



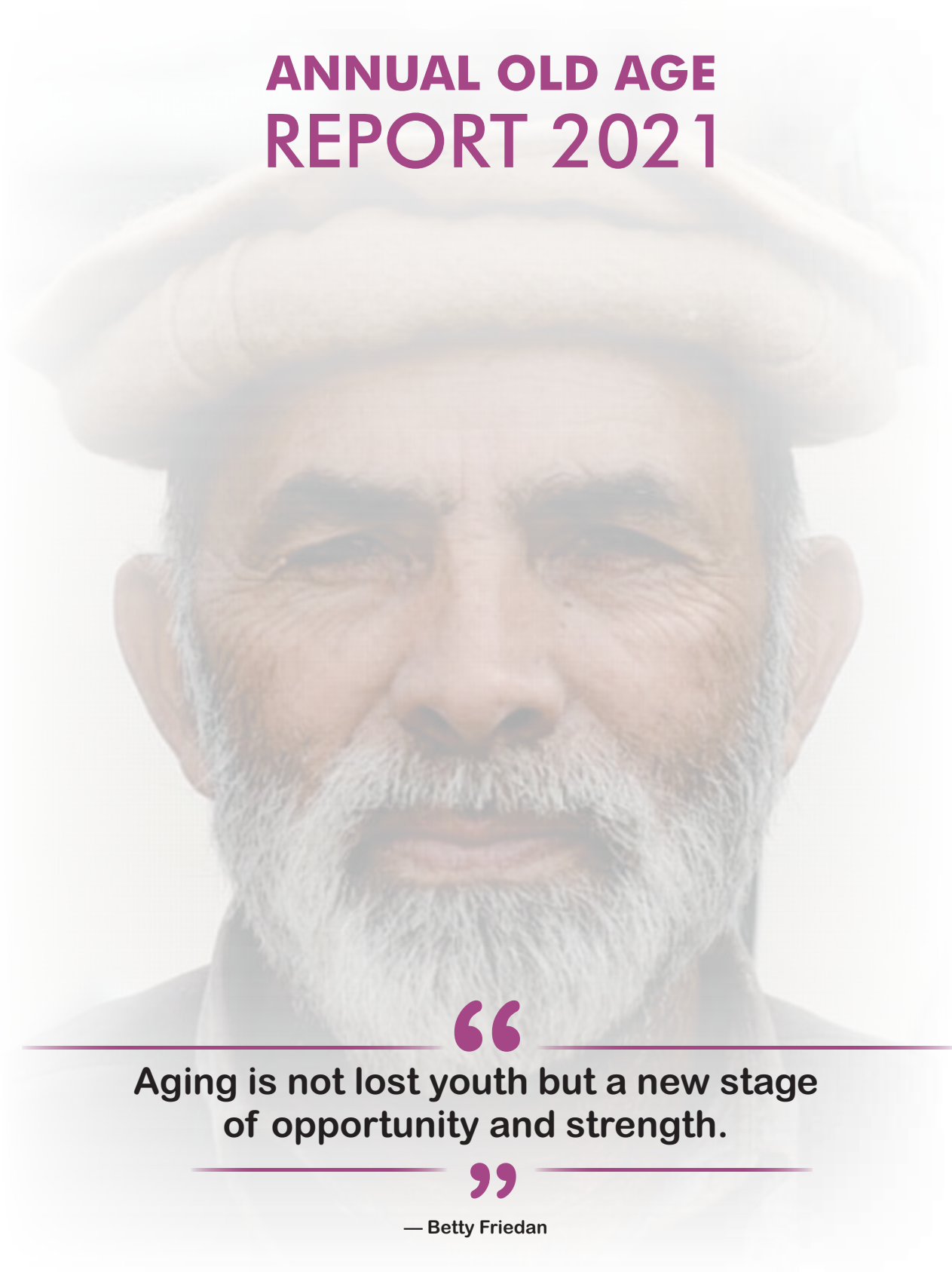
# ANNUAL OLD AGE REPORT 2021

2ND ANNUAL REPORT BY SPRC



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# ANNUAL OLD AGE REPORT 2021



“

Aging is not lost youth but a new stage  
of opportunity and strength.

”

— Betty Friedan



## PAKISTAN ALLIANCE FOR SOCIAL PROTECTION (PASP)

Pakistan Alliance for Social Protection (PASP) is a multi-stakeholder partnership under the umbrella of the think tank, Social Protection Resource Centre (SPRC) to develop a Framework with active collaboration of Alliance Partners. It was established to help the Government of Pakistan and the Private sector for strengthening the Universal Social Protection System (USPS) in Pakistan. PASP is based on the voluntary collective effort of concerned organizations and leading professionals with no financial or political obligations to its partners. It is comprised of Academics, Civil Society Representatives, Businessmen, professionals, Public Servants, Worker's Representatives and Professionals from all walks of life. The minimum we request from the Individual or Institutional Alliance Members is to provide us the moral support and provide critical ideas to take the Cause forward. PASP has its own Secretariat and dedicated human resources to expedite the adoption of a Universal Social Protection System in Pakistan.

### OUR PARTNERS



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## ABBREVIATIONS

WHO	World Health Organisation
MPI	Multi-dimensional poverty
EOBI	Employees' Old Age Benefits Institution
MIPAA	Madrid International Plan of Action on Ageing
ASEAN	Association of South East Asian Nations
NPOP	National Policy for Older Persons
NCOP	National Council for Older Persons
BOAI	Basic Old Age Insurance
URRPS	Urban & Rural Residents Pension Scheme
HDI	Human Development Index
NPS	National Pension System
DCRG	Death cum Retirement Gratuity
AYUSH	Ayurveda, Homeopathy, Unani and Siddha System of Medicines
CGHS	Central Government Health Scheme
CSPS	Civil Services Pension Scheme
GPF	General Provident Fund
WWF	Workers Welfare Fund
IOM	International Organization for Migration
EPA	Environmental Protection Agency
IPCC	Intergovernmental Panel on Climate Change
NDMA	National Disaster Management Agencies
IOM	International organization for migration
UNDESA	United Nations Department of Economic and Social Affairs
ADB	Asian Development Bank
IDMC	Internally Displaced Monitoring Centre
PDHS	Pakistan Demographic Health Survey
ILO –WSPDB	International Labour Organisation World Social Protection Database
IGNOAPS	Gandhi National Old Age Pension Scheme
RVY	Rashtriya Vayoshri Yojana



# ACKNOWLEDGEMENT

Social Protection Resource Centre (SPRC) would like to acknowledge and thank all technical experts who put their valuable contribution in “Old Age Wellbeing Report 2021” along with the Social Protection Resource Centre (SPRC) core research team. Dr. Razia Safdar led the core research team at SPRC under the general supervision of Dr. Nasir Iqbal.

SPRC is very thankful for the valuable contribution from experts:

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### **Designing & Publishing**

Designed by Amir Khan and Printed by Muhammad Farooq (KIVA Printers)

## FOREWORD

Aging is well known human demographic fact and realised important at family, community and cultural levels. All civilized societies has worked towards protecting older populations with inclusive approach by social, policy and legislative interventions. The purpose of all efforts is to recognize their contribution and improve their quality of life.

The decreasing of work ability due to old age and the emergence of various health problems and lack of social protection caused economic vulnerability that will lead to poverty. Lifelong poverty makes subsequent generations less able to help one another. This shift allow us to take the vulnerability of the older population in to account. One of the major causes for the lack of proper health and social protection system is scarcity of adequate data about old age wellbeing. Pakistan lacks a comprehensive data set on the elderly population, and indices have been developed elsewhere.

In order to reduce our reliance on indices developed elsewhere, which may not have accurately depicted our situation due to the subjectivity of cultural norms regarding old age well-being in different countries, SPRC presented an indigenously developed Health Ageing Index of Pakistan [HAIP] in its maiden report on old age well-being. HAIP provided concrete evidence of the gaps at national levels in the data available for planning for ageing and the health and elderly population wellbeing. HAIP was presented for academic scrutiny at a Webinar jointly organized by SPRC and PIDE, Islamabad on March 31st, 2021. During the Webinar, the SPRC effort was critically acclaimed and further refinements to the Index were suggested. It has been decided to bring out HAIP every two years so that the SPRC Index is able to measure systematically those SDG indicators that are relevant to older people and help Pakistan authorities review their policies and plans.

This report is review of external determinants of old age and overview of available public sector social protection interventions (Pensions and Panagahs) upcoming challenges of Climate Change. I thank you all my team and all contributors and academia for providing intellectual support.

Dr. Razia Safdar

Executive Director and Chief Technical Advisor,  
Social Protection Resource Centre

## EXECUTIVE SUMMARY

Demographic transition, improved health indicators will be translated in increase in ageing population. Estimates shows that by the year 2050, the aged population will be nearly 1.5 billion and that account for almost 16% of the total population of the world. Pakistan is fifth most populated country with nearly 12 million people age 60 or above and it is anticipated that, the number of older people would double by 2050.

Aging is more than a biological phenomenon or a demographic trend; it has significant impact on country's economic, social, and political aspects. On other side, wellbeing of older population is linked with intrinsic capacities markedly influenced by social, economic guarantees, environmental and political will and decisions.

The Madrid International Plan of Action on Ageing is widely regarded as one of the most important UN documents on the aged population for the past 20 years as it provides the base for designing and setting the global policy on ageing. Pakistan is signatory to the UN Madrid International Plan of Action on Ageing 2002, and since its ratification the government of Pakistan had designed the significant policies regarding the protection of the rights of the senior citizens and for their wellbeing.

Elderly population (12% of total population) in Pakistan is diverse. About 7.15% of the elderly population lives in the rural areas while 4.32% lives in urban areas in accordance to the population census 2017, with majority uneducated and financially dependent. However, elderly females are more vulnerable in this context. Similarly, old age is characterised by the disabilities in various domains and the most common one is difficulty in walking or climbing.

Social Protection Resource Centre (SPRC) being a premier think tank dedicated to the universalization of social protection, decided to work on a comprehensive report titled "Annual Old Age Report 2021". This report overview the situation of the ageing population in Pakistan, with perspective of magnitude, pensions, shelter, formal and informal caregiver's issues and impact/vulnerability to climate change. In this report public pension scheme of federal government employees is reviewed in regional context of India, China and Bangladesh. Only 2.3% of the older population above legal pension age (60 years) are receiving public pension in Pakistan.

Homelessness is another challenge faced by the older people who live on the edge of poverty. In addition, people who migrate or even travel from rural to urban areas in search of jobs, are unable to find affordable accommodation. SPRC has surveyed Panahgahs in Islamabad as in kind provision of shelter and food by Government under Ehsaas Programme. All five Panahgahs in Islamabad are organised and providing shelter and food at 80% of its capacity.

Climate change is today's reality and affecting human life in a big way and poses a major threat to human health. Older population is one of the vulnerable due to restricted mobility and preexisting chronic diseases aggravated by financial and socioemotional limitations.

In order to address the needs of the elderly population it is necessary to highlight importance of counting (chapter one) economic and social protection available (pension) Governmental interventions to provide protections in kind to active older labor force (Panahgah), and impacts of climate change and migration and caregivers health.

This report consists of two primary surveys with quantitative and qualitative components. Survey on caregiver's stress was conducted on line and in person and in depth interviews of formal sector caregivers. Panahgah study is qualitative based on available facilities and smart management structure. IDIs were conducted and socio demographic data collected. Data driven component of report is derived from validated PBS data sets, PDHS, Economic surveys, census and published international reports like Intergovernmental Panel on Climate Change (IPCC, 2014).

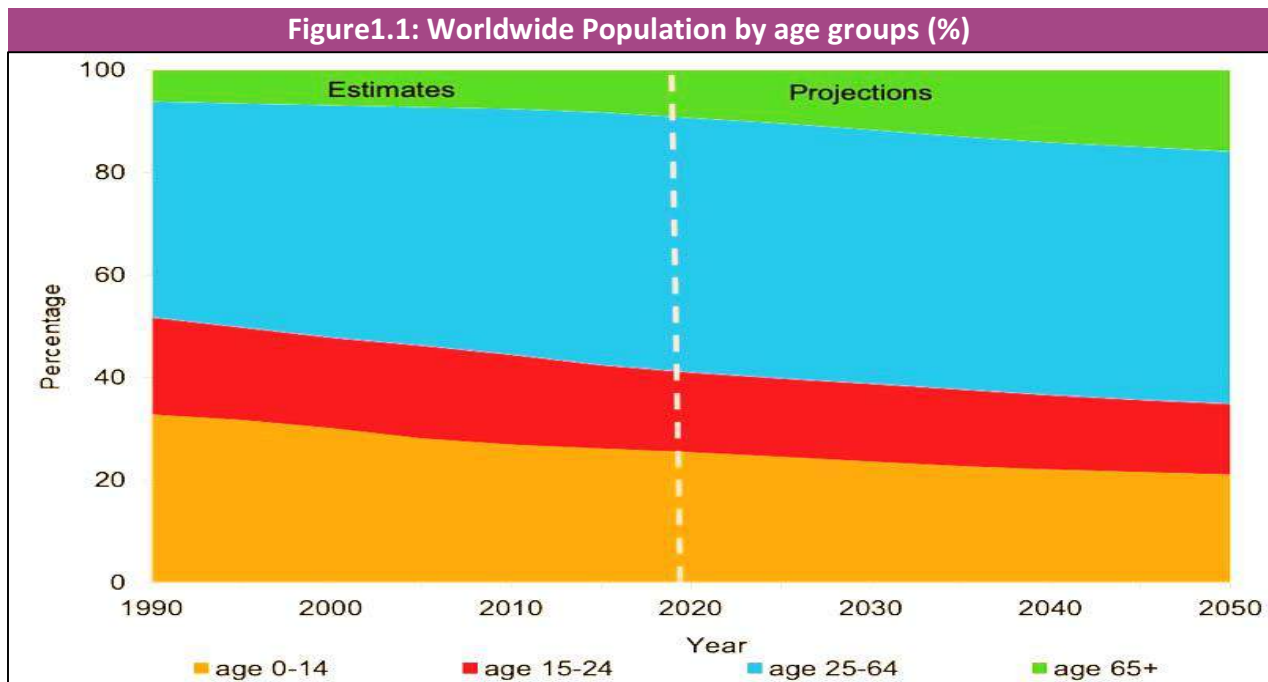
### Highlights

- Management of the Panahgahs have to deal with the various issues including high number of people in line for shelter, exceeding the maximum bed limit, behavioural problems while taking bed or meal.
- Priorities have been given to the older people in all the Panahgahs.
- Management of Panahgahs is also handling those elderly in a respectable manner who are psychologically disturbed.
- Many of the old age beneficiaries are daily wagers and are solely dependent on these Panahgahs for food and shelter.
- COVID-19 brought a new challenge for management of Panahgahs, as management faced some difficulty in implementing SOPs of COVID 19.
- There is no mechanism of screening of health risks at these Panagahs. This can provide a window to health authorities to screen for Non-communicable diseases and mental health.
- Most of the caregivers are informal i.e. 84.4% caregivers were informal (spouse, children) while 15.6% were formal (professional caregivers at home, shelter homes, old homes, and rehabilitation centre).
- The most common cause of caregiver distress was emotional issues such as feelings of stress, depression, and strain on family relationships.
- However, respondents feel pleasure and inner satisfaction while providing care to the elderly people as according to them they are serving humanity.
- Training of informal caregivers is important to protect against vulnerability to mental illness.
- Extreme climate events like heat & cold waves, floods, storms, vector borne diseases impacts more on older populations.
- In 2017-18 out of total migrant population, 20.9% is older population and 5.9% is due to climate change (PDHS)
- Old age social protection coverage in Pakistan is 5.8%, which is far less than the countries in the region and six times lower than the Bangladesh with 39% of the old age social protection coverage

