

CRITICAL ISSUES IN SOCIAL PROTECTION WEBINAR SERIES 1

DATA ISSUES IMPACTING THE DEVELOPMENT OF SOCIAL PROTECTION POLICIES AND PROGRAMS IN PAKISTAN

REPORT



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Critical Issues in Social Protection Webinar Series 1

Data Issues Impacting the Development of Social Protection Policies and Programs in Pakistan

Jointly organized by Social Protection Resource Centre (SPRC)
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PURPOSE

Pakistan has a fragmented social protection system. Currently, there is no consolidated database that could be used for mapping the coverage of social protection programs in a comprehensive manner with the required data disaggregation and sundry parameters. This Webinar is expected to generate an informed debate on the data requirements for the development of a Universal Social Protection (USP) policy and to examine the data gaps that need to be addressed in the context of instituting a USP Policy in line with upholding our constitutional obligation [*Principles of Policy – Article 38(c)*] and in conjunction with our international commitments.

Core data related issues being covered in the Webinar:

1. How do poverty estimation and poverty analysis feed into the design of a robust Social Protection Policy, which builds on the concept of Universal Social Protection (USP)?
2. How can the survey instruments of PSLM, HIES, LFS be tailored to accommodate questions related to the data requirements for assessing the need and coverage of social protection measures?
3. What additional data will be available from the National Socio-Economic Registry (2018-ongoing) for broadening the scope and coverage of social protection schemes in Pakistan?
4. Does a socio-economic registry like NSER provide sufficient data for implementing a Universal Social Protection (USP) Policy?
5. Has there been a mismatch between MDGs/SDGs Tracking systems and the evaluation systems to capture impact of economic interventions? Moreover, what are the implications for the reform of traditional data sets?
6. What are the data requirements for capturing the vulnerabilities of older persons in the context of instituting old-age responsive social protection systems?

PANELISTS & SPEAKERS

Moderator: Prof Dr. Aliya Hashmi Khan

Former Dean of Social Sciences and Director of School of Economics,
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Chief Guest: Prof. Dr. Akmal Hussain

Dean of Humanities and Social Sciences, Information Technology
University (ITU), Lahore
Chairperson, Poverty Estimation Committee, Government of Pakistan



Panellists: Mr. Asif Bajwa

Former Chief Statistician, Pakistan Bureau of Statistics
Topic: Data Issues in Development of Social Protection Policies and
Programs: Role of Pakistan Bureau of Statistics



Panellists: Mr. Waqar Sherazi

Director Implementation, NSER, BISP
Topic: Proxy Mean Test to Estimate the Poverty



Panellists: Dr. Naeem uz Zafar

Chief Economist, Planning & Development Department, Government
of Sindh, Karachi
Topic: Data Issues Regarding the Development of Social Protection
Policies & Programs in Pakistan



Panellists: Prof. Dr. Asghar Zaidi

Vice Chancellor GCU University Lahore
Associate Professorial Fellow, Oxford Institute of Population Ageing,
University of Oxford UK.
Topic: Data Requirement for Capturing the Vulnerabilities for Older
Persons Policies & Programs in Pakistan



Note of thanks and concluding remarks from Dr. Sohail Safdar

Executive Director, SPRC.



SESSIONS PROCEEDINGS

Dr. Aliya started the webinar proceedings formally as the moderator and began with the introduction to the concept of social protection and its evolution in Pakistan to contextualize the debate afterwards. She inferred that the discourse of social protection in Pakistan is not new, it started about 20 years ago in early 2000s and social protection policy and social protection frameworks kept on developing with the cooperation of different donors like World Bank, Asian Development Bank (ADB). We also had the setup of Benazir Income Support Program (BISP) initiated in 2008, which is an unconditional transfer program, later branched out to conditional cash transfers and some other initiatives also to be followed 11 years later. *Ehsaas* Program is the follow up initiative of BISP framework, which now being cited globally as the program which has helped disperse emergency cash to a large to a large number of families during the COVID-19 pandemic.

She stated that it is very heartening to see that Pakistan is one of the countries, which has used its social protection base to extend its social protection initiatives during the COVID-19 pandemic then coupled with this the poverty alleviation and social safety division was established by the Government of Pakistan to comprehensively handle the combination of policy alleviation and social safety initiatives in a comprehensive manner. However, at present the poverty alleviation committee that has been notified by the Government of Pakistan through the planning and development and special initiatives ministry does not really link up to the past division so that is another topic of institutional disengagement, which we have to address. She added that to support the concept of universal social protection, there is the International Labour Organization (ILO) Convention 102 on the minimum standard of social security, which Pakistan has not ratified up to now. Furthermore, there is a supporting recommendation 202 on social protection floors, which she emphasized upon to read because it's a very comprehensively drafted recommendation and Pakistan being signatory to the Sustainable Development Goals (SDGs) and having a framework for following on the targets of SDGs.

