerability of girls due to gender based violence 	<ul style="list-style-type: none"> Exposure to risky behaviors: Early pregnancies Drug abuse Sexually transmitted infections including HIV/AIDS, violence, and premature death Unemployment, hazardous or exploitative labor Exclusion from decision making of key component of civil society 	<ul style="list-style-type: none"> 64 million women aged 20-24 reported they were married before the age of 18 18.4 million young women in developing countries gave birth between the ages of 15 and 19 years old. 	<ul style="list-style-type: none"> intra and inter-generational transmission of poor health and its consequences (Low birth weight, vertical transmission of HIV/AIDS) Reduced productivity Inter-generational transmission of household and community violence High economic costs of risky behaviors and forgone assets for development

⁵³Adopted from: Common Ground (2013): UNICEF and World Bank approaches to building social protection systems (English). Washington, D.C.: World Bank Group.



Annex F: Persons With Disabilities (PWDs) by nature of disability⁵⁴

(In percent)

Administrative Unit	Total Disabled Population	Blind	Deaf/Mute	Crippled	Insane	Mentally Retarded	Having Multiple Disability	Others
Pakistan	3,286,630	8.06	7.43	18.93	6.39	7.60	8.23	43.37
Rural	21,173,999	7.92	7.53	20.52	5.94	7.32	8.23	42.55
Urban	1,112,631	8.32	7.24	15.81	7.28	8.15	8.22	44.97
Khyber Pakhtunkhwa	375,752	7.24	7.69	31.73	5.90	7.43	8.11	31.90
Rural	327,638	7.46	7.52	32.25	5.81	7.26	8.22	31.48
Urban	48,114	5.71	8.84	28.21	6.55	8.63	7.31	34.75
Punjab	1,826,623	8.48	8.17	20.83	6.75	7.87	8.07	39.84
Rural	1,338,410	8.58	8.16	20.84	6.29	7.63	8.18	40.32
Urban	488,213	8.22	8.20	20.79	7.99	8.51	7.77	38.52
Sindh	919,400	7.48	6.18	10.56	6.13	7.45	8.92	53.29
Rural	385,984	6.24	6.02	11.25	5.34	6.81	9.06	55.28
Urban	543,416	8.36	6.29	10.07	6.69	7.91	8.82	51.86
Balochistan	146,421	8.42	5.24	14.81	4.60	5.61	6.35	54.96
Rural	117,971	7.11	5.20	14.31	4.25	5.53	6.24	57.36
Urban	28,450	13.87	5.42	16.86	6.03	5.97	6.83	45.02
Islamabad	8,434	9.22	12.09	29.89	12.46	8.05	4.55	23.73
Rural	3,996	9.78	12.16	29.65	6.03	8.63	4.02	29.73
Urban	4,438	8.72	12.03	30.1	18.25	7.53	5.05	18.32

Source: Pakistan National Census, 1998

⁵⁴Government of Pakistan (2021) Disabled Population by Nature of Disability. Pakistan Bureau of Statistics. <https://www.pbs.gov.pk/content/disabled-population-nature-disability> Accessed May 06, 2021



Annex G: Healthcare services are covered under the Sehat Sahulat program - SHPI

1. Accident and emergency including head / spinal injuries, and all kinds of fractures
2. Medical emergencies (all the medical emergency care, which can't be provided in secondary care hospitals)
3. Cardiovascular problems including congenital heart diseases, ischemic heart disease, hypertension and cerebrovascular accidents.
4. Complications of Diabetics
5. All types of cancers including chemotherapy, radio therapy and surgeries
6. Breast cancer screening
7. Kidney's diseases including dialysis, transplant (expenses beyond the package will be covered from reserve fund specified for the purpose by Health Department), Genitourinary diseases, congenital anomalies, stones/cysts
8. Treatment of complications of Hepatitis B & C
9. Treatment of complications of AIDS
10. Musculoskeletal problems including Joint Replacement (related to Trauma)

Annex H: Compensation Rates for Disasters and Shocks

Relief, Rehabilitation and Settlement Department Compensation Rates for Humanmade Disasters⁵⁵:

1. Death – PKR 500,000
2. Grievous Injury – PKR 200,000
3. Complete Destruction of Dwelling Unit/House – PKR 300,000
4. Partial Destruction of Dwelling Unit/House – PKR 100,000
5. Complete Destruction of Business Establishment – PKR 300,000
6. Partial Destruction of Business Establishment – PKR 100,000
7. Severe Damage to a Heavy Vehicle – PKR 100,000
8. Minor Damage to a Heavy Vehicle – PKR 80,000
9. Severe Damage to a Car, Jeep or other 4 or 3-Wheeler – PKR 200,000
10. Minor Damage to a Car, Jeep or other 4 or 3-Wheeler – PKR 40,000
11. Severe Damage to a Motorcycle or Scooter – PKR 20,000
12. Heads of Livestock (large animals, such as buffalos, cattle or bulls) – PKR 50,000 each
13. Heads of Livestock (sheep, goats, or donkeys) – PKR 15,000
14. Petrol Pump – PKR 10,00,000