## SECTION: 1

### STATE OF OLD AGE IN NUMBERS AND INDICATORS IN PAKISTAN

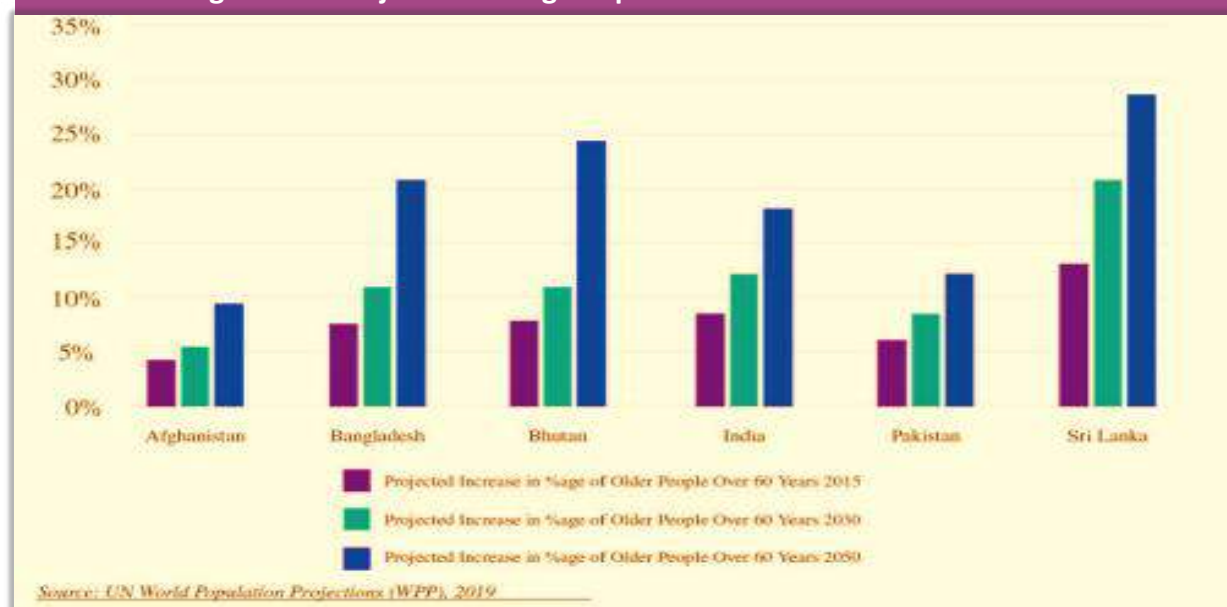
The number and proportion of elderly population is increasing worldwide because of the decline in the fertility rate and increase in the life expectancy. Estimates shows that in 2050 population more than 65 years will reach to 1.5 billion , double from 2019(World Population Ageing 2019).<sup>i</sup>As a share of total population there is almost three fold increase from 1990 (6%) to 2050 which will be 16% i.e. one out of every six will be 65 years and above in the world. World Health Organisation (WHO) states that, this rise occurs at an unprecedented rate and will continue to increase in the next decades, especially in developing nations<sup>ii</sup>.



Source: United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019

This figure shows the effect of rise in life expectancy and decreased fertility rate at global level. In regional perspective, India will have double population of elderly in 2050 as same trend in Bangladesh and Pakistan.

**Figure 1.2: Projected Old Age Population in South Asian Countries**



## An Overview of the Situation of Elderly Population in Pakistan

Pakistan is the world's fifth most populous country, and according to the population census 2017, twelve million people age 60 or above are living in Pakistan with projection to double by 2050<sup>iii</sup>. Ageing population have a significant impact on social and economic situation of the country. Rise in the number of the elder people increases the expenses of the government on old age support system. However, if this situation is well manage through effective policies that improve the living standard and create environment that encourage the social and economic participation of the elderly people in the society can help to enhance the economy as well.

This section of report is based on secondary data taken from different surveys conducted in Pakistan, which address different dimensions of elderly wellbeing.

## Methodology

Microdata of different surveys and census were selected based on old age. Dimensions of these databases were selected and indicators of these dimensions were identified. Data sources used are Population census 1981,1998 and 2017, Various Labor Force surveys, MICS Survey Punjab 2017-18, World Bank(2021) and Various Economic Surveys.



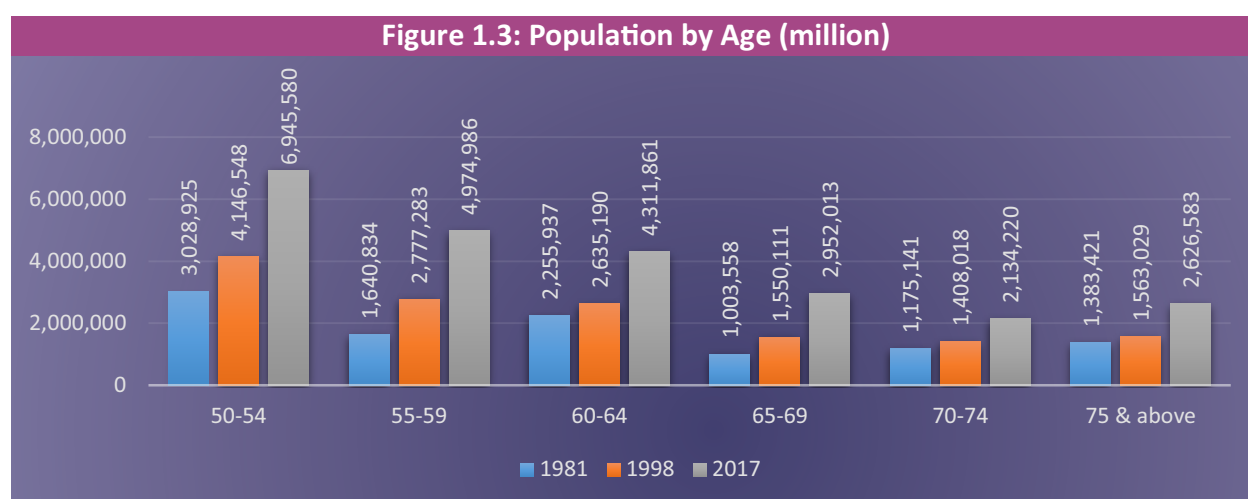
**Table 1.1 Dimensions to measure the situation of the elderly people in Pakistan**

Dimensions	Indicators	Description
Population	Number of elderly people	<ol style="list-style-type: none"> <li>1. Population proportion</li> <li>2. Need of economic support and social health coverage</li> </ol>
	Elderly population by region(Rural/Urban)	<ol style="list-style-type: none"> <li>1. Assessment of needs and demand in reference to urban/ rural population</li> <li>2. Provision of health and economic support rural/urban</li> </ol>
	Educational Attainment/ Literacy rate	<ol style="list-style-type: none"> <li>1. Linkage of educational attainment to living standards</li> <li>2. Relationship of education to self-care and health</li> <li>3. How effectively contributing to societal/ community growth</li> </ol>
Living standard	Multi-Dimensional Poverty	<ol style="list-style-type: none"> <li>1. Measure of economic well being</li> <li>2. Meeting basic needs of food, health and living</li> <li>3. Measurement of social support provided by government</li> </ol>
	Labor force participation rate	<ol style="list-style-type: none"> <li>1. Effective participation in economic growth</li> <li>2. Rate of unemployment</li> </ol>
	Homelessness	<ol style="list-style-type: none"> <li>1. Homelessness shows the poverty and social exclusion</li> <li>2. Assessment social family system/fabrication</li> </ol>
Health Status	Life expectancy	<ol style="list-style-type: none"> <li>1. Improved lifestyles and education, better national indicators</li> <li>2. Increased access to high-quality health care facilities.</li> </ol>
	Disability/Impairment	<ol style="list-style-type: none"> <li>1. Substantial impact on job and retirement regulations</li> <li>2. Health and long-term care demands</li> </ol>
Social Protection/ coverage	Old age pensions and grants	<ol style="list-style-type: none"> <li>1. Social Security benefits serve as a foundation for retirement income.</li> </ol>

## Dimensions of Population

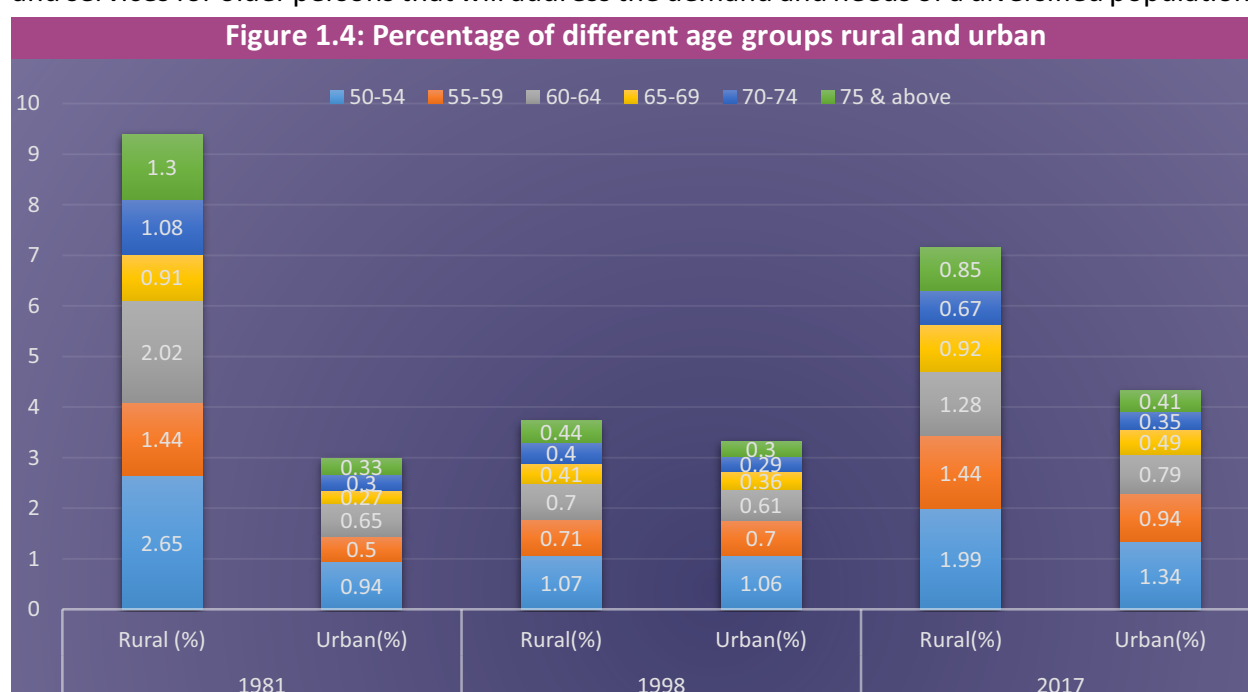
### Number of elderly people

We have traced back all the three census in Pakistan from 1981 to 2017 to bring out the head count of older population. It is important to count the estimates of Burden of vulnerable population. These findings are utilized by Government to make policies, action plans and financial allocations.



Source: Data taken from Population Census of Pakistan 1981, 1998 and 2017

Rural/Urban division shows the diversification of the elderly population, reflecting the increasing trend of elderly population in rural region. This diversification is useful in developing programs and services for older persons that will address the demand and needs of a diversified population.



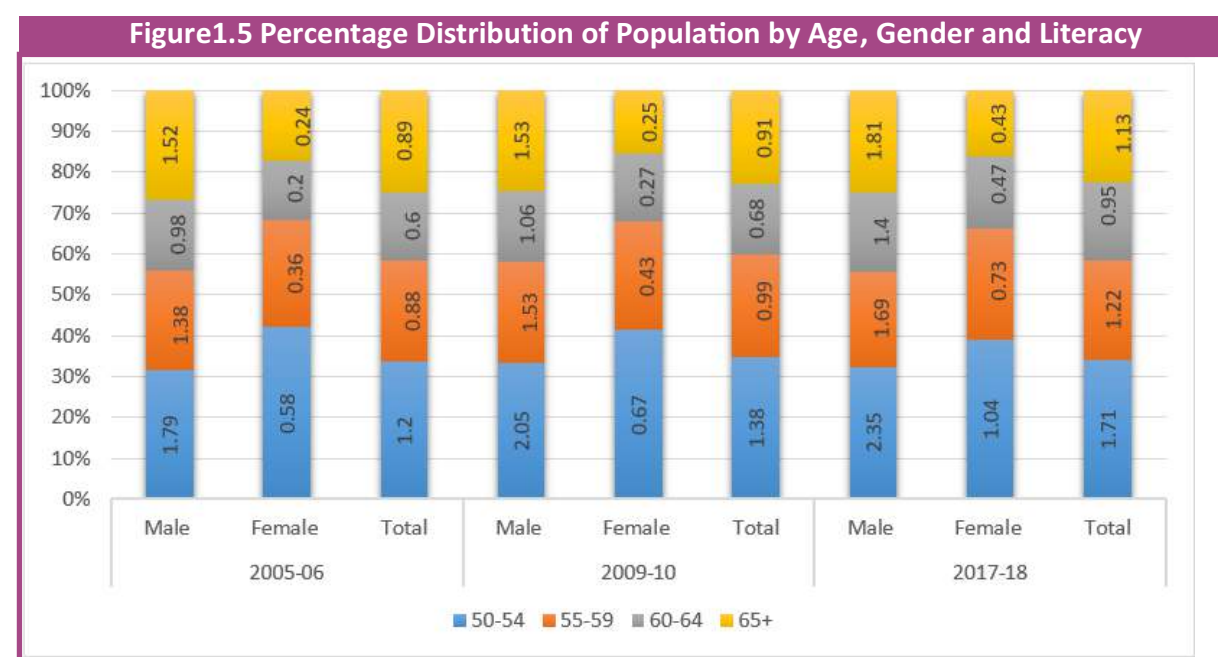
Source: Data taken from Population Census of Pakistan 1981, 1998 and 2017

This graph shows the trend in rural urban migration as per 1981 census 9.4 % of total population (age 50+) was residing in rural areas while it decreased to 7.15% in 2017. Moreover, in 1981, 2.96 % of total population was residing in urban areas, which increased to 4.32% in 2017. This is due to expansion of job market in urban areas.

In the context of economic as well as infrastructure development, rural region have historically been disadvantaged and because of that the population particularly the rural elderly facing many difficulties in term of accessibility to the public transport due to underdeveloped infrastructure, and provision of health services. There is shortage of hospitals, medical staff, and specialist doctors in the rural areas. As rural residents are more involved in the informal sector of labour market like farming, agricultural sector, which is labour intensive and intrinsic inabilities in old age result in decrease in labour participation leading to poverty. As no universal old age pension system in Pakistan so no social support to older people in agriculture sector. Universalization of Sehat Card (already implemented in KPK) is a big promise.

### Educational Attainment/ Literacy rate

Educational attainment has significant impact throughout the life course and is crucial to one's wellbeing; Educational attainments are typically linked to improved earnings, higher living standards, and better health seeking behaviour, healthy life style and life expectancy.



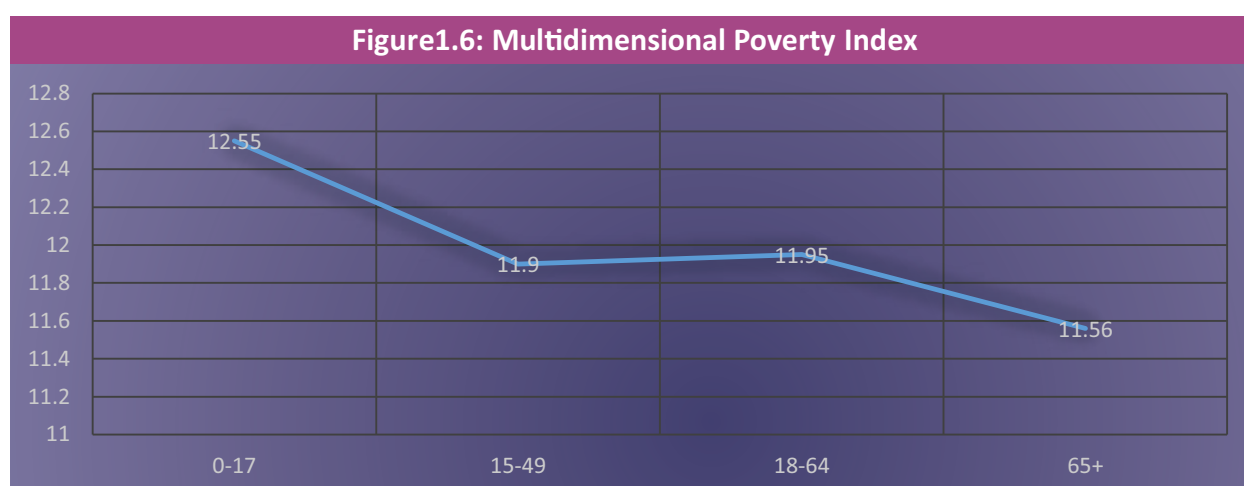
Source: Data taken from various Labor Force Surveys

Figure1.5 shows the gender wise percentage of the literate older population in Pakistan for the year 2005 -2006, to year 2017-18. The figure shows that there is improvement in the literacy rate with the passage of time. However, the big gender gap towards female is evident through all these years.