She highlighted that we have to report on SDG Target 1.3, which is we have to implement nationally appropriate social protection systems and measures of all including floors and by 2030 achieve substantial coverage of the poor and the vulnerable. In addition, we have in our Principles of Policy in the Constitution, which is the Article 38-C, which deals with provision of social security. She pinpointed that this is the word that is used in the constitution but nonetheless our constitutional obligations and our national commitments taken together under the background of the COVID-19 pandemic really forces us to think of universal social protection policy framework and no policy can either be developed or implemented without having proper data information base for it.

She further stated that today in this webinar, we are going to take stock of different databases that exist and one reason for not having consolidated database is that we do not have a social protection system. Rather, we have a fragmented social protection system and beginning from the national federal initiatives of BISP, *Ehsaas*, and *Bait-ul-Maal* along with the provincial initiatives.

Mr. Asif Bajwa: Data Issues in Development of Social Protection Policies and Programs: Role of Pakistan Bureau of Statistics

Mr. Bajwa first introduced the role of Pakistan Bureau of Statistics (PBS) as a responsive organization and it is responding to all the changes in the data demands. There are no legal or operational hinderances to undertaking any new activity in getting any more new, fresh, or modified data. This process of how demand for new data is internalised in the PBS also. He gave a little bit of historical perspective that PBS was established by an Act of Parliament in 2011 and it was a merger through a Federal Bureau of Statistics, a Population Census Organization and the Agricultural Census Organization. The Mandate is to produce reliable, authentic, timely and transparent data, which is compatible with the needs of the economy and socioeconomic development requirements of the nation. Therefore, the mandate itself is a dynamic mandate, so with this mandate we can undertake any new activities or any data requests, which come up.

He added that PBS and its predecessor organizations have been collecting data on various activities in Pakistan.

PBS has been in the field since 1950 as a Central Statistical Organization (CSO) and undertaken various data related initiatives such as Agriculture Census (1960), Household Integrated Economic Survey (1963), Labor Force Survey (1963), Pakistan Social, and Living Measurements (2004). Traditionally, PBS data has been used for poverty estimation based on consumption and income and recently, using multidimensional based Multidimensional Poverty Index (MPI). Initially, prior to 1998, poverty was estimated by researchers and there were no official poverty estimates using PBS data. In 1998, the Government set up Centre for Poverty Research (CPRID) in the Planning Commission for poverty estimation and related issues. Furthermore, they also used HIES/PIHS/PSLM data was used for poverty estimation. In 2006-2007, the poverty numbers and methodology were vetted by international experts but because the numbers became contentious the seven poverty numbers became contentious and the donor support dried up and the government also because of change in government separate was closed and a very valuable organization was lost and surprisingly their databases could also not be archived.

Mr. Bajwa explained briefly about the PBS Act that it provides very robust mechanization to accommodate emerging demands for data. Section 19 of the PBS Act provides for a Federal Statistical Authority and the chief statistician has been designated as statistical authority. He is the person authorized to declare that what information should be collected and what information should be collected on any matter and he is the person to decide and formulate a question as he sees fit. It is under the law under statistical authority not sort of bound by rules or regulations to do or not to do something and this statistical authority again this is sort of one window whoever wants additional data can access this authority and the system starts. Moreover, Section 23 states that the Statistical Authority shall declare that information shall be collected on any matter and formulate questionnaire as it may think fit. He added that another window for new data is through the National Users Council. The PBS Act of 2011 has immense involvement in private sector, the academia, the NGOs, the international organizations, the researchers as far as its various councils are concerned starting from the governing council, which has representation from the economists and the statisticians from all four provinces. Similarly, national user's council under Section 12 of the PBS Act provides for the establishment of Users Council again it includes a very wide representation of govt departments and academia, universities. The composition of Users Council includes government departments, academia and other organizations who use PBS data. The functions of the Users Council, among others, are advice on ways and means of achieving efficient, adequate and prompt results, advise on priorities for filling gaps in statistical data, advise on schemes for avoiding duplication in statistical programs. Therefore, this would then provide another window where one can ask the PBS for original data, which is not available.

Furthermore, under PBS Operations, data gaps or additional requirements are identified by the government, international organizations, academia, NGO's and PBS, UN. These demands could be for data to meet demands of a new activity, SDGs, data on a topic not covered in any existing survey, and data at new spatial levels for example previously if data was available at national level people are now asking for data at district or provincial level and additional data from existing surveys. Therefore, it could be any of these. Now the process of internalizing these demands is that PBS reviews the data requirements and takes a decision whether to conduct a new survey or modify an existing questionnaire to piggyback a new module on an existing survey. The decision in the PBS is made on the basis of priority of data requirement, it is required by which existing workload commitments, additional resource requirements of manpower equipment. These are critical issues and it is tried to not exceed the capacity of the organization and similarly for e.g. when a census takes place, the manpower capacity of PBS is restricted so therefore the school teachers have to be taken on board and in order to provide security and logistics the military has to be enlisted for help.

Within the PBS the process is that prior to every round of ongoing surveys, questionnaires are reviewed in light of any new developments which occur during this period or any new data requests come up. Amendments, if any, are proposed, formulated inhouse by the PBS.

For all new activities, PBS formulates new questionnaires. These questionnaires are then put up before technical committees, which are duly notified and they consist of subject experts, concerned departments, international agencies, technical committees review the new questionnaires as well as the modifications proposed.