⁵⁵(Government of Khyber Pakhtunkhwa, 2019)



KP-PDMA Compensation Rates for Natural Calamities

1. Death – PKR 300,000
2. Major or Grievous Injury – PKR 100,000
3. Loss of Property (fully damaged house of two rooms and above) – PKR 100,000
4. Loss of Property (fully damaged house of one room and a fallen boundary wall) – PKR 80,000
5. Loss of Property (fully damaged one room only) – PKR 50,000
6. Loss of Property (a fallen boundary wall only) – PKR 30,000
7. Loss of Livestock (large animals) – PKR 20,000
8. Loss of Livestock (small animals) – PKR 6,000
9. Loss of Crops and Orchards – PKR 5,000 per acre and PKR 50,000 maximum per family for crops and PKR 400 per tree, up to a maximum of PKR 40,000 per family for orchards.

Annex I: Functions of Punjab Social Protection Authority in Sec. 6 of PSPA Act 2015

6. **Functions of the Authority:** The Authority shall perform the following functions:

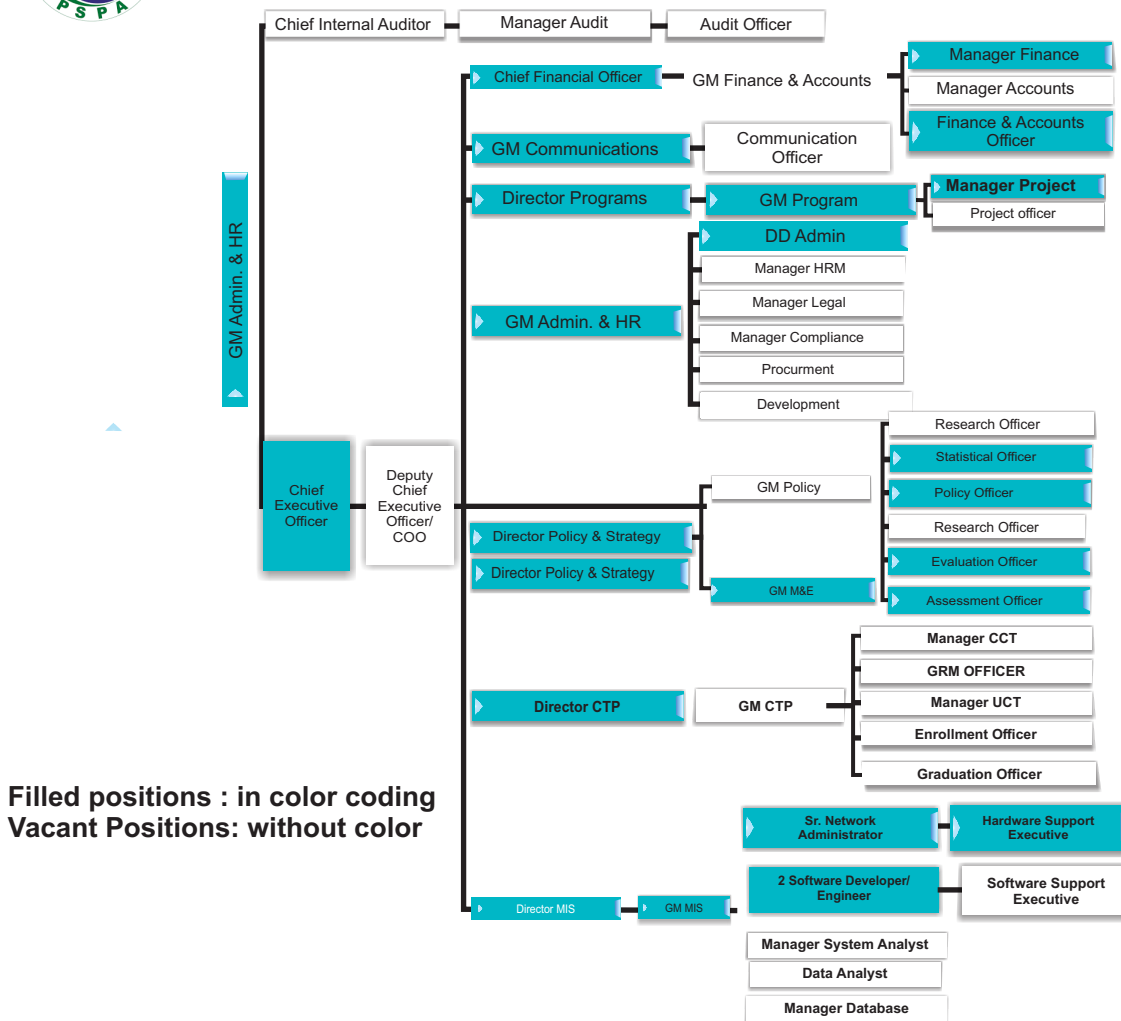
- (a) to formulate social protection policy for the Punjab in consultation with all stakeholders and synergize efforts in formulation of the policy with the Federal Government, national and international institutions;
- (b) to consolidate and coordinate all public social protection initiatives through policy framework for each sector including Federal Government's initiatives;
- (c) to formulate policies and propose legislation for the welfare and benefit of the poor and vulnerable;
- (d) to formulate policies for the protection of legal rights of poor and vulnerable;
- (e) to ensure equitable allocation of resources in line with carefully identified objectives;
- (f) to prepare, store and disseminate data regarding eligible poor and vulnerable under various categories of poverty;
- (g) to evaluate performance of social sector programs;
- (h) to determine and notify eligibility criteria for assistance under social protection programs;
- (i) to formulate policies for effective and efficient mechanisms for relevant agencies and to evaluate performance of such agencies;
- (j) to formulate and execute policies for social protection which may include food, education, health, social assistance, social inclusion and labour market regulations;
- (k) to conduct research and formulate proposals for new interventions into the existing social protection programs and execute the same;
- (l) to prepare strategic reports that set out policies over a specified period to meet the targets for social protection;
- (m) to compile a set of common indicators which show how progress towards the goals of social protection is achieved;
- (n) to notify procedure for the identification, coverage and delivery mechanisms for the welfare beneficiaries;
- (o) to notify the disbursement procedures of the social interventions for each relevant government department or agency;
- (p) to approve the budget of the Authority and to re-appropriate funds;