## Living Standard

### Multi-Dimensional Poverty

Poverty is usually considered as one-dimensional measure i.e. income as a single indicator cannot capture the depth of poverty. Therefore, poverty is not a unidimensional measure rather it is a multidimensional problem as the low income leads to shortage of food, affordability of health services, lack of education, low quality of life. Hence, single indicator cannot capture all the aspects of deprivation experienced by the poor or low-income group. Multi-dimensional poverty (MPI) allows to measure the poverty using different domains i.e. Education, Health, and living standards<sup>iv</sup>.

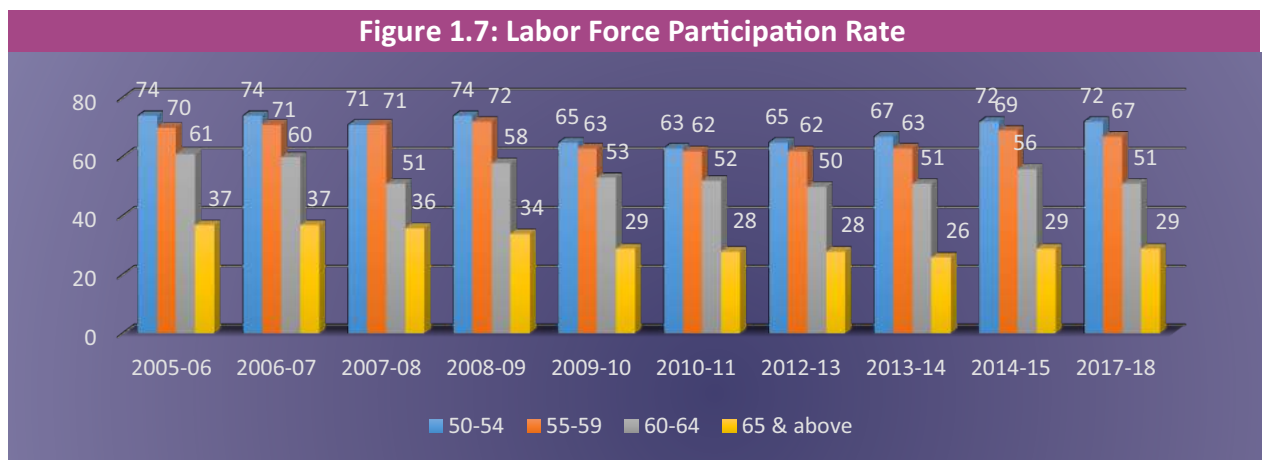


Source: Author's own calculation using MICS Survey Punjab 2017-18

MPI can easily identify which segment is more vulnerable due to poverty. As a result, policymakers may create more effective and focused anti-poverty policies. The figure 1.6 demonstrates that among the total population, the elder lies in the age bracket 18-64 has the highest MPI i.e. 11.95 as compare to the age bracket of 65 and above whose MPI is 11.56 which may be due to more social security retirement or increased family income of children old age benefits for 65+ population<sup>v</sup>.

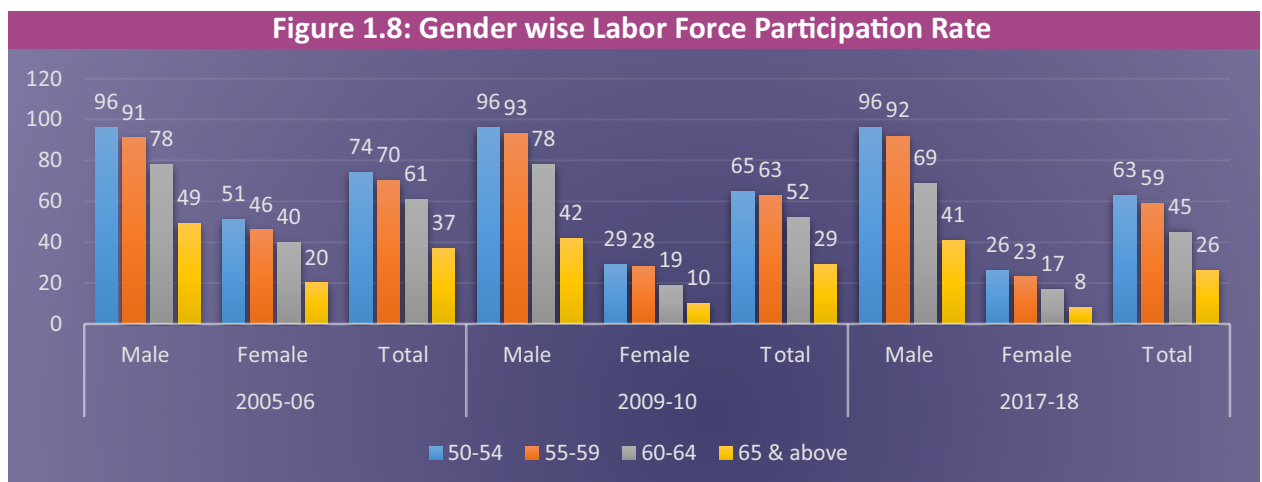
### Labor Force Participation Rate

The labour force participation rate is the proportion of a population that is either working (employed) or actively looking for work (unemployed). It will be helpful for measuring the economic participation of the older people.



Source: Data taken from [pbs.gov.pk/labor-force-publications](https://pbs.gov.pk/labor-force-publications)

Figure 1.7 demonstrates the labor force participation rate of the older population for the last ten years. It is almost same over the years in other age brackets but there is decline from 37% 2005 to 29% 2017-18 in age group 65+. The reasons behind the decline in the labor force participation are the decreasing intrinsic capacity of old age, better family norms, cultural values and illiteracy.

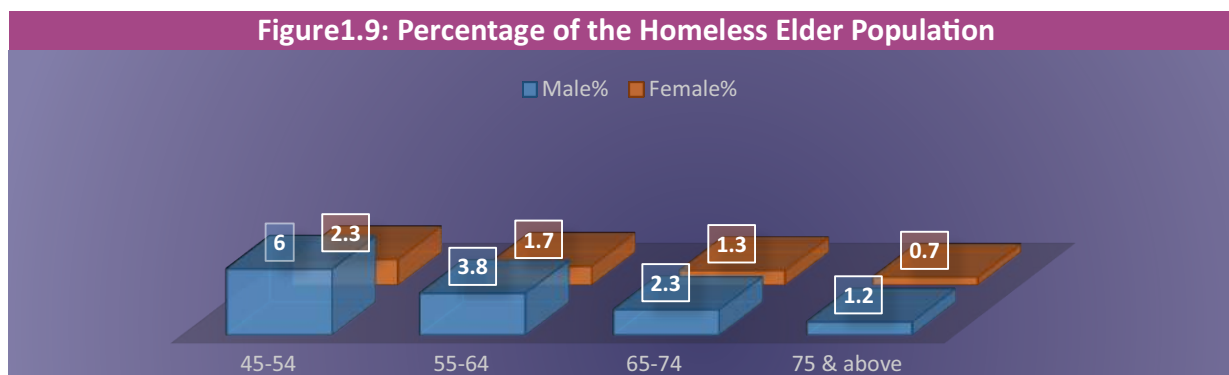


Source: Data taken from [pbs.gov.pk/labor-force-publications](https://pbs.gov.pk/labor-force-publications)

However, comparison of the labor force participation rate shows that elderly female have lower labor force participation rate than male.

### Homelessness

Homelessness shows the poverty and social exclusion of the vulnerable segment of the society.



Source: Data taken from [pbs.gov.pk/content/final-results-census-2017](https://pbs.gov.pk/content/final-results-census-2017)

Figure 1.9 shows that, the percentage of homeless population of the age group 55-64 is more than the rest of the elderly population. According to the population census 2017, the total homeless population of all age group is 38,415 out of this the total elderly homeless population is 7,246. In terms of percentage, the homeless population lies in the age brackets 55-64 is 5.5% and out of this, 3.8% are male and 1.7% are female. Similarly, the population of the age group 65-74 is 3.6% of the total population with higher percentage of male 2.3% and females 1.3%. In addition to that, the total homeless population lies in the age bracket 75 and above is 1.9% and these statistics has shown that male population is more vulnerable in terms of homelessness.

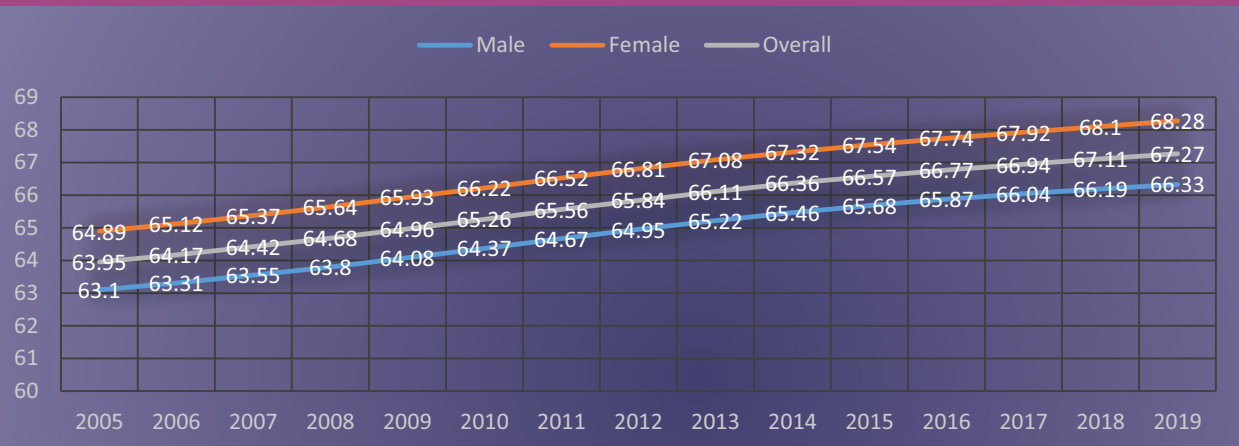
## Health Status

### Life Expectancy

Life expectancy is the most commonly used health status measures. Increase in the life expectancy is the outcome of better health system along with the other like education, better nutrition, WASH and purchasing power etc.



Figure 1.10: Life expectancy at birth



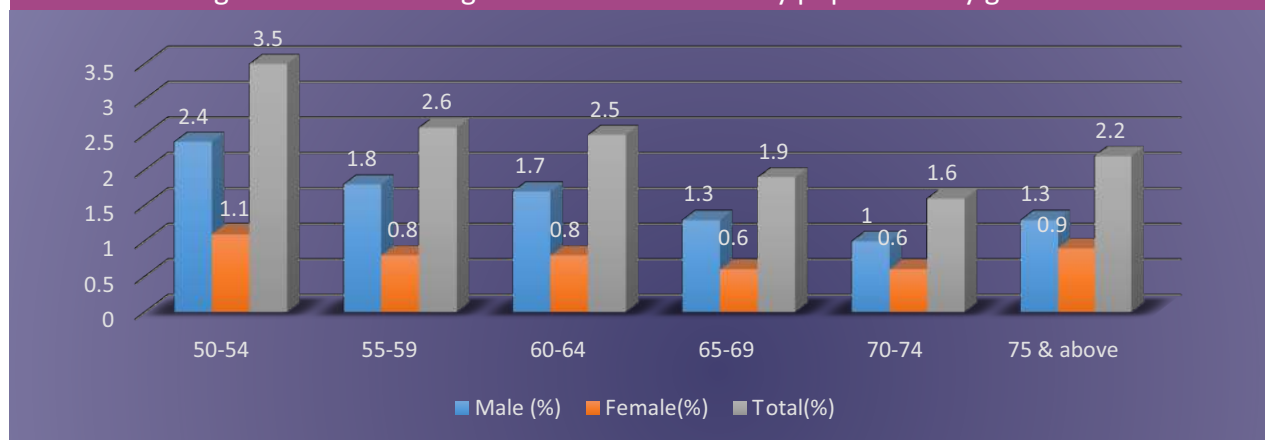
Source: Data taken from World Bank (2021)

Figure 1.10 demonstrates the steady positive trend in the life expectancy over 14 years with almost 4 years of gain in both male and female but slightly higher in females. This difference is universal and considered due to intrinsic factors.

### Disability/Impairment

Physical Disabilities such as vision, hearing, mobility, communication, cognition, or self-care may develop, as peoples get older, because of intrinsic factors, sickness, accidents or external factors like lack of health care, nutrition, lack of social attention & care. An old age condition of Alzheimer/Dementia demands long-term personal care.

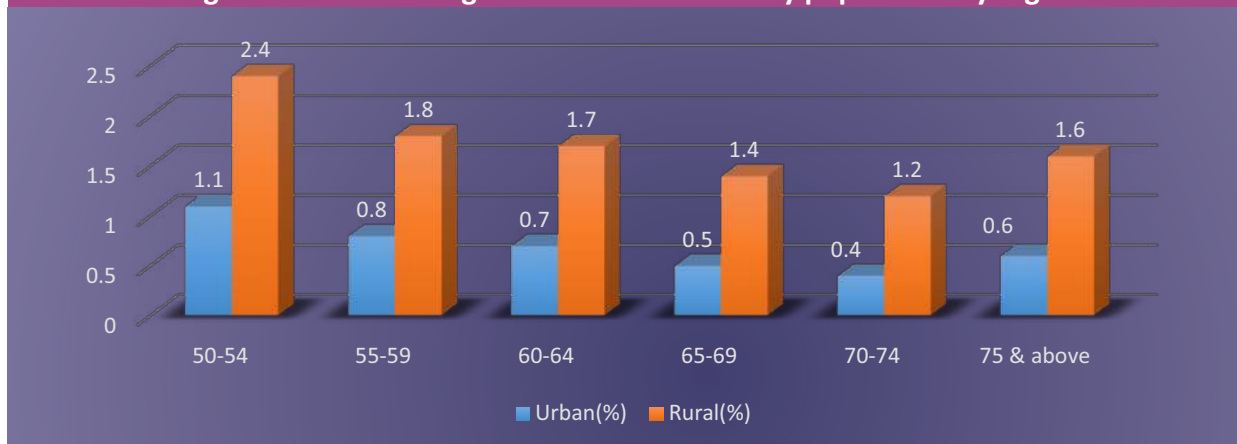
Figure 1.11: Percentage of the disabled elderly population by gender



Source: Data taken from [pbs.gov.pk/content/final-results-census-2017](https://pbs.gov.pk/content/final-results-census-2017)

The figure 1.11 demonstrate the percentage of the older disabled population of Pakistan. Overall, elderly disabled population is 124,054 that account for 14.3% of total disabled population. Moreover, the prevalence of the impairment or disability is more among the male elders.