The Technical Committee comprises of subject experts, concerned departments, international agencies, academia and PBS staff.

PBS Governing Council gives a final approval of the questionnaires as well as the work plan, which again has a fair representation of govt persona.

Mr. Bajwa puts in the relation of PBS and SDGs as, when in 2015, UN adopted SDG's, and PBS reviewed the SDG indicators to see what data could be gathered. PSLM Technical Committee reviewed the questionnaire and set up four subcommittees on Education, Housing, Health, Poverty and Unemployment. Resultantly, new modules were added to PSLM questionnaire and PBS now monitors and reports data on 31 SDG Indicators at provincial and district levels. Module on Information, Communication and Technology was added on the request of PTA which again is part of the SDGs. Furthermore, a long outstanding demand was for price data to be disaggregated at Rural and Urban levels. As a result, PBS now publishes Rural, Urban and National monthly price indices. PBS is responsive to data requirements with certain caveats. Additional resources are a prior to undertaking of any new activity.

Government commitment in regionally sensitive activities would be required e.g. sub-national accounts. That involves a political decision. It is not that the capacity is not there, it is just that, and then it would start heated debate amongst the provinces. No one in the govt or federal govt is prepared to allow this and there is a long outstanding demand by the govt of KP to help them set up sub national accounts but we are not at the moment because of its sensitivity.

While talking about PSLM & NSER, that whether PSLM and other surveys can be modified to check the need for universal social protection survey or policies, he added that it depends on the data required. For example, a full fledge survey, which the BISP conducts cannot be done by the PBS through PSLM. Now PSLM has maximum interviews conducted which is about 170,000 interviews that in no way compares to the BISP coverage. Therefore, at the PBS, the PSLM, the Labor Force survey sub modules can be piggy backed onto them but they can at best be used to check out the veracity of the BISP outreach. The actual task of selection of identifying the poor cannot be done by PBS, a supporting role can be placed and, in that context, being a supporting role, a very active role can be performed. PSLM, HIES and LFS can be modified to assess the need and coverage of social protection. However, these are surveys with limited sample size and in no way can replace BISP coverage. PBS surveys can be used to check the veracity of BISP outreach. At best, PBS can play a supporting role, not treading onto other agencies turf. Another area, which has been ignored so far, is the PBS data it is huge and it has targeted each household. PBS Census data is a treasure trove and can be used to support NSER. The issue is individual data cannot be shared under law; however, it can be anonymized and unit data can be used to identify hotspots. For example, data can be made available even at a census block level which will help the researchers and the BISP people and the enumerators who identify hotspots throughout the country that these are the hotspots according to their own parameters so that they can focus on those areas first instead of focusing on rich areas thereby saving time and effort.

Moreover, NADRA data can also be used and he informed that they use NADRA data extensively and about 7 million head of household's data were online at real time check while the census was ongoing and this was done on a random basis. So that again is a very good data set, which can be accessed in order to have national social protection program to supplement and verify NSER. During Census 2017, real time validation of data of head of household was done on a random basis. The upshot of all this presentation was that PBS could help but with certain caveats that additional resources would be needed.

Mr. Bajwa concluded with a few suggestions that firstly, there is a need to clearly defined mandate that this is what we want. PBS can then look at it and decide whether it has resources and whether it can take it to the field. Secondly, it also needs to be clear to PBS that they will not be starting on new turf issues. But of course, it's a great idea that there is a need to have a unified activity, data for example, disbursements are there which again are non-conditional cash transfers then there is *Bait-ul-Maal* and they are not being mainstreamed into *Ehsaas* Program for instance and there could be overlaps as far as the recipients are concerned.

Mr. Waqar Sherazi: Proxy Mean Test to estimate the Poverty

Dr. Waqar initiated the discussion by introducing estimations of poverty. BISP uses the PSLM model for estimating the poverty. This is called the Proxy Mean Test through which the poverty or wellbeing status at household level can be estimated. Previously, five major areas of interest were being used including demographic profile of family, education status, dwelling characteristics, durable assets and productive assets. However, this time it has also included the geographical location, which refers to the agro climatic zones and the agricultural yielding of that particular area, which contributes to the overall status of the family.

He added that they are in the position to predict the actual well-beings of the status of the family. The proxy means test approaches the poverty scorecard questionnaire and resultantly a family is given a score from 0 to 100, whereas, the nearest 0 refers the poorest amount in the families and as the score gets closer to the 100 score, it means the richest families. With this, the overall situation of a family can be predicted, which is called well-being status or poverty status, which are the two sides of the same coin. He affirmed that there was a room for collaboration with PBS and focusing on the more robust model to cover 100 percent coverage with better quality. He added that BISP is using the 2017 map estimates at tehsil and district level throughout Pakistan, though, census was held in 2017, so there might be an increase in the number of households, which is annually estimated at 1.5 percent otherwise and an enhancement is being expected in the number of households.