- (q) to evaluate and monitor the implementation of the decisions of the Authority;
- (r) monitor existing Social Protection programs and recommend to the Government their reorganization, consolidation or amalgamation with other Social Protection programs in the interest of efficiency and utility
- (s) designate Regions for discharge of obligations under this Act and develop social protection framework for each region;
- (t) oversee the establishment of Social Protection centres in each Region to provide legal and social protection assistance and promote social awareness; and
- (u) to engage any person or entity on contract basis to carry out assignments in accordance with the rules and regulations.
- (v) any other function assigned to the Authority by the Government.

Organizational Structure (Organogram) of PSPA





Annex J: Perceptions of KIs regarding the strengths and limitations for handling social protection

Aspect/Attribute	P&D Department	Social Welfare Department
Planning Capacity	High	Moderate
Programmes' roll-out capacity	Moderate	High
Funding capacity for new schemes	High	Low
Convening Capacity for multi-sectoral projects	High	Low
Coordination capacity within Khyber Pakhtunkhwa & other governments	High	Moderate
SP Human Resource Capacity	Moderate	Low
M&E and MIS Capacity	Moderate	Moderate
Field formation's capacity for SP	Low	High
Social Assistance relevance	Moderate	High
Social Insurance relevance	Moderate	Low
Essential Services relevance	Moderate	Low
Labour Market Interventions relevance	Moderate	Moderate
Development partners' Interaction	High	Moderate
CSOs and NGOs Interaction	Low	High



Annex K: Organisations in the Framework and their Roles

The framework mainly positions the existing institutions/offices to deliver social protection systemically. Only the missing coordination mechanism has been added by establishing a dedicated agency within the P&D Department. The Key actors at the provincial level are (1) the Planning & Development Department and Social Protection Unit / Authority, (2) Social Welfare Department, and (3) all other departments managing various social protection schemes related to their core mandate. The roles and responsibilities of these actors are as under:

a. Planning & Development Department / KP Social Protection Authority (KPSPA):

The department will serve as the Administrative Department to lead the social protection in the province. It will develop and update the SP policy and strategy besides developing a mechanism for smooth implementation of social protection policy. P&DD will also liaise with the federal government's social protection-related entities to bring coherence in the policies and avail technical support, particularly on data, when needed. Within the province, the department will keep close contact with the SWD to implement programs at the district level through existing offices of District Officer Social Welfare. In addition, the department will provide technical assistance and capacity-building opportunities to strengthen the SWD for effective discharge of enhanced responsibilities. Similarly, the department will coordinate with other departments engaged in social protection programs related to their core mandate.

The KP SP authority will be established as an attached body of the P&DD through an Act of Parliament. It will serve as the top-level decision-making body for social protection in the province, besides performing coordination and technical support for the system. The authority will be a smart organisation equipped with human and technical resources to provide technical support in policy & strategy, program management, MIS & Data management, and ME&R. The Authority will consolidate all the programs managed by different agencies in the province and track social protection policy/ strategy implementation.

b. Zakat Ushr, Social Welfare, Special Education and Women Development Department (SWD):

SWD will act as the principal partner of P&DD to implement social protection policy. The department will continue its welfare-related existing functions and revisit the current programs in the light of the procedure and relevant data with technical assistance from KPSPA. The department will strengthen its field formation/district setup enabling it to undertake diverse social protection interventions. The department's field offices will also work as an extension of KPSPA at the district level to implement social protection interventions.

c. Line Departments delivering miscellaneous Social Protection Programs:

The departments engaged in miscellaneous social protection interventions like scholarships to the needy students by Education Department, nutrition programs by Health Department, labour market interventions through skill development by TEVTA will continue their interventions keeping liaison with P&DD/KPSPA for quality assurance and data consolidation. However, P&DD will decide about the programs to be implemented by these line departments or KPSPA itself.



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