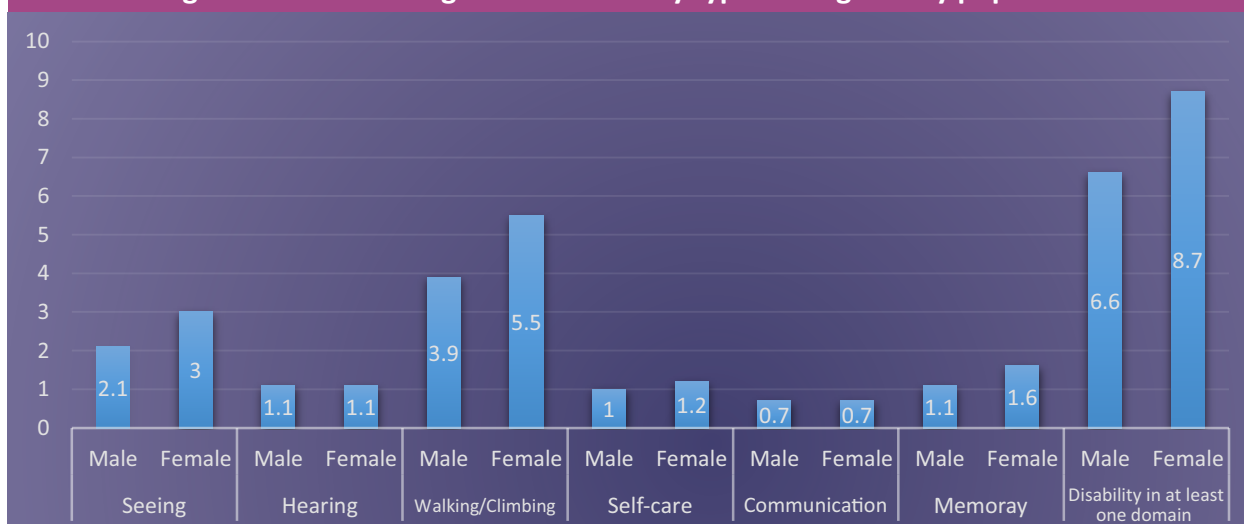
**Figure 1.12: Percentage of the disabled elderly population by region**



Source: Data taken from [pbs.gov.pk/content/final-results-census-2017](https://pbs.gov.pk/content/final-results-census-2017)

Figure 1.12 represent the percentage of the elderly disabled population in rural and urban region of Pakistan. Overall 913,667 cases of disability were found among all age groups and out of that, 88,410 belongs to rural region while 35,644 cases belongs to urban region. Likewise, 14.2% are disabled elders out of which 10.4% belongs to rural areas, which may be due to lack of timely health interventions.

**Figure 1.13: Percentage of the disability type among elderly population**



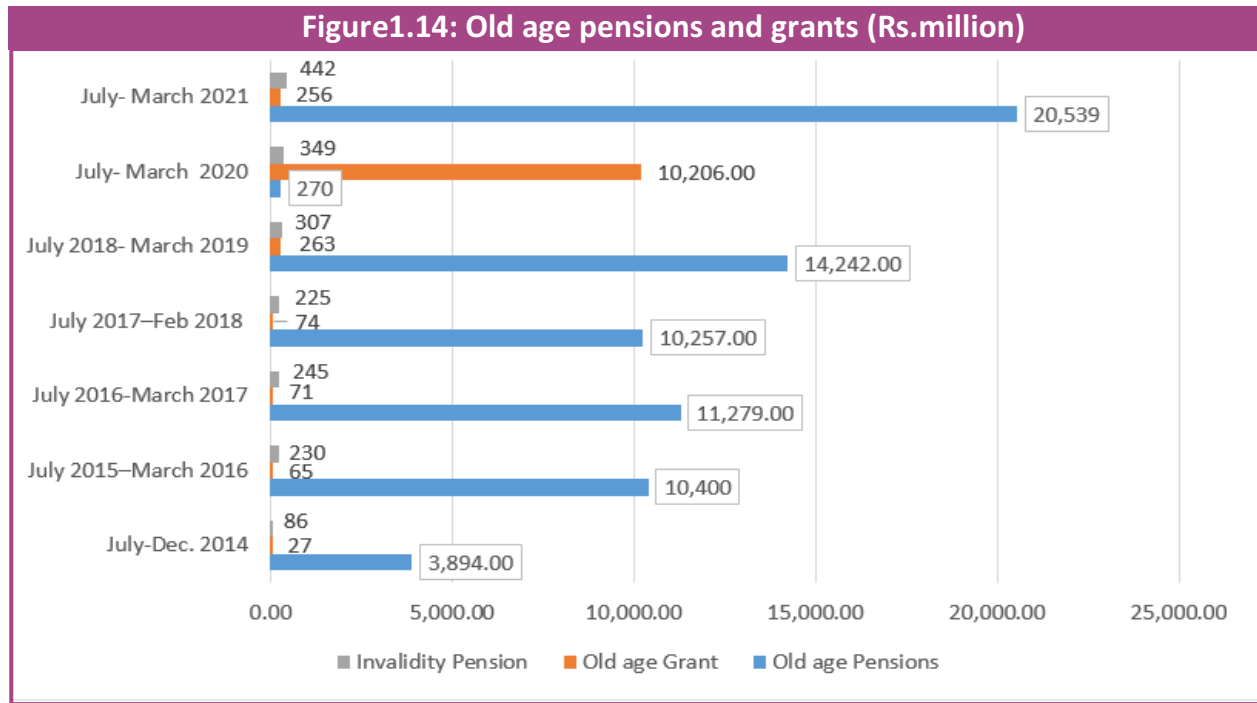
Source: Data taken from MICS Punjab 2017-18

Figure 1.13 indicates the percentage of the disability or impairment among the elderly population by domain. In the figure it is observe that the percentage of the elderly population having disability in at least one domain is 15.3% i.e. 8.7% females and 6.6% males. Moreover, both elderly male and female face the most difficulty in walking or climbing as the percentage on the above figure shows that 5.5 % females and 3.9 % males faced the difficulty in walking or climbing.

## Dimension: Social Protection/Coverage

### Old Age Pensions and Grants

Social Security benefits serve as a foundation for retirement income and are one of the most important sources of income for majority of the elderly people.



Source: Data taken from [www.finance.gov.pk/survey](http://www.finance.gov.pk/survey)

The invalidity and old age pensions as well as old age grants provided by the Employees' Old Age Benefits Institution (EOBI) is considered as one of the stable sources of income for the elderly retired insured persons which is an effective way of preventing them from falling in the poverty. Recently the total registered old age pensioners and Invalidity pensioners with the EOBI are 437,472 and 11,056 respectively. Figure 1.14 shows the details of monthly-disbursed remunerations provided by the EOBI. Spending on the old age pension is increasing with the passage of time i.e. from Rs 3,984 million in 2014 to Rs 20,539million in 2021.

Although EOBI is providing a contributory tool, which needs voluntary registration to ensure the provision of old age benefit to registered person. Retired older people get benefits in terms of income but its coverage is not very satisfactory. In order to become eligible and receive the EOBI pension an employee have to contribute in the pension scheme for 15 years. The minimum pension is 8500 with minimum contribution, which is less than minimum wage.

### Sehat Sahulat programme

Government of Pakistan has launched “Sehat Sahulat programme”, which is one of the Pakistan's largest social health protection initiative, to give free healthcare facilities to the poor and vulnerable population<sup>vi</sup>. This programme covers roughly 9 million families in 91 districts across Pakistan, including Punjab, , Sindh, Islamabad, Gilgit Baltistan, and Azad Kashmir<sup>vii</sup>. It is universal Coverage in KPK and coverage will be universal all over Pakistan by end of 2021.

### Conclusion

This evidence based old age situation shows that females, illiterate, rural, economically poor and lack of universal social coverage are the risk factors. As life expectancy has increased due to improvement in health systems and other health indicators though disability is more prevalent in rural areas due to non-availability of timely health interventions for accidents, falls (common in old age). Needs to address the gaps in health services for older people to streamline this with international old age programs.

## SECTION: 02

### PUBLIC PENSION SYSTEM OF PAKISTAN AND REGIONAL PRACTICES

#### Background

Pension is the only system that guarantees a sustainable, dignified livelihood of old age. History of pension system can be traced back to 370 years when it was targeted in nature. Different funds were created to support widows of clergymen; teachers and people lost their lives in line of duty. However, this kind of pension plan lacked coverage for the common people rather only nobles were awarded directly from the royal treasury. Germany became the first European state in 1889 that established a universal pension system and Britain followed afterwards. Universal pension system is the assurance by the government that all the elderly people have enough income that guarantees social protection in older age. Government supported Pension schemes became popular in United States during World War 2 when the increment in the incomes were frozen. Defined Benefit plans based on contribution by employer, employee gained popularity in 1980's, and now it is considered sustainable and feasible option to provide financial assistance in old age

#### Regional Public Pension Models

##### (a) China

According to WHO, The People's Republic of China is declared as the fastest ageing population in the world and by 2040 it is estimated that 28% of total population will be more than 60 years. It is a unique and sustainable universal pension model covering almost one billion adults in 2019. Chinese public pension system has two basic tiers;

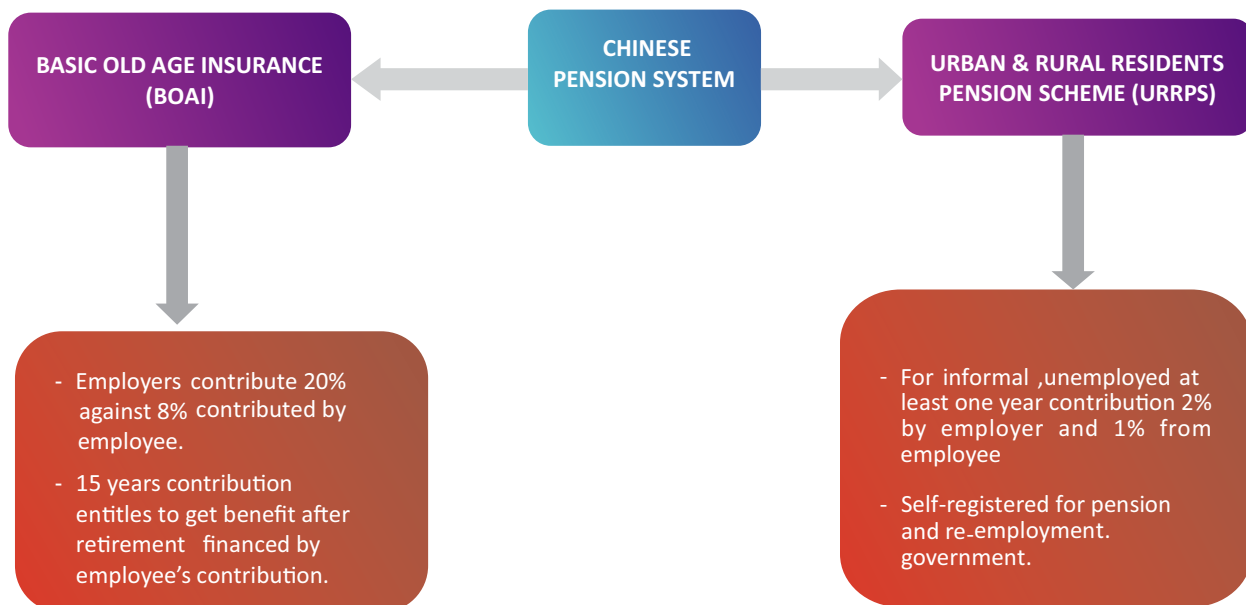
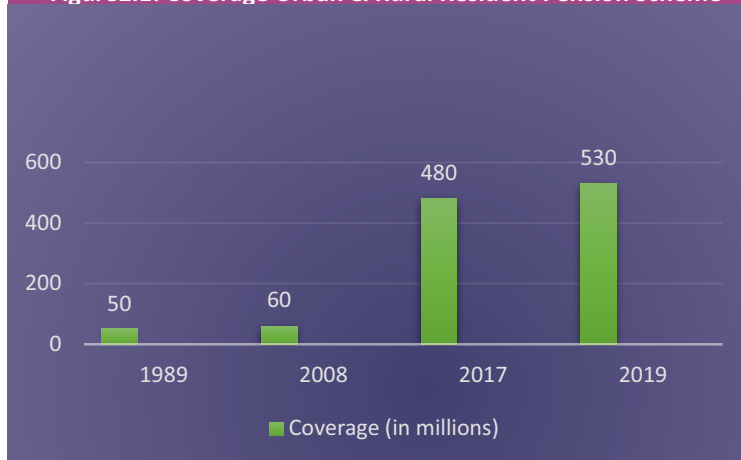


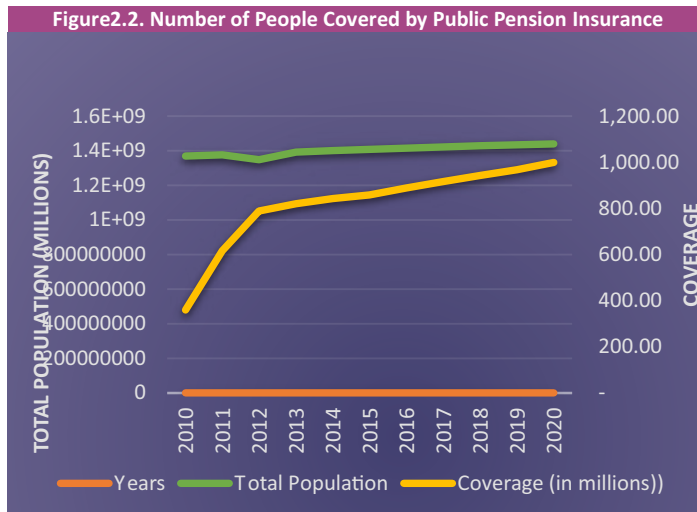
Figure2.1: Coverage Urban & Rural Resident Pension Scheme



Coverage of the rural and urban resident pension scheme has seen a sharp increase during 2008 to 2017 and that is about 60 to 530 million people.

Chinese pension coverage has seen a remarkable projection in the last decade.

Figure2.2: Number of People Covered by Public Pension Insurance



About 359.84 million (12.2% of total population) people were covered under the pension benefits in 2010. However, China is seen moving towards the universal pension coverage by covering nearly all the population under the old age pension benefits as from 2018 till 2020, 998.65 (18.7% of the total population) million old age pension beneficiaries were covered under the public pension scheme.

Source: <https://www.statista.com/statistics/234072/number-of-pension-insurance-contributors-in-china/><sup>2</sup>.

## Medical Insurance System of China

China's basic medical insurance system covers the urban employees who pay 2% of their wages in medical assistance funds. The contributed amount is used for the healthcare services after retirement including the hospitalization and chronic disease treatment.<sup>3</sup>

<sup>1</sup> Law of people's republic of China on Civil Servants. <http://www.china.org.cn/english/government/207298.htm>

<sup>2</sup> Law of people's republic of China on Civil Servants. <http://www.china.org.cn/english/government/207298.htm>

<sup>3</sup> Labor and Social Security in China, <https://www.fmprc.gov.cn/ce/celt/eng/zt/zfbps/t125264.htm>



**(b) India**

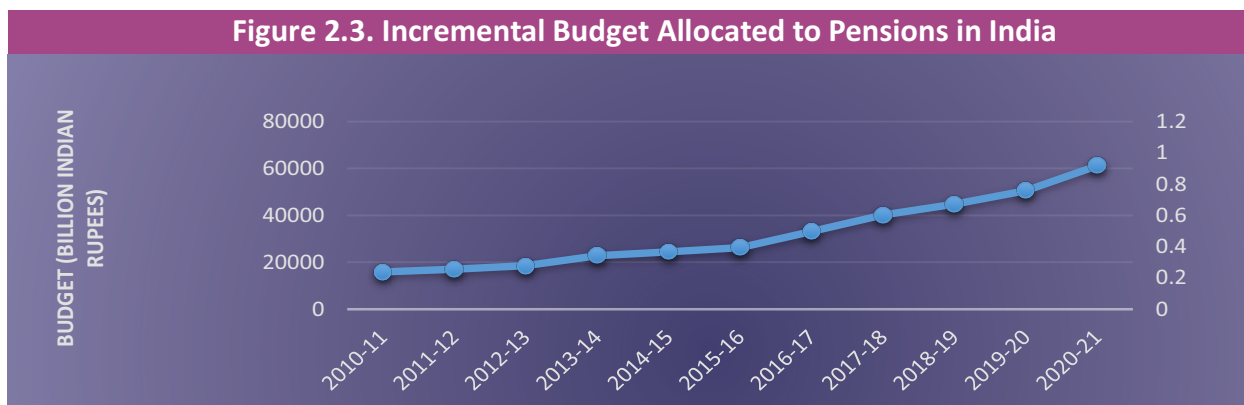
According to Help Age International 139 million older people in India are over the age 60 and are expected to get doubled in 2050. India ranked 131 out of 189 countries on the latest United Nations Human Development Index (HDI) 2021, only 24.1% old aged people are receiving pensions (2018<sup>4</sup>). Summary of main structure of Indian scheme is as follows:

**Table 2.1. Indian Government Pension Schemes**

Pension Scheme	Features	Eligibility	Benefits
<b>National Pension Scheme (NPS)</b>	<ul style="list-style-type: none"> <li>- Launched in 2004 by Pension Fund Regulatory and Development Authority of India (PFRDA).</li> <li>- Workers make contribution (500 Rs per month) under this scheme for which they take the benefit after retirement</li> </ul>	<ul style="list-style-type: none"> <li>- Should be Indian citizen.</li> <li>- Should be central government employee.</li> <li>- Does not have NPS account before.</li> </ul>	<ul style="list-style-type: none"> <li>- In case of emergency, one can withdraw 25% of the amount 3 times with the interval of 5 years.</li> <li>- Financial security after retirement.</li> </ul>
<b>Death Cum Retirement Gratuity (DCRG)</b>	<ul style="list-style-type: none"> <li>- Government employee must contribute five years during service.</li> <li>- The gratuity amount is one fourth of the employee's salary.</li> </ul>	<ul style="list-style-type: none"> <li>- Should have contributed during service.</li> <li>- Must be a government employee.</li> </ul>	<ul style="list-style-type: none"> <li>- Lump sum amount is received at the time of retirement.</li> </ul>

(Source: India: Pension system in 2018 & Zee Media Bureau)

**Figure 2.3. Incremental Budget Allocated to Pensions in India**

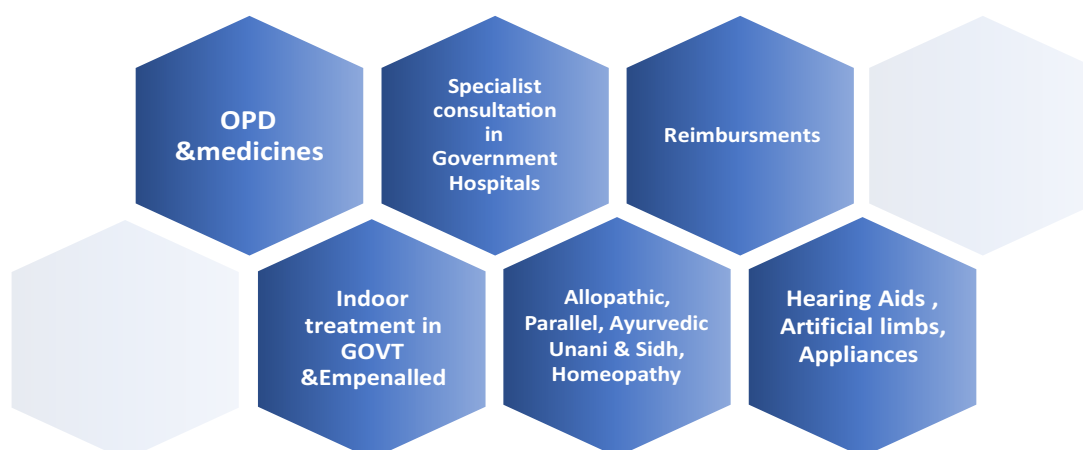


(Source: Author's own calculations based on data from <https://www.statista.com/statistics/626162/pension-expenditure-india/>)

## Post-Retirement Medical Benefits for Indian Government Employees

Central Government Health Scheme" CGHS e scheme is contributory and the contribution rates vary with the grade of employment posts<sup>5</sup>. Currently, 38.5 lac beneficiaries are registered with the scheme. Facilities covered under CGHS are<sup>6</sup>;

### Benefit coverage CGHS



(Source: Facilities under the CGHS scheme. Central Government Health Scheme, Ministry of Health & Family Welfare, Government of India)

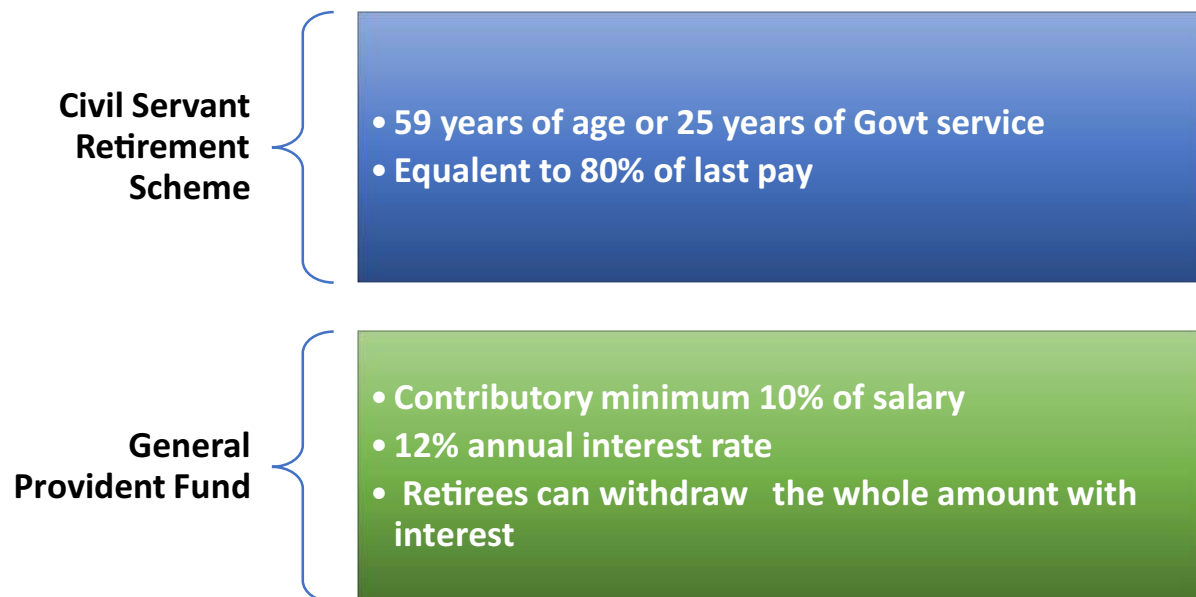
<sup>5</sup> <https://cghs.gov.in/showfile.php?lid=4663>

<sup>6</sup> Central Government Health Scheme, Ministry of Health & Family Welfare, Government of India  
<https://cghs.gov.in/index.php>

**(c) Bangladesh**

Bangladesh is one of the densely populated countries with 166.3 million population that makes it 8<sup>th</sup> populous country. According to HelpAge International projections, old age population is expected to increase from 9.8 million to 18.1 million in 2026 with increase life expectancy of 70 years. Despite of ever increasing older population there's no system of old age pensions in informal sectors. Only government servants that is only 5% of total population are enjoying pension in old age as per recent statistics of 2019.

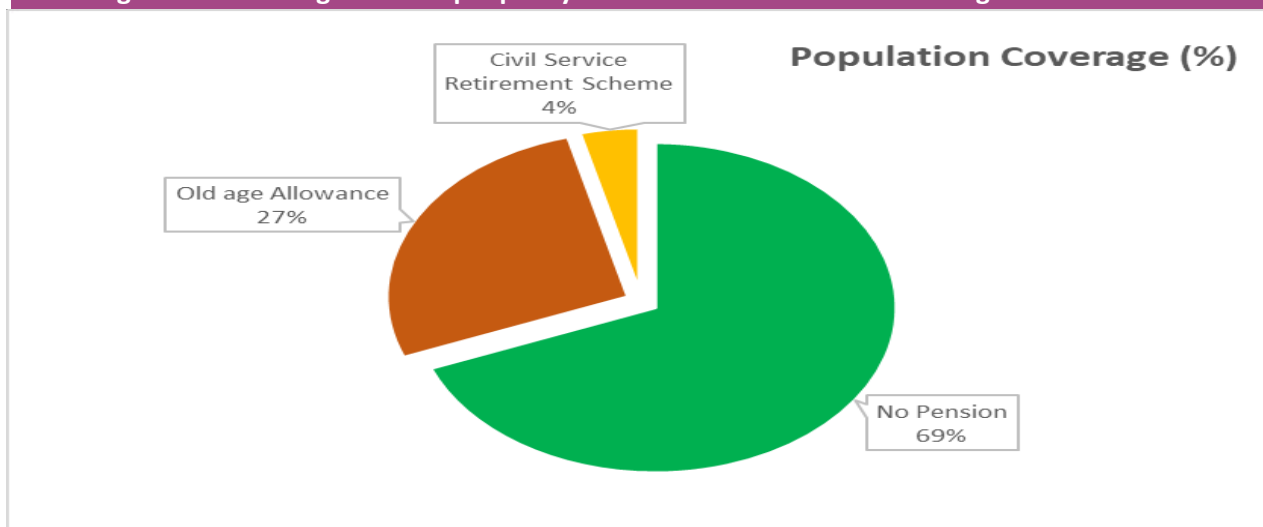
The Government of Bangladesh hires approximately 1.2 million civil servants, out of which around 35,000–40,000 are retirees at the end of the year. As far as the pension of government employees is concerned, Bangladesh follows traditional Pay-As-You-Go system where the government pays its employees from the budget. Currently Bangladesh has two types of public pension schemes.

**Bangladesh Pension Scheme**

Source: *Assessing Fiscal Risks in Bangladesh*, Leandro Medina (2018)

Figure below shows the coverage of old age population by various pension schemes in Bangladesh.

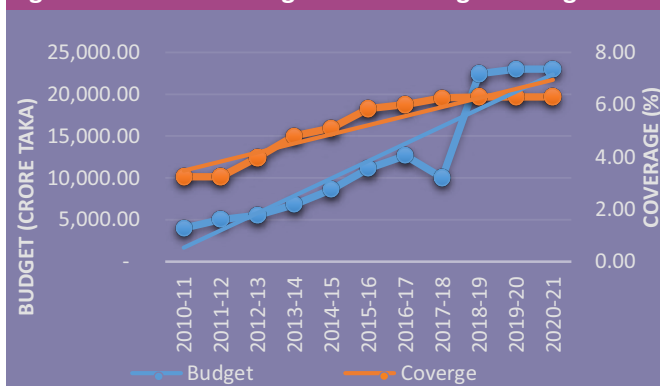
Figure 2.4. Coverage of older people by different kind of Pensions in Bangladesh in 2017



(Source: Old age income security in Bangladesh: HelpAge Briefing)

Graph below shows coverage of pension for the retired employees and their families. It can be seen that the pension budget has been increased considerably along with the coverage in the previous some years but 69% of old age population is not under any pension scheme.

Figure 2.5. Pension Budget and Coverage in Bangladesh



In 2010-17, the budget was increasing along with the coverage however, the a sharp decrease in the allocated budget has been seen in 2017-18 while interestingly the coverage was same and again the budget curve grew sharply in 2018-19. Budget allocated for the pensioner and their families as per fiscal year 2020-21 is 23,000 Takas while the coverage is 6.3% of the older population.

Source: <http://socialprotection.gov.bd/en/pension-for-retired-government-employees-and-their-families/>

## Post-Retirement Medical Benefits for Government Employees

Medical allowances of a total (700 BDT) per month is paid to the government employees and all of them are entitled to receive free healthcare services from the government hospitals under the Medical Attendance rules, 1950, upon the demonstration of proper documentation. Same services are extended after retirement as well. Retirees are entitled to free medical treatment in the government hospitals and in case of private treatment, the medical charges are reimbursed.

**(d) Pakistan**

Pakistan is ranked 154<sup>th</sup> country on the latest Human Development Index Ranking (HDI) in 2021<sup>7</sup>. Only 2.3% of the population older than the legal pensionable age in Pakistan is actually receiving an old-age pension. As Pakistan's pension system is based on "Pay as you Go" mechanism. There are four major types of pension systems for the federal government employees in Pakistan namely Civil Services Pension Scheme (CSPS) and General Provident Fund (GPF), Workers Welfare Fund (WWF) and Public Sector Benevolent Fund and Group Insurance and EOBI.

**Table 2.2 Pension Scheme for Federal Government Employees**

Pension Scheme	Features
Civil Service Pension Scheme (CSPS) (Non-Contributory)	<ul style="list-style-type: none"> <li>- Employee is eligible to pension benefits upon reaching the age of 60 or on completing 25 years of service.</li> <li>- Pension is calculated at the rate of 70% of the average salary.</li> <li>- Financed directly from the budget, no employer contribution.</li> </ul>
General Provident Fund (GPF) (Contributory)	<ul style="list-style-type: none"> <li>- The employee depending upon the salary scale makes 3-8% contributions. (BPS 1=3%, BPS 2-11=5%, BPS 12 &amp; above= 8%)</li> <li>- Government adds interest rate of 4% over the amount.</li> </ul>
Public Sector Benevolent Funds and Group Insurance (Contributory)	<ul style="list-style-type: none"> <li>- All the public sector employees are eligible.</li> <li>- 2.4% of the wage is contributed.</li> </ul>
Workers Welfare Fund (WWF) (Contributory Private sector Voluntary)	<ul style="list-style-type: none"> <li>- Workers of the establishment are eligible who are registered with the fund pay 2% of their wages into the fund.</li> </ul>
EOBI (Contributory)	<ul style="list-style-type: none"> <li>- Employers contribute 5% of the wages while employee contributes 2%.</li> </ul>

Source: Pakistan Assessment of Civil Service Pensions. The World Bank, Social Protection Way Forward, social security schemes in Pakistan

**Post-Retirement Medical benefits for Government Employees**

Government employees have the facility of medical treatment at the government's expense even after retirement. Non-gazette employees are given medical allowance equivalent to 25% of their net pension while gazette employees are entitled to 20% of their net pension<sup>8</sup>. According to Federal Services Medical Attendance Rules 1990<sup>9</sup>, the dependents of employees are also entitled to medical treatment. In case of sons, till they reach 18 years of age and in case of daughters till the time they are married.

<sup>7</sup> HDI Report. [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/PAK.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PAK.pdf)

<sup>8</sup> [https://www.finance.gov.pk/circulars/circular\\_07072015\\_medical.pdf](https://www.finance.gov.pk/circulars/circular_07072015_medical.pdf)

<sup>9</sup> [https://www.finance.gov.pk/publications/compilation\\_of\\_fundamental\\_rules\\_2018\\_vol\\_II.pdf](https://www.finance.gov.pk/publications/compilation_of_fundamental_rules_2018_vol_II.pdf)

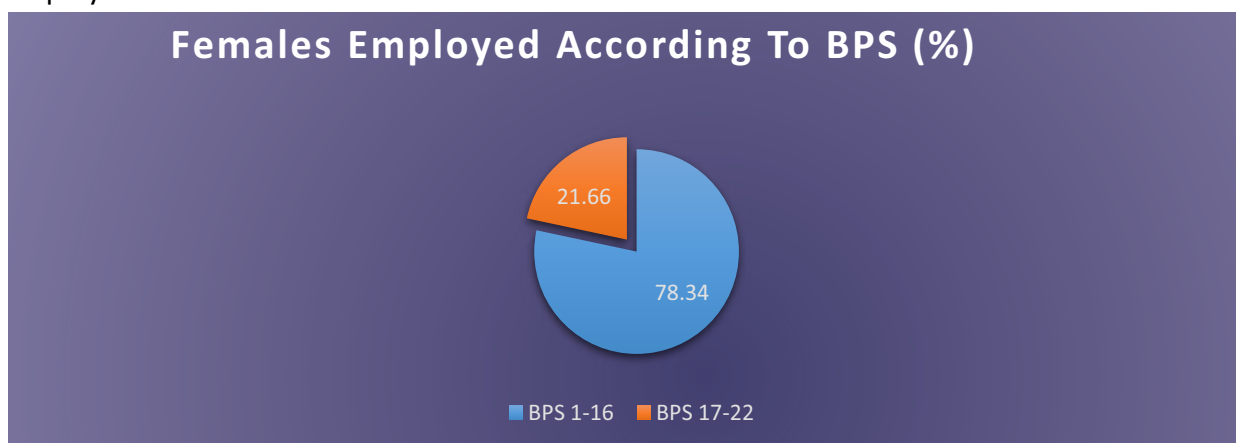
### Employees of Federal Government

Non-gazetted employees are recruited through Civil Service Rules, 1973 while gazetted are recruited through FPSC. Table below shows the total posts, percentage of vacant posts and the seats occupied by the women.<sup>10</sup>

Description of Employees	Total Strength	% posts filled
Sanctioned posts	663,234	-
Filled in post	581,755	87.71%
Vacant post	81,479	12.28%
Female Employees	27,865	4.78%

Source: Annual statistical bulletin of federal government employees for (2019-20)

In the total filled in posts number of employees, employed in the BPS 17-22 are 26,917 while people employed in BPS 1-16 are 554,838 in number. Within the same ambit, women employed in BPS 17-22 are lesser in number only 6,036, making 21.66% of the available posts while the rest are employed within the BPS 1-16 for which the number is 21,829 making up to 78.34%. Employees of federal government have a guaranteed income in the old age in the form of pension. Data shows that 87.71% of the currently employed will be receiving pension in their old age that will ensure sustainable older age. Graph below shows the percentage of female employees.