Therefore, to ensure 100 percent coverage, overall model by PBS is adopted as well, tehsil is divided in four major zone, in which, and each zone must not have more than 30 percent of population of that tehsil. Each block is divided in to small enumeration area and each enumeration area is equivalent to that a block. One enumeration area is covering 250-350 households. Then, the area was traversed on PBS pattern. The enumerated get the understanding of the area and the door marking took place. The tablet-based survey was done and stored as record. GIS point is marked in the tablets and the server is hosted at NTC. In this way, the database can be visually seen and analysed to ensure 100 percent coverage. Then the teams ensure enumeration in these blocks. Then certain analysis is run in NTC and the results are shared.

He shared that they have a bandwidth ready for the households based on these estimates. The data is also certified by NADRA by applying six validity tests. Within the questionnaire, the areas including mortality profiling, morbidity profiling etc are also covered. Such methodology has made the organization in a position to estimate the quantiles for estimating a certain pattern. He further added that now we cannot only predict poverty at household levels, but also can define specific interventions to get out of the less shock resilient state and poverty status.

He stated that this is for the first time in Pakistan that we are collecting the data for transgender and verifying the data from other sources of the databases. With this, it is possible to predict the possible accurate wellbeing of the family add demographic profiling of the family. Furthermore, people can be helped with cash transfers but also looking for subsidies in terms of electricity consumptions, ration consumptions, and small businesses start-ups as well. In addition to that, transgenders are being provided help and disabled in the society to play an efficient role in the society. For the old age data, that is present in their database; BISP can provide the same data for shared information.

Dr. Naeem uz Zafar: Data Issues Regarding the Development of Social Protection Policies & Programs in Pakistan

Dr. Naeem started the discussion with the notion about the context that there is a disconnect between Social Protection and Poverty Reduction, albeit from practice it is known that they are not independent and same is implied by constitution. Article 37 is “promotion of Social Justice and Eradication of Social Evils”. Its part (f) read “Enable the people of different areas, through education, agriculture and industrial development and other methods, to participate fully in all forms of national activities, including employment in the services of Pakistan”. Article 38 is about “Promotion of Social and Economic Well-Being of the People”. Its part (b) reads “Provide for all citizens, within the available resources of the country, facilities for work and adequate livelihood with reasonable rest and leisure”. Talking about gaps, he stated that despite the fact that major data

sources of Pakistan (PSLM, HIES, MICS) do cover socioeconomic access to population but there is huge gap between effective poverty reduction strategies and corresponding result framework. One short answer to above is that so far, general growth strategies have been implemented and implicit assumption is they will alleviate poverty. However, the reality is that poorest of poor need targeted interventions and general growth will not pull them up.

To have insights that why a general growth strategy will not work, he highlighted the characteristics of a typical village in Sindh. It is located 10 to 40 km from the district headquarter city and comprises of about 250-400 families, with a population of about 1,500-3,000. It is dominated by 1 to 2 families, as in Shikarpur, or 5 to 6 families, as in Thatta. These dominant families own about 3,000-10,000 acres of land. There are a handful of small farmers, with a majority of them owning less than 5 acres of land. Some of them also engaged in small scale businesses i.e. tea shacks, etc. Over three-fourths of the villagers are tenants/sharecroppers working on the landlord's lands and sharing the produce on 50:50 basis; with the landlord also deducting 50% of input cost and a portion of the unwritten loan and interest owed to them.

All tenant families, including children, engage in off-farm wage labour Villagers live on their landlord's land or in the village, registered on government land. However, all the villagers reside in the village by virtue of the goodwill of the big landlord. The villagers dwell in mud houses or in wooden shacks made from used crates. They are liable to be washed away in floods or in heavy rains. The state of hygiene is appalling. One-third of the men and one-tenth of the women are literate. Literacy is hovering around 60% and illiteracy is much higher in rural Sindh. Malaria, diarrhoea, hepatitis C, and respiratory illnesses are frequently mentioned diseases afflicting the villagers. Skin diseases and malnutrition is visible, stunting is hovering around 50%. Village has a post office and a boys' primary school, but none for girls. About half the children go to Madrassah. In rural areas, land distribution is highly unequal. Nearly half of all rural households are landless, 7% are tenants and 45% own land of varying sizes. Almost 17% of land accounting for 62% of farms are of 5 acres or less and 13% of land accounting for 0.5% of farms are of 100 acres or more.

He shared the lessons from Poverty Reduction Programs in Sindh that General growth strategies cannot reduce poverty, especially in deep poor pockets of Right Bank districts and South Eastern coastal and Desert districts. Micro interventions alone do not work, a combination of micro and macro intervention is necessary. Poverty reduction programs cannot succeed ownership of community. Strategic Interventions should be targeted.

Economic growth required for poverty reduction requires agglomeration and economies of scale. This won't happen automatically as markets and market access are either primitive or non-existent. Agglomeration should focus on creating economic clusters through road infrastructure and market infrastructure in hub agglomeration should happen through community, government can be initial provider. The communities are too poor and vulnerable, they are most of the time busy in survival; therefore, there should be strategic implementation of survival and growth strategies.