Source: Annual statistical bulletin of federal government employees for (2019-20)

<sup>10</sup> 87.71% of the seats are filled against the respective posts while 12.28% posts are vacant. Women employed in the federal government are only making up the 4.78% of the total employed sector, Annual statistical bulletin.

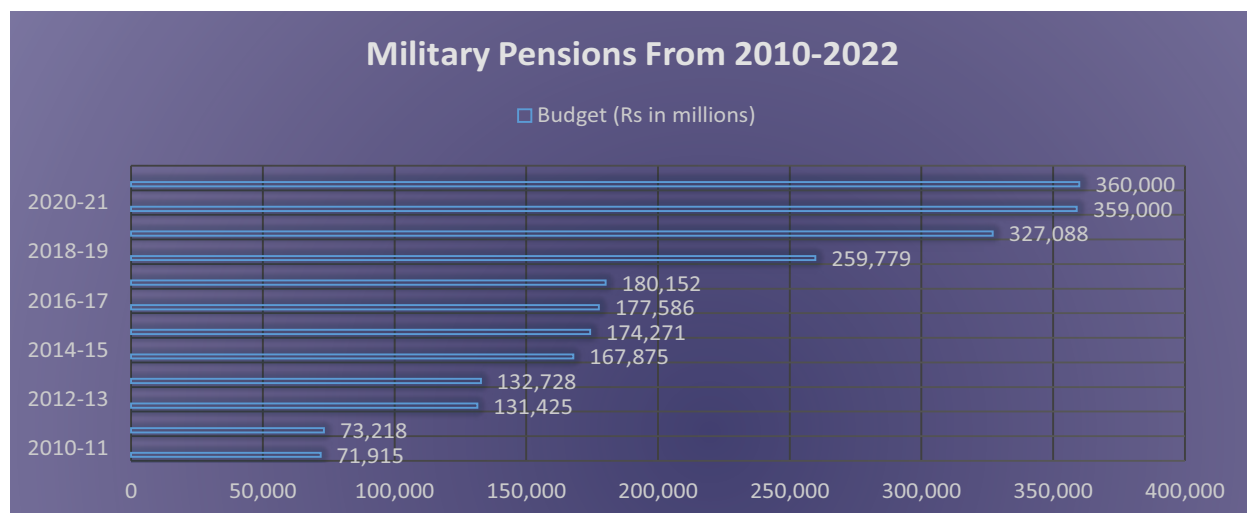
### Pensions for Federal Government Employees

Public sector pensions are entirely funded through the national budget and are the government's largest social protection expenditure. In the 2019-2020 budget, the Federal Government allocated PKR 470 billion to pensions. However, the federal government has announced 10% increase in the pensions of federal government pensioners in the fiscal year 2021-2022 making it to 480 billion with a slightest growth of 2.1 percent<sup>11</sup>.

Pensions	Budget 2020-21	Budget 2021-22
Total (Billions)	470	480
Military	359	360
Civil	111	120

(Source: Budget 2021-2022, Highlights and Commentary)

The analysis of budget for the pension allocation for the previous 12 years show that pensions for the federal government employees have increased from time to time however huge disparity is seen between civil and military pensions. Military pensions were increased sharply during 2017-2020 from 180-327 billion. Graphs below shows that civil pensions are far lesser than the military pensions. Currently 1,656,532 military pensioners are registered as per statistics of 2019-20<sup>12</sup>.

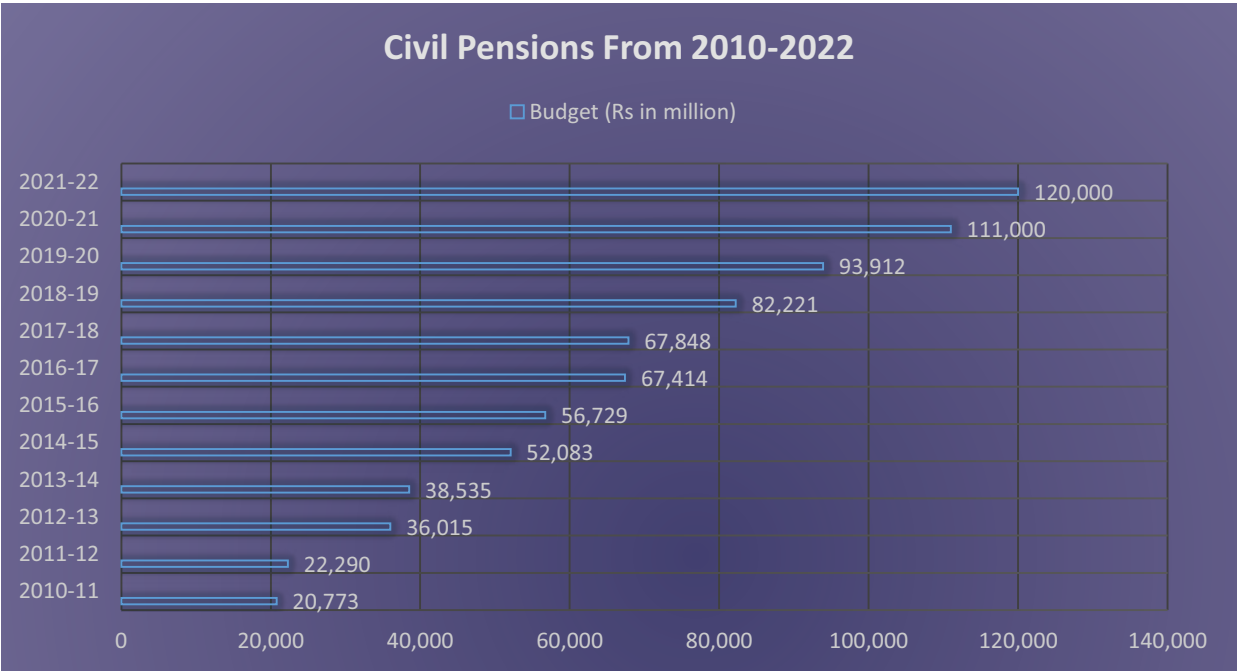


(Source: Author has collected data from the Budget of all these years)

<sup>11</sup> Budget 2021-2022, Highlights and Commentary)

<sup>12</sup> Audit Report on the Accounts of Pakistan Post Office Department 2019-20,  
[https://agp.gov.pk/SiteImage/Policy/Audit%20Report%20PPOD%202019-20%20\(Merged\).pdf](https://agp.gov.pk/SiteImage/Policy/Audit%20Report%20PPOD%202019-20%20(Merged).pdf)





(Source: Author has collected data from the Budgets of all these years)

### Regional Social Pension Models

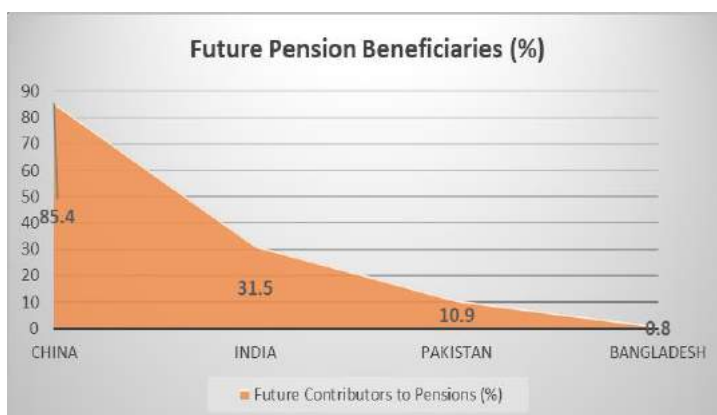
Regional comparison of social protection models in table below shows that, China has achieved a universal social health protection by covering 100% of its population whereas India is only covering 20.2% of its population while Pakistan is covering only 8.4%. Moreover, old age social protection coverage in Pakistan is far less than all the countries. As far as the GDP is concerned China has been spending 2.9% of its GDP on the public social expenditures while India is spending 1%, Pakistan and Bangladesh are spending only 0.9% and 0.4% respectively.

**Table 2.3 Comparison of Regional Social Protection Model**

China				
Old age population (65+)	Population affiliated with Social Health Protection (%)	Effective Social Protection Coverage (%)		Public Social Expenditure by Function (% of GDP)
		Old Age	Contributors to Pensions	
164,486,658	100	100	85.4	2.9
India				
87,149,006	20.2	42.5	31.5	1.0
Pakistan				
9,360,839	8.4	5.8	10.9	0.9
Bangladesh				
8,446,372	....	39.0	0.8	0.4

Sources: ILO, World Social Protection Database, based on SSI; ISSA/SSA, Social Security Programs throughout the World; ILOSTAT, ECLAC, IMF, WHO, WB, UNDP, UNICEF, completed with national data sources.

Graph below shows the future pension beneficiaries.

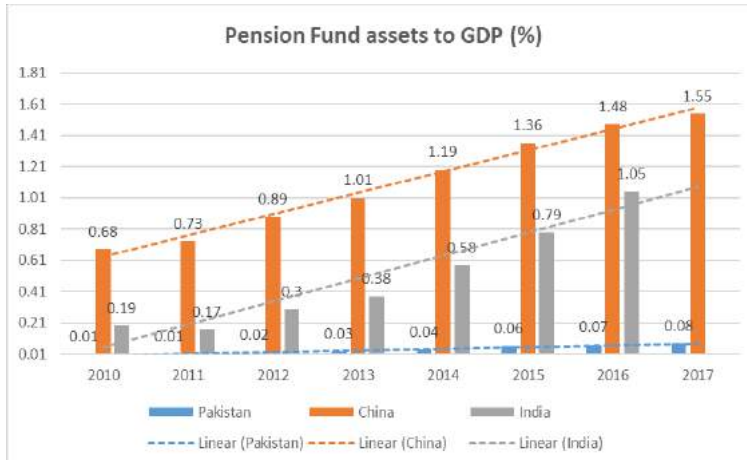


China will be having highest pension receivers 85.4% followed by India 31.5% while Pakistan is expected to have 10.9% pension beneficiaries and Bangladesh will be having least of all 0.8% based on the current statistics of pension contributors.

Sources: ILO, World Social Protection Database, based on SSI; ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT, ECLAC, IMF, WHO, WB, UNDP, UNICEF, completed with national data sources.

### Pension Fund Assets as (%) of GDP

Pension fund assets are defined as the assets bought with the contribution fund having a sole purpose of giving benefits to the pension beneficiaries in old age usually in the form interest rates. The primary assets can be cash, bonds, properties and even share in the companies. Graph below shows the pension fund assets as a percentage of GDP for China, Pakistan and India till 2017<sup>13</sup>.



In the period of 7 years, China's pension fund assets grew from 0.68% to 1.55% from 2010 to 2017. However, Pakistan's pension assets were 0.01% while India had 0.19% of the GDP. India surprisingly grew up to 1.05% in 2016 while Pakistan was way behind at 0.07%. The reason behind is the lesser coverage of the contribution based pension system.

Source: The Global Economy, The World Bank, Data for Bangladesh is not available

Pakistan, India and Bangladesh have same kind of pension system as devised by British during colonialism and it is called The Pension Act, 1871. All the three countries have adopted this basic pension plan with some amendments from time to time.

### Discussion-Future Interventions

Pakistan needs to get shifted more on the contribution based pension schemes in order to increase coverage and to be sustainable. This will ultimately result in the increase in the Pension Fund Assets of the country like China and India. As discussed previously the milestone achieved by Bangladesh by covering 39% of its old age population through the "Old Age Allowance". Pakistan can also follow a similar model to ensure healthy ageing. Currently, Pakistan has been spending 3.2% of its GDP, as per budget 2020-21, on pensions and its likely to increase in the coming years, as the population will grow. As far as health is concerned, Pakistan is heading towards universal health coverage and Universal Health Insurance which will cover most of old age health needs, As best practices from other countries it is evident that life course entitlements and coverage will ultimately provide comprehensive benefits to the vulnerable old age population.

<sup>13</sup> The Global Economy. [https://www.theglobaleconomy.com/Pakistan/pension\\_funds\\_assets/](https://www.theglobaleconomy.com/Pakistan/pension_funds_assets/)

## SECTION: 03

### INSTITUTIONAL SHELTER IN TAKING CARE OF OLDER PEOPLE: A QUALITATIVE STUDY AT PANAHAHGAHS OF ISLAMABAD

#### Introduction

Pakistan is the fifth most populous country of the world with 207.68 million population (Census, 2017). Poverty and unemployment remains the main issues in Pakistan and according to estimates the poverty rate during the period 2018-19 remains at 21.5% (Iqbal, 2020)<sup>viii</sup>. Nearly 16% of households faced moderate to severe food insecurity (PSLM, 2019-20)<sup>ix</sup>. As observed rural population is affected more and there is less employment opportunities in rural areas resulting in rural urban migration for greener pastures including older population.

Urbanization has resulted in burden on cities and scarcity of place and affordability results in homelessness evidenced by people roaming around with their possessions in parks, on benches, & under bridges. There is increased vulnerability of women & children and one thing common among all these people is Poverty.

**March 27, 2019  
Launch of Ehsaas  
Program**

Government of Pakistan had launched Ehsaas program; as the Pakistan's largest -ever social protection and poverty eradication initiative. Establishment of the 'Shelter homes' (Panahgahs) under Ehsaas is one of the most priority scheme of the government. The basic concept behind is to provide the shelter facilities to the needy, labourers, daily wagers and old homeless people. Moreover, besides providing the shelter facility, meal is provided in these Panahgahs. Pakistan Bait-ul-Mal (under the Poverty Alleviation and Social Safety Division's umbrella) is responsible for execution of this project. For SPRC 2021 old age report, SPRC team has explored the concept of Panahgahs, its utilization and as a model of social protection in Kind.

#### Background

Pakistan is not different from the world, it has a long tradition of social & religious philanthropy, though Pakistan has a strong family system where elderly are taken care of but with population explosion and urbanization has resulted in homeless population in big cities and number of temporary migrant / job seekers to cities increased who need shelter and food.

Fig 3.1: Homeless Elderly Population aged 55 &amp; above

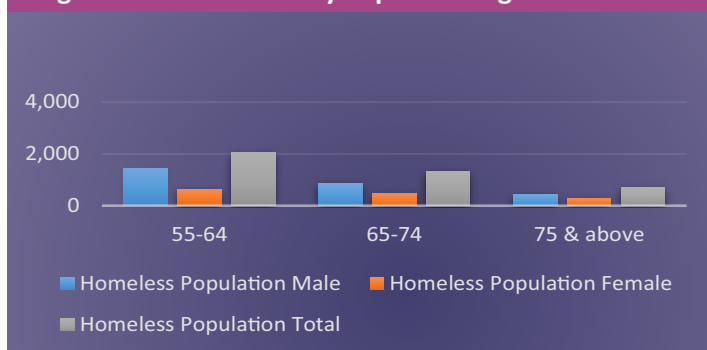


Figure 3.1 shows that there are around 2,072 homeless elderly (age 55 to 75) people in Pakistan, out of which 1,444 are male and 628 are female.

Source: Author's data extraction from Census 2017

Temporary homelessness is a major issue of those people who migrate or even travel from rural to urban areas and have no place of accommodation.

In wake of addressing this issue, Government of Pakistan decided to establish Panahgahs under the broader umbrella of Ehsaas program, which will provide shelter (Panah) to such homeless migrants.



Pakistan Bait-ul-Mal Act 1991; talks about the provision of financial assistance and shelter to destitute and needy, widows, orphans, infirm, invalid and other needy persons, in its clauses (a, d & I). These clauses of the act are pretty much aligned with policy plan of Panahgahs. Keeping the above mentioned clauses as the legal cover, a need assessment for this initiative was carried out at specific

places (industries, vegetables markets, Universities, transport stations etc.) to determine the work force clusters and people in need of shelter. On the results of need assessment, the policy was devised and selection of places on which Panahgahs will be established was being done.

Scope of this initiative covers and targets the marginalized layer of society who migrate/travel to urban areas, by ensuring the provision of accommodation and meals. To carry out this initiative in a more productive way, its key aspects were defined in which Panahgahs will provide shelter to shelter-less people in a systematic way. Focus will be on ensuring the provision of instant relief to underprivileged work force, travelers and other needy people with accommodation and meals. This policy plan make it an important intervention to benefit laborers, daily wagers, patient's attendants and needy students (Bit-ul-Mal, 2020)<sup>x</sup>.

Efforts were being made to make this initiative sustainable and self-sufficient by collaborating with private partners and making it a public-private partnership program. Private partners were encouraged to sponsor under corporate social responsibility (CSR) for surveillance and reaching out to big number, robust management information system (MIS) is in place.

This initiative was started from Federal Capital Islamabad, and it was planned to expand the program all across the Pakistan and after the span of one year, the countrywide progress is evident.

### Initiative of Panahgahs & Older Person

Government of Pakistan announced Ehsaas (2019) as a flagship program to cushion the marginalized and vulnerable section of the society. The homeless and elderly citizens are one of the key target groups for Ehsaas.

Temporary Shelter (Panahgahs) were already working under Bait-ul-mal and under the umbrella of Ehsaas these Panahgahs are remodeled and provides temporary accommodation, two times meals, emergency health care with security and dignity. Beneficiaries include any employment seekers who need accommodation and cannot afford while looking for jobs in big cities and a small percentage of senior citizens laborers and homeless are also benefiting from this facility. Therefore, Panahgahs emerged out to be as home for homeless migrants ensuring them the provision of temporary accommodation and meals.

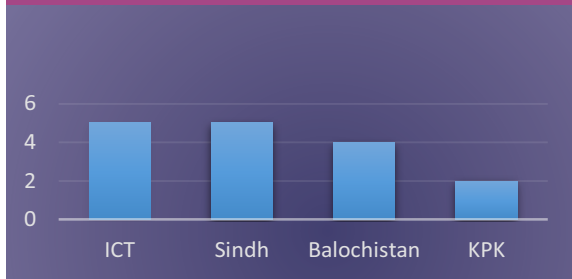


(Photograph taken by author. G-9 Panahgahs. Islamabad)

Social Protection Resource Centre (SPRC) for *Old Age Wellbeing Report 2021* found it beneficial to explore the mechanism of this initiative, probe the functioning of Panahgahs in Islamabad and benefits that Panahgahs are providing to the beneficiaries by keeping the focus on older people.



**Fig 3.2: Total Number of Panahgahs**



(Source: Pakistan Bait-ul-Mal)

There are total 16 Panahgahs operating in different cities of Pakistan according to recent Pakistan Bait-ul-Mal MIS data while 9 more Panahgahs are established and soon will be in operational phase in KP, Balochistan and Skardu

Looking at the quality and mechanism of Panahgahs, all five Panahgahs in the federal capital have been renovated to a "One Star bed and breakfast facility," which includes meals, basic hygiene, and security with dignity. Older individuals are facilitated by allotting lower beds and even meal is provided on beds to those who are too weak to move. Ehsaas Panahgahs has its own MIS with real time updates enrolment process requires registration, based on filling a registration form along with computerized verification of National Identity Card.

During enrolment, beneficiaries are given preference who have less or no history of staying at the Panahgahs. Supervisor is the head of the Panahgah whereas there are two shift in charges as well. Focal person from Prime Minister Office and Pakistan Bait-ul-Mal also pay frequent visits. PBM is the controlling authority and responsible for managing expenses of every Panahgahs. According to interviews from the management, average allocation of budget to Panahgahs for maintenance and necessary works is Rs. 50,000/monthly. Management provides quality services to beneficiaries which includes suitable accommodation, quality meals and facilities of WASH. There are around 2.2 million people benefited from Panahgahs from September 1, 2020 till date all over Pakistan.



**Fig 3.3: Total Number of Beneficiaries**

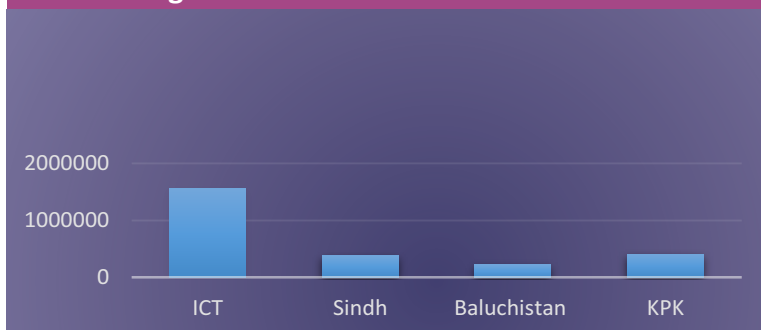
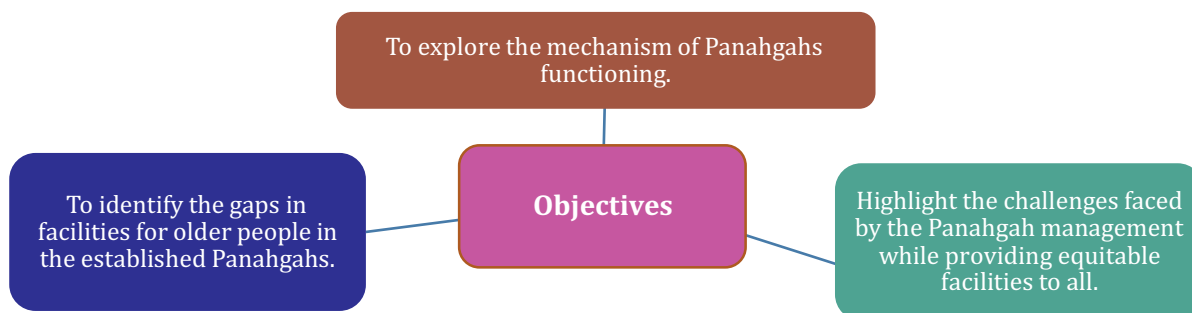


Fig 3.3 shows the total number of beneficiaries of the Panahgahs from the date of inception.

Source: Panahgahs Statistics; Pakistan Bait ul Mal (Latest updated 25 10 2021)



### SPRC Study



### Methods

The aim of the study is to analyze the role of Panahgahs in the wellbeing of older inhabitants of these public facilities. In this qualitative study, data was collected using semi-structured interview guide having open-ended questions. In-depth interviews were conducted to get the clear understanding of the operational mechanism of the shelter homes (Panahgahs), facilities provided and challenges faced by the management in operating Panahgahs. The administration of all the five Panahgahs were interviewed separately. The researcher recorded interviews and for that, prior consent was taken from the respondents.

### Sample

Five public sector (100%) shelter homes (*Panahgahs*) of Islamabad were selected for this study. The administration and management provided demographic information during the interviews.

### Data Analysis

In accordance with the qualitative approach, the analysis was done, to explore the mechanism of the function of Panahgahs and challenges faced by the management. Furthermore, data was analyzed using inductive thematic analysis. Data was coded and themes were identified. It was made sure that the themes are consistent with the data. Keeping themes in view, a narrative description was produced accordingly.

**Table 3.1. Operational Statistics of Panahgahs**

Total Beneficiaries				
S. No	Panahgahs	Total Beneficiaries		
		Yearly	Monthly	Daily
1.	Tarlai,	178725	10089	688
2.	G-9	396206	23055	346
3.	Tarnol,	146431	12161	500
4.	Barakahu	126652	8421	314
5.	Mandi Mor	462214	24988	1043

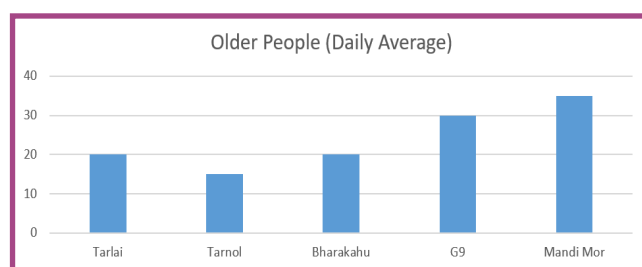
Source: Pakistan Bait-ul-Mal (Updated 25-10-2021)

Provision of meals and shelter is the prior job of Panahgahs, below the tables separately shows the statistics of the provision of meals and shelter on yearly, monthly and daily basis.

Provision of Meals				
S. No	Panahgahs	Yearly	Monthly	Daily
1.	Tarlai,	148757	8139	269
2.	G-9	358299	20655	588
3.	Tarnol,	122743	10549	418
4.	Barakahu	106565	7337	267
5.	Mandi Mor	421246	22799	953

Provision of Shelter				
S. No	Panagahs	Yealy	Monthly	Daily
1	Tarlai	29968	1950	77
2	G9	37807	2400	100
3	Tarnol	23688	2202	82
4	Bhara kahu	20087	1447	47
5	Mandi mor	40968	2189	90

Mandi Mor and G9 Panahgahs stand out as the busy Panahgahs in context of serving the beneficiaries. From the in depth interviews from the management of the Panahgahs, identification of the older people living in Panahgahs on daily basis has also been done which also shows G9 and Mandi Mor Panahgahs facilitating the most number of older persons.



Authors own calculation through Interview

Figure depicts the average percentage of older persons living in each Panahgahs on daily basis. Among the total beneficiaries of accommodation in each Panahgahs, figure shows the number of older person within those total beneficiaries.

Table 2 presents the demographic data of the beneficiaries on an average from all five Panahgahs. Researcher collected data from the concerned management via qualitative interviews.

Table 3.2: Socioeconomic Status of beneficiaries in Panahgahs of Islamabad										
Panahgahs	Total No. of Beneficiaries (Daily average)	Total no. of elderly beneficiaries aged (55 & above)	Totally dependent on Panahgahs	Educational status of beneficiaries	Gender		Region		Income source	Avg. Income
					Male	Female	(R)	(U)		
Tarlai	90	20	18	Middle	20	-	60	30	Labour	10,000
BharaKahu	60	20	-	Middle	60	-	50	10	Labour	20,000
Mandi Mor	90	35	-	Illiterate	90	-	80	10	Labour	15,000
G9	100	30	25	Middle	100	-	60	40	Labour/beggar	20,000
Tarnol	80	15	-	Primary	80	-	60	20	Labour	10,000

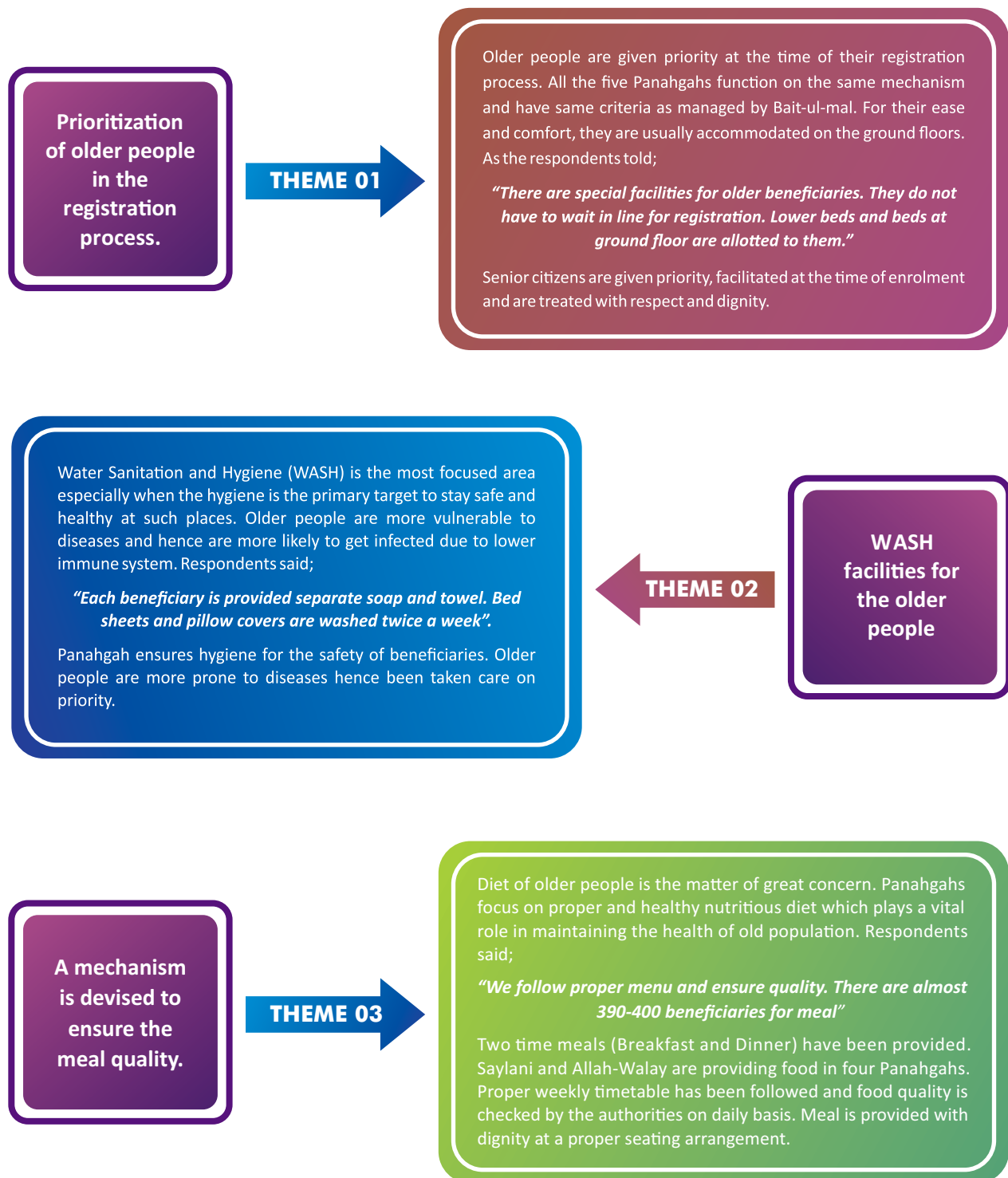
Source: Author own data collection through Interviews

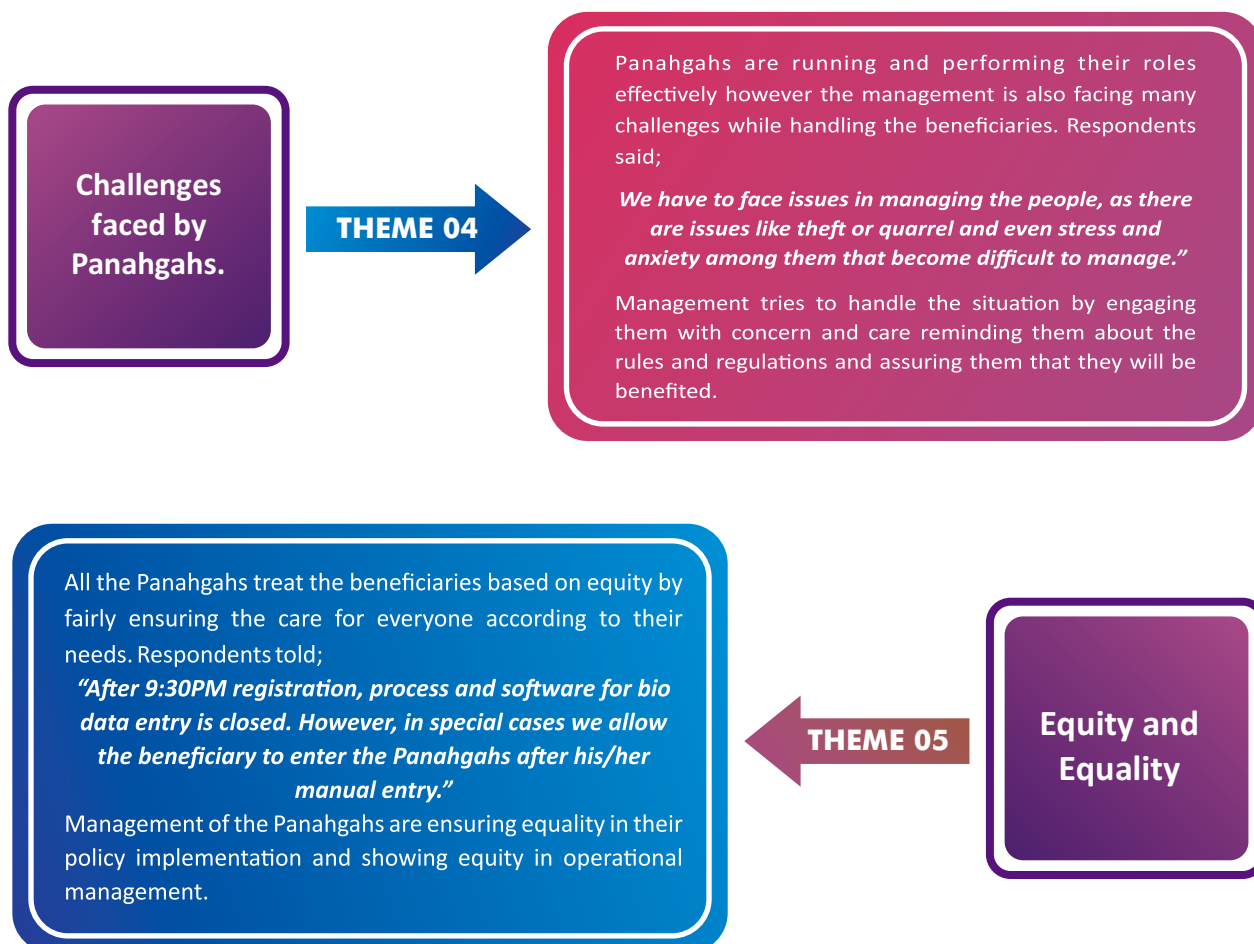
Table 3.2 and 3.3 depicts the socioeconomic statistics of the beneficiaries along with the division of the employees with in each Panahgah and gender-wise segregation as well.