The poverty reduction strategy follows two prong approach, it employs Survival strategies and Growth Strategies on same community. Survival strategies are meant for improving resilience; they are water, sanitation, nutrition, shelter, and basic health. Growth strategies are based on developing Rural Growth Centres. RGC is based on cluster development involving careful analysis of crop production and potential. Implementation starts with joining nodes through improved roads to form cluster. At the hub, growth strategies include education, vocational training & skills, market place infrastructure, and enterprise development. Within hubs components of growth strategy includes, Storage of inputs (seed, fertilizer, etc.) and distribution centres for outputs Sheds/yards for trading/marketing of grain, livestock, and other commodities milk collection point and chilling plant, small cold storage, agricultural equipment repair and maintenance facilities bus stop and truck stand.

Vocational training centre, small industrial zone for agro based value addition. Three levels of interventions are visualized. At the government level, government line departments will be required to provide (build, rehabilitate or up-grade) physical facilities and spaces for commercial activities.

At the sustenance of RGC, at the private sector level, private operators can be expected to set up, upgrade and operate their manufacturing, sales and service establishments, utilizing the infrastructure provided by the government. At the civil society organization level, COs will operate designated public service delivery as contractors for the government, to provide the following facilities IGG/CIF/CPI funding Housing, locally sourced water supply (hand pumps, RO Plants) Village improvement, i.e., drains and walkways (including maintenance) Other village facilities like Kitchen gardening Enterprise development funding for: drinking water plants, livestock, milk chilling plants, village stores, village workshops, transport vehicles; thereby, contributing to improved services and development of local private sector. Minor irrigation works local village to market roads and connectivity with Rural Hub any other service identified as needed by village communities. For the data gaps, with these strategies in mind, major datasets are viewed, there is PSLM district and provincial level surveys. The district level survey was initiated in year 2000 to track Pakistan's progress on MDGs. The district level survey covers demography, education, employment, health, immunization, reproductive health, empowerment, housing and community characteristics. The provincial level survey covers consumption, income, enterprise, and assets data beside majority of social modules covered in district level survey.

The first gap is that two data sets do not cover on one administrative unit. Second major gap is the absence of major ingredient of poverty reduction program, for e.g. presence or functioning of input market, access to input market presence or functioning of output market, access to output market, liquidity constraints and lost income, dilapidated village or town infrastructure dilapidated connecting roads from village to market dilapidated connecting roads between nodal villages or towns for cluster formation. Managerial capacity of COs to run the grant distribution for village and community infrastructure. Capacity of COs to be part of project identification process for ADP.

He further stated that another gap is the nature of question, it is known that poverty reduction is a transitory phenomenon of behaviour, information, and assets but the questionnaire is not asking transitive questions. If RGCs are implemented successfully then one can expect increased number of enterprises, increased employment, increased income, improved health and nutrition, improved cognitive abilities, and less migration. He explained that one simple reason is that some surveys were for compliance and not for action. Similarly, it can be seen that the PRSP expenditure tracking was not meant to reduce poverty but to simply account the expenditure. The common thread which can synergize the strategic and phased intervention is not present and there is a need to make one.

Dr. Asghar Zaidi: Data requirement for capturing the vulnerabilities for older persons

Dr. Zaidi initiated his viewpoint with the notion that discussion on data requirement for capturing the vulnerabilities for older persons means to discuss about ageing. He stated: "Ageing does not mean just the older persons, in fact in younger age what you sow, shall you reap in old age." He suggested that there are three steps required for the capturing the vulnerabilities for older persons. Step 1 deals with the 'Context', mean that data is the backbone of the whole process, on which research can be conducted. The research results can lead to the ultimate objective and that is good policy making. Policy again points to research community to what kind of research is required and policy points to the data stakeholders that what kind of data is needed. Aging related data deals with the type of the stock of aging related data in the country, from the population and housing census, household surveys and administrative registers, identification of the gaps in ageing related data in reference to policy priorities, type of longer term investments, which are required in the surveys, census, and use of admin data instruments to generate ageing related data.

He added that in Pakistan, it is thought that social protection rights of old age people are poor. Pakistan is among one of 15 countries worldwide with over 10 million older age persons, aged 60+. A rising life expectancy means that old age population has been rising fast, reaching to almost 44 million until 2050 living in Pakistan. That is the time to start thinking about better policymaking, research and data banks. Pakistan ranks exceptionally low in a global comparison of well-being of older persons. According to Global Watch Index, from 96 countries Pakistan ranked 92. He emphasized that older age persons and sustainable development in terms of the moral case, to take care of the elders. All development strategies must include the

potentially vulnerable groups (older people) by improving their well-being and quality of life. Two bold pledges being made in the post-2015 agenda of SDGs, “no one will be left behind” and “We endeavour to reach the furthest behind first”. The second is the economic case, tapping the potential of old age people. Older persons when protected and empowered contribute not just to their own Well-being but also to overall development of the society, they live. No development can be decent and sustainable without giving proper care to the elders.

In the Step 2, focus should be on the evidence building for the sustainable development in an aging society. There are three stages of evidence gathering: the surveys, census and administrative registers to provide credible, representative and timely data, data to be used in generating dashboard comparative indicators and the analysis using composite indexes to point to policy priorities and facilitate monitoring. Then, there are five themes from Policy Priorities/ Data Age-Disaggregation plans of UN (IAEG-SDGs), Health and care, which includes mental and physical health and social care both at home and in an institution, Financial security, which includes employment and asset ownership. Violence, abuse and safety, includes varying forms of abuses and physical safety. Participation, as full member of society covering social isolation and Enabling environment, include age friendly communities.

Dr. Zaidi concluded that the final step includes common challenges of data shortage across the world but different stages of development and capacity. A great potential for mutual learning with the help of global policy frameworks, such as 2030 agenda of sustainable development. Age-disaggregated data essential in monitoring the pledge ‘leaving no one behind’ of the SDGs – this requires usage of data into evidence building process and policy advice.

Final Remarks by the Chief Guest Prof. Dr. Akmal Hussain

According to Dr. Akmal, capacity to use data is a crucial kind of institution that needs to be build up with the capacity to use data. This capacity can really only be built up if there is data that is based on asking the right questions. Dr Akmal stated that data does not exist in an abstract form, data is the result of the questions one posts. So, the kind of data that will emerge will depend on the kind of questions asked. I’ll illustrate that with rather serious flaws which exist I think in the multi-dimensional poverty index, Dr. Akmal then contextualized the whole question of social protection in the issue of development. According to him, there is a need to contextualize social protection as indeed health universal provision of health and education. These things need to be contextualized in development issues. Then he discussed 3 aspects of contextualizing.

Firstly, universal social protection is indeed universal provision of education and health are actually necessary for development. The provision of these 3 kinds of services at universal level are actually good for growth. They are not social sectors as the World Bank for a long time or the IMF have imagined. Actually, the evidence shows that the universal provision of health education and social protection have a substantial positive physical effect on growth rate.

The second aspect of the universal provision of health education and social protection he described, is that if one does achieve that then he or she will actually be helping or contributing to a new kind of development which is a development based on human beings. So human development-based idea of development. In that respect, Dr. Akmal is of the view that universal provision of these 3 services, will not only be good for growth but it can lead to a new trajectory of development that is based on the enterprise and talent of the people rather than based on foreign aid as we have seen so far.

Thirdly, he stated that provision of these 3 services at the universal level, are good for social cohesion, if that objective is achieved then one can move towards a society that is more cohesive, that has less violence and tensions within it because every citizen will develop a stake in the system. according to Dr Akmal, provision of education, health and social protection to everybody will result in everybody having a stake in the system.

He then talked about that how Professor Easterly at Harvard did an econometric exercise in which he showed that societies which have greater social cohesion are also economies that generate a higher and more sustained

economic growth . Therefore, if the idea of universal provision of education, health and social protection is contextualized then it is good for growth and social cohesion and eventually growth. It is also good for changing the trajectory the very nature of the growth process towards one that is based on human development. Dr. Akmal then talked about how quite frequently it is being asked in Pakistan that Pakistan cannot afford to have universal provision of health, education and social protection.

In that respect, Dr. Akmal then shared his report which he prepared for UNDP about 3 years ago called 'Inclusive and Sustainable Development'. In that report he researched to show that the new data at the global level clearly disproves the contention that Pakistan cannot afford to provide universal health, education and social protection. He mentioned that a number of countries in Europe, Asia and Latin America, have achieved sustained economic growth per capita income over a long period of time, and therefore they have been to transform the material conditions of the life of their people. They moved from a situation of relative poverty to relative affluence. He gave the example of Germany, that Germany in the late 19th century, made a commitment to the universal provision of these 3 services and at that time the per capita income of Germany was lower than the per capita income of Pakistan today. Then he also pointed towards some of the Scandinavian countries. In the early 1920s the Scandinavian countries also gave this commitment and even their per capita income was almost the same as the per capita income of Pakistan today. Then Dr. Akmal exemplified Asia, where he particularly talked about Meiji, Japan, in the middle of the 19th century, they too gave this commitment of the universal provision of these 3 services and the per capita income of Meiji Japan was substantially lower than the per capita income of Pakistan today. China of course in the middle of the 20th century embarked on its revolutionary program of development and they gave this commitment at a time when the per capita income was far lower than the per capita income of Pakistan today. So, in the light of the above examples, Dr. Akmal stated that it is not right to propose that Pakistan cannot afford the provision of these 3 services at a universal level.

According to him, an argument can be made that the provision of these 3 services at a universal level for each citizen, can become a key factor not only of sustained growth, but of growth that is based on human development. Thus, through the above evidence Dr. Akmal affirmed by saying that "we cannot afford not to provide these services far from saying that we cannot afford it".

Following this, Dr. Akmal expressed that it has been observed that these above mentioned countries who made this commitment for universal provision of health education and social protection, it helped them to not only gain political credibility and improve relationship between state and society, but also it helped them to mobilize resources for the objective at hand. So, in that sense, he declared that resources can be mobilized, people can be taxed and he strongly advised that the tax revenue generated should contribute towards the provision of education health and social protection not only for themselves but for everyone else in the country.

According to Dr. Akmal, if the government it wants to pursue development based on human beings then the provision of these 3 services at a universal level for every citizen is necessary. He then explained that he performed an exercise of 120 countries and it was very clear from that exercise that the countries which have a higher level of human development, their Human Development Index is higher, and they have a higher rate of GDP growth. So, in that sense, he said that if we want move into a new trajectory of development one that is for the people and by the people then we need to provide these services. He further elaborated the reasons that why he discovered this evidence along with other people in the US and Europe, that there is a positive impact of this provision as far as growth is concerned. He declared that is if the population is healthier and more educated, they are obviously going to be more productive and consequently, if there is higher productivity there will be higher growth.

He then further elaborated Dr. Zaidi's point that there is a need to build capacity for the use of data and in order for us to build that capacity, for to collect data, relevant questions need to be asked. Dr. Akmal then went on to further elaborate this point by presenting his critique on Multi-Dimensional Poverty Index (MPI). He began by stating that this index has been designed with western eyes and to apply this index to a country like Pakistan, one will end up with data which is not only largely unusable but has irrelevant concerns about poverty.

He gave an example that in the index, one seventh weight has been allotted to access over health and access over education and when the details are viewed regarding how they define access over health and education, it is apparent that issue of quality is not taken into consideration at all.

He further gave the example that if someone has X years of schooling in Lahore, that person will have a very different employability prospect compared to someone who had a same number of years of schooling in a place like Tilla Abdullah in Baluchistan. Therefore, Dr. Akmal is of the view that quality of education is critical in determining the capacity of an educated person to get employed and if that is left out then it's not really useful when this question is asked that how many years of schooling did you have? And then build your index on that basis.

He then stated that health is a much more serious issue, the flaws in the index regarding access over health are far more serious. He explained that firstly, they are not putting a price on health facilities and services. Which is crucial. If a person goes to a clinic or some other facility, that is extremely expensive and simultaneously that facility has very poor diagnostic facilities, then that person as far as the index is concerned, is not poor because the person has gone into a health facility. However, according to Dr. Akmal, that person can be locked into high cost source of medical care. The person starts losing interim over a long period of time when a person falls sick.

Furthermore, Dr. Akmal talked about the survey conducted by him and his team in all 4 provinces and they chose a representative sample of the poor population in each of these 4 provinces. It was discovered that illness was a major trigger that pushed people into poverty, if they were above poverty line. He added that in Pakistan there is a high level of concentration of the population just above the poverty line. So, if a person falls sick, it becomes a major trigger for pushing people from just above the poverty line and into the poverty line and if the person is already poor, he or she gets pushed into deeper poverty.

Dr Akmal then explained that why did this occur. Firstly, he stated that almost 65%, of the people interviewed, among the poor population, were sick at the time of the interview. They were ill for the 3 months of the year. That's the first thing to understand so poor health, is a major issue as far as the poor people of Pakistan are concerned. He further informed that when it was asked that where do you go when you fall sick? Those who did go to a health facility, reported that they went to private allopathic medical practitioners. They didn't go to public hospitals or basic health units because they were either very far away or they were of no use. They didn't have facilities to provide services and they didn't go to faith healers either they went to private allopathic medical practitioners.

Moreover, he informed that these medical practitioners particularly in the smaller towns and the rural areas might have a MBBS degree but they are not properly qualified to diagnose illness and what makes this diagnostic problem worse is that they don't have the diagnostic facilities on basis to identify what kind of disease a person is suffering from. So, these people ultimately end up with having to remain ill for a long period of time.

Dr. Akmal then describes his experience of visiting a peri urban area in Multan, the main street in that village peri-urban area, was a sewer and upon asking it was known that everyone living in that area was ill. He further asked the residents that what happens when a person falls ill? The response was that if they go to the doctor even once it's so expensive that there is famine in the home. There is serious food shortage in the home. So, they pray to God if someone falls ill that either God cures him or take him. So, this is the situation of the poor.

Dr. Akmal proposed that for the marginal, in the multi-dimensional poverty index (MPI), as the criterion, in order to know that whether or not that person is poor, the question must be asked that do you or do you not go to a health facility? If the person says no then that person is poor in the sense that one seventh weight is given to this but if a person says yes, I do go the facility and he's not poor. In that case however, Dr. Akmal explains that in reality the situation is reverse, he says that if the person is in the margins of poverty or even if he is poor, he goes into a health facility, usually a private medical practitioner, the person gets locked into a very high

concourse of medical care which is actually ineffective in practice.

He further explains that in order to finance health expenditures over time, a person is to sell whatever a few assets he or she has. Thus, the index is posing a question that is going to give the opposite results with respect to the reality. If the person says I go to a medical facility, as far as MPI is concerned, he is not poor but actually if he does go to a medical facility that either results in deepening his poverty or pushing him into poverty.

The problem is as Dr. Akmal identifies is that in the MPI, they don't price these services and as far as education is concerned, they don't take into account the variations and quality of education. Moreover, in terms of health, wrong questions are being posted. Therefore, according to Dr. Akmal, if you are asking the wrong questions you will end up with wrong answers and wrong kind of data and that kind of data is unusable. He further said that if you had the capacity to use data, this data would be useless as far as any sensible estimation of poverty is concerned. He also advised that while collecting data one must understand that data is not something abstract. It is pieces of information and those pieces of information occur in classifications and the classifications emerge from the questions that are posed. So, if the right questions are not being put forward, then one will end up with a data set which is not meanable to effective use.

Dr. Akmal then raises the issue of poverty in terms of collecting data that before one starts collecting data on poverty, initially he or she must ask the question, what is it I'm measuring? What is poverty? How does poverty occur? Furthermore, he informs that in the research he has done over the last 20 years on poverty, lot of that is based on field research in wide range of rural areas. It was discovered was that the most important factor that makes poverty and keeps people poor, is that they are locked into a structure of dependence onto land the kind of dependence which is a structure of dependence from a landlord and it extracts a large proportions of the income of that tenant or the landless labourer. This either pushes him or her into poverty or keeps him or her poor.

He estimated for the national human development report that how power mediates markets for inputs and outputs. The question is posed that there should be data of input markets over output markets. Through the input and output markets that Dr. Akmal studied in 10 different districts across 4 provinces, it was discovered that those areas which were dominated by land lords, were the areas where this asymmetric power was mediating the markets for both inputs and outputs. So, the large land lord was able to acquire better quality seeds, fertilizers and pesticides at a lower price compared to the poor peasant. Similarly, the large land lord because of better access over output markets, better political or power influence, was able to sell output at a much higher price than what the poor peasant was able to sell. Thus, power was creating markets that were unequal to the respect of poor and the rich.

Moreover, as the poor were losing large proportion of that income, in the form of bribes that they had to give to the local revenue and district administration officials just to prevent banditry against their homes and so the total estimate was asymmetrical markets were responsible for the loss of 20% of their income because of asymmetric power and they show power has to be central to any questionnaire that you pose to collect data. The question has to be whether or not the person is dependent on their land lord. Whether or not the input and output markets which one is interfacing with are equal with respect to the rich and the poor. Those are the questions that are needed to be asked and they don't exist in this multi-dimensional poverty index.

Dr. Akmal further informed that through field work, one of his colleagues has discovered that poverty is more likely to be alleviated, if community organizations are formed at the village level. This is because these community organizations, if they are real and independent, if all the members are participating in the process of project identification and implementation, in individual households, then in that case, it becomes a very powerful leverage community organization as a kind of countervailing power and the possibility of person pulling out of poverty is much greater if that person is isolated, alone and helpless.

So therefore, Dr. Akmal believes that this question is also very important that whether or not that person is a member of community or organization. The question is what is the situation with respect to asymmetric power

at that local level, what is the situation with respect to social collateral whether he is a member of community or organization or not. These questions are there to look at the problem of poverty in a dynamic sense. He further went on explaining regarding data by saying “Your data is actually a snapshot picture in time, you know when you do the survey, it’s a snapshot but that snapshot has to yield information through which you can predict what is going to happen over time, and that prediction becomes very important subsequently when you take another snapshot then this comparative static analysis will become much more meaningful and understandable you can make better sense of it if you know what dynamic underlying forces are at play in the first place.”

He concludes by stating that the multi-dimensional poverty index has not started off with a reasonable understanding of the poverty phenomena. Therefore, they posed the wrong questions and ended up actually quite useless. So, Dr. Akmal is of the view that there is a need for designing a new multi-dimensional poverty index. He further states “I’m not against the idea of multi-dimensional poverty index, poverty is multi-dimensional so we do need a MPI but remember what an index is, it comes from the idea of index finger, it points towards something. This index has to point to the right phenomena.”

Therefore, in that respect, one would ask questions which would be very different from the existing MPI and those are the questions that are going to yield information, which can be analysed to come up with proper sensible policy results, policy conclusions. Lastly, he appreciated Prof. Zaidi by presenting a very thoughtful proposal, of building a capacity to use data it’s very important. Before collecting data, it is important to start asking the right questions so that the capacity to use it is actually being used.

Note of Thanks and Concluding Remarks from Dr. Sohail Safdar

Dr. Safdar started off by recognizing that it is the perfect timing at which Dr. Akmal has been appointed as chairman of the poverty estimation committee. He further appreciated Dr. Akmal on behalf of SPRC and all the colleagues present. He then extended his support towards Dr. Akmal and to receive his guidance and Dr. Safdar informed that we are very much focused on health. He further stated: “We are looking for true kinds of data for the last many months. There is no data available regarding accident orient disability in workers in Pakistan. So, we cannot know what happened to them in terms of financial and health protection.”

Furthermore, Dr Safdar expressed that there is no knowledge of how the expenditure has worked out. He said that we know it is 77% which is very high and this is not good. However, he emphasised that despite knowing the expenditure abundance, it is unknown that how has it worked out and how it can be understood. He then informed that in India, the bottom 10% working class, they spend more on health as compared to what they earn and in light of that he expressed his concerns by saying: “I fear it may be the same in Pakistan, but we would only know once we can ask right questions.”

Lastly, he stated that “we are all together in this.” He ended by thanking all the panellists, Dr. Aliya and the participants.