Table 3.2 also gives information regarding older persons as well.

Table 3.3: Status of Employees in Panahgahs of Islamabad			
Panahgahs	Total No. of Employees	Gender of Employees	
		Male	Female
Tarlai	24	22	2
Bharakahu	16	13	3
Mandi Mor	19	17	2
G9	12	11	1
Tarnol	15	12	3

## Thematic Analysis





### Discussion & Findings

Shelter homes in Islamabad are so far in line with objectives of protecting poor and vulnerable with equity and dignity. There are various programs of this sort all over the world. Pakistan started this programme with clear objective of providing instant relief to needy and deserving, protecting against harsh weather conditions and facilitating poor workforce. All the Panahgahs have been prioritizing the old age while serving. They have been providing good quality food with all the nutritious elements. Hygienic conditions are taken into consideration which is the most important and appreciable for all the Panahgahs.

Proper record is maintained for every individual through MIS. The most important of all is the handling those elderly who needs psychological assistance. The management is fully aware of the parameters to be taken in this regard to handle such an elderly with dignity. Females are not common residents rather only those stay a night who are in travelling or with family. The mechanism of these Panahgahs is good enough but have certain loopholes.

Management of the Panahgahs have to face several challenges including limitations of capacity against high demand, high number of people in line for shelter, exceeding the maximum bed limit, behavioral problems while taking bed or meal. Many of the old age beneficiaries, daily wagers are not considering it as temporary; rather they are solely dependent on these Panahgahs for food and shelter.

COVID 19 brought a new challenge for management of Panahgahs, as WASH facilities were available but management was facing issues in implementing SOPs of COVID 19. It is required to provide gender sensitive secured environment, so that females can also be benefited. Facility of screening of nutritional status, chronic diseases, provision of supplements and medications is another area to address. Mental health assessment of the beneficiaries and staff, training sessions should be conducted for staff to teach them to better cater the people with psychological issues.



## SECTION: 04

### DISTRESS ASSESSMENT OF CAREGIVERS OF ELDERLY

#### INTRODUCTION:

Problems of hearing, sight, memory, mobility, and performing daily social activities are all common symptoms of declining intrinsic capacity in the elderly. Along with associated physiological changes, the increased risk of chronic disease raises



physical & emotional dependency among elderly. Dementia, heart disease, stroke, chronic respiratory disease, diabetes, malnutrition, and osteoarthritis are among the most common causes of functional disability in people over age of 60. However, these problems are more in least developed countries as compared to the developed countries. Elderly people who are suffering from the coexisting chronic diseases (multi morbidity) need health as well as social care. In many countries the informal caregivers that includes spouse, children and friends or relatives mostly provide care.

The women are considered as the primary caregivers. Similarly, the caregivers are also at risk of facing some physical, emotional, mental, and social pressures leading to mental distress and depression, particularly the caregivers who are providing the care to the people facing the severe

**Nearly 349 million populations across the world are care dependent, out of which 29% i.e., 101 million older population of 60 years and above.**

declines in intrinsic capacity. As formal system of long-term care in most of the third world countries is underdeveloped, the adverse impacts of caring have a severe influence on the physical, mental, and economic status of informal caregivers particularly women and other family caregivers. Providing care to that individual who is suffering from Alzheimer's disease is a gratifying, annoying and time consuming at the same time. Alzheimer's caregivers are facing

many challenges like Physical, social, emotional, and financial pressures at a time that will cause mental stress on them<sup>xi</sup>. With advancing management of such individuals, the importance of wellbeing (physical, mental) of caregiver is also recognized and part of interventions<sup>xii</sup>. Due to demographic transition in the country, we can see that old age population of Pakistan gradually increased since last few years. As life expectancy has increased hence old age population increase in the country.

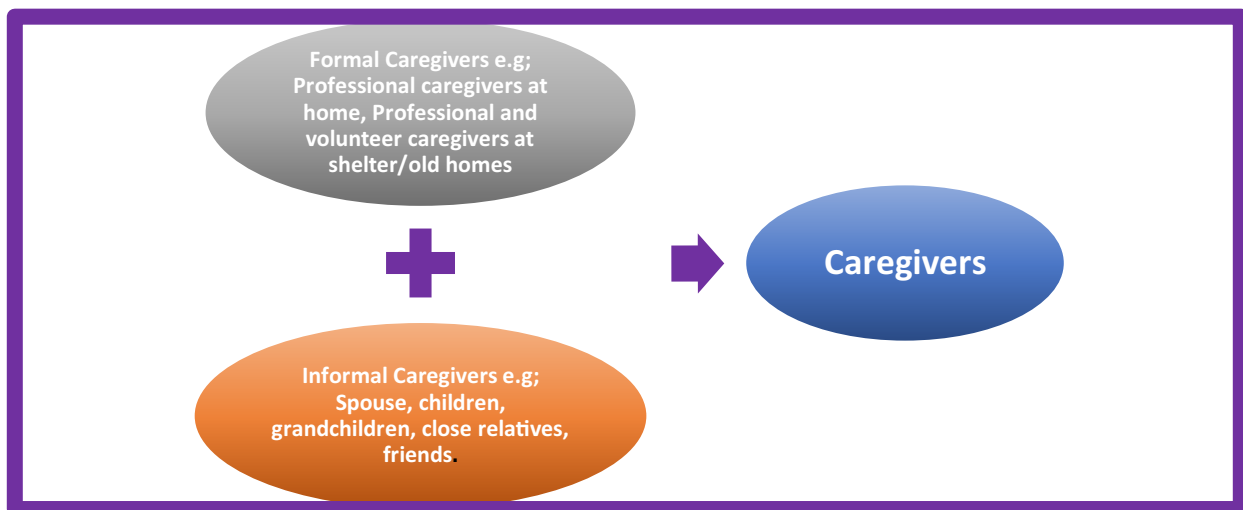


As Pakistan have a strong family system to take care of the elderly but with shrinkage of family size and increase in inclusion in work force of all active members of family has increased the difficulty faced by the family in care of elderly so here comes the concept of home care services.

### CATEGORIES & ISSUES FACED BY CAREGIVERS:

A caregiver is the person who provides caring, nursing facilities to another person. Caregivers are categorized as "formal" and "informal". Formal caregivers are properly trained for caregiving, and they are paid for their services. Formal caregivers include nurses and other trained professionals provide by health care agencies.

While informal caregivers are people who take care of a family member or friend as social responsibility, and they are unpaid. Caregiving is exhausting and tiring especially when it comes to the caregiving of an elderly person. A caregiver provides help in the daily activities including feeding, bathing, getting dressed, getting out of bed etc. Caregiving becomes difficult when the care receiver is ill or disable. All caregivers face some sort of issues and primary concern of this chapter is to highlight these issues.

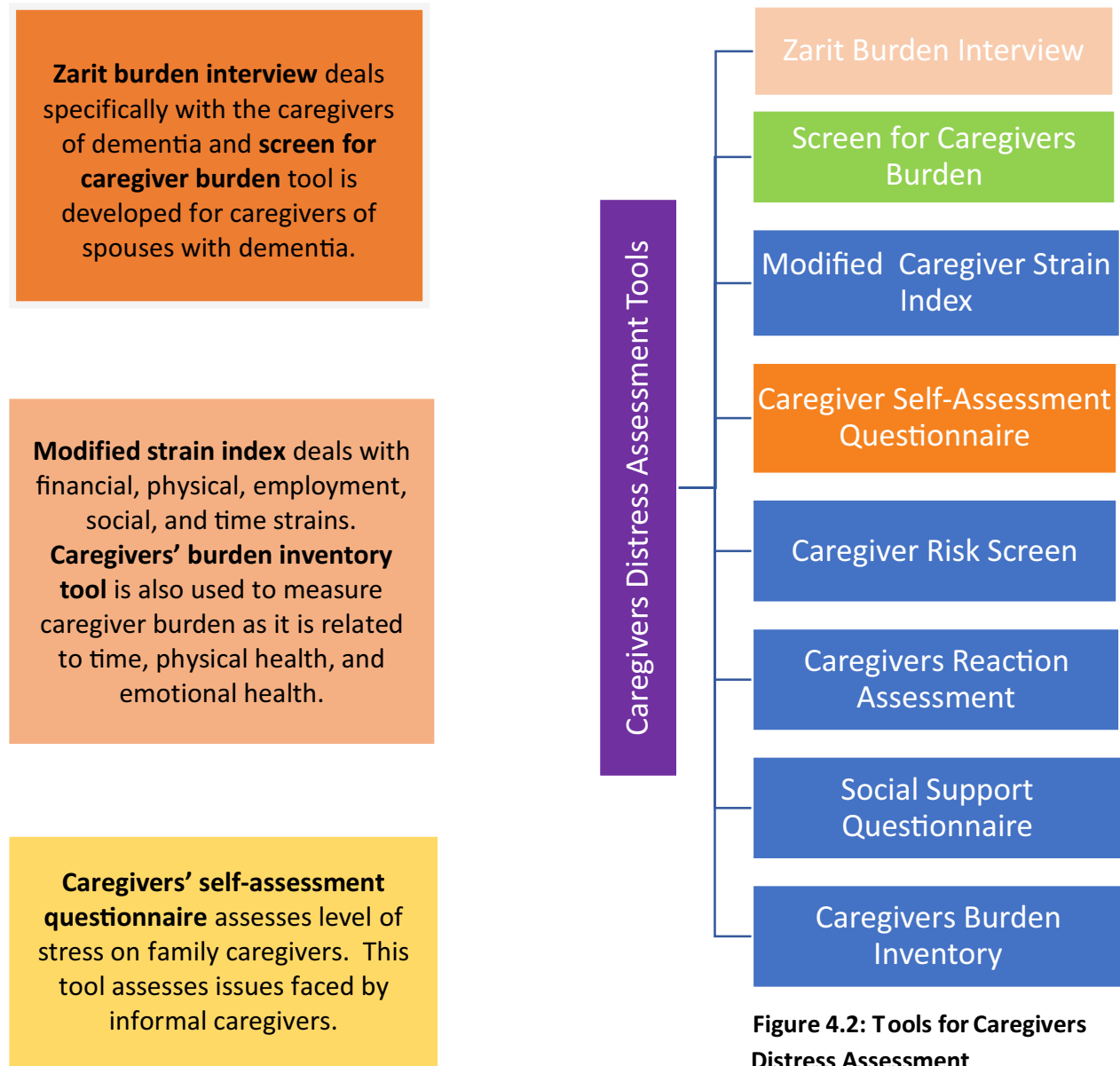


**Figure 4.1: Broader Classification of Caregivers**

While dealing with the elderly, caregivers whether they are formal or informal, both face social, physical, emotional, and financial issues. Stress and fatigue are very common problems among the caregivers of elderly. The emotional strain faced during caregiving to a loved one is one of the biggest reasons caregivers need support and they enter nursing facilities.

## CAREGIVERS DISTRESS ASSESSMENT TOOLS:

To assess the distress and problems faced by caregivers' various studies suggest some tools for research through which issues can be identified<sup>xiii</sup>. Every tool has a separate technique and assess issues of caregivers whether they are mental, physical, social, emotional issues.



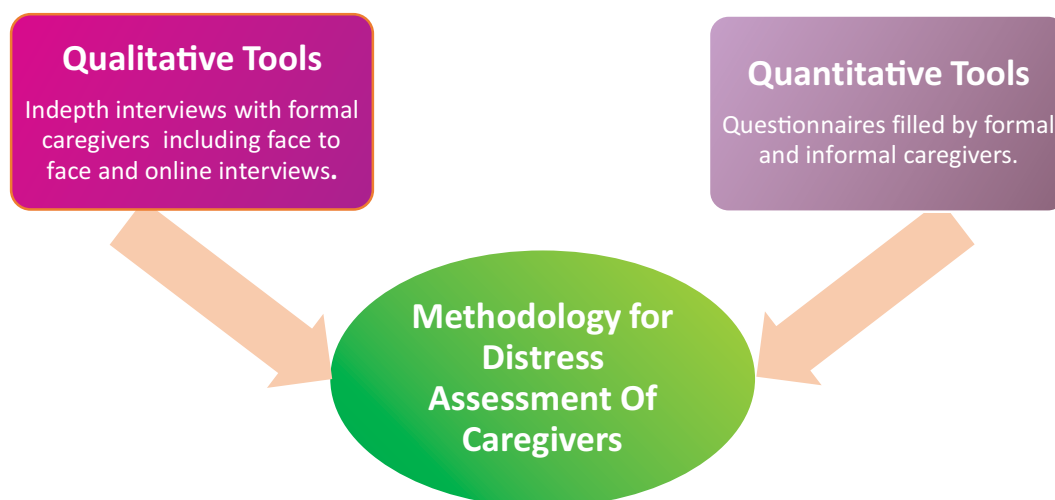
**Figure 4.2: Tools for Caregivers Distress Assessment**

For this study, we used the tool “**Caregiver Risk Screen**”, and it is widely used by agencies which provides home care services of caregiving and hospitals to determine risks of formal caregivers.

## DISTRESS ASSESSMENT OF CAREGIVERS OF ELDERLY: QUANTITATIVE ANALYSIS

Mixed methodology approach for the study of distress assessment of caregivers of older persons was used. To get in depth findings and assess the magnitude of the distress faced by caregivers both qualitative and quantitative tools were adopted for analysis.

### DATA COLLECTION & METHODOLOGY:



**Figure 4.3: Methodology for Distress Assessment**

For quantitative analysis, data was collected through cross sectional survey from 96 respondents including both formal and informal caregivers through a pre-tested structured questionnaire named “Caregiver Risk Screen” as recommended by (Huyck, Ayalon, & Yoder, 2007). This questionnaire comprises of four major domains, and these are health issues, social issues, emotional issues, and financial issues. A brief section is also included for issues faced by caregivers dealing with Alzheimer’s patients. Demographic section included questions regarding caregiver’s category (formal or informal), age, gender, education, employment status and marital status as well.

Chi-Square test of statistical significance was used to find out the association of independent variables with dependent variables.

**Our Sample size for the quantitative analysis 96.**

## RESULTS AND DISCUSSION:

Table 1 describes the frequencies of the variables. It depicts that out of 96, 84.4% caregivers were informal (spouse, children, grandchildren) while 15.6% were formal (professional caregivers at home provided by health care agencies, nurses, at shelter homes, old homes, and rehabilitation center). Moreover, the study divided the age of caregivers in 5 categories in which 39.6% of the caregivers fell in 26-35 age group while 29.2% of the caregivers fell in 15-25 age group. Likewise, the percentage of female caregiver was 51% which was more than male caregivers

**Table 4.1: Socio-Demographic Characteristics of Caregivers**

<i><b>Variables</b></i>	<i><b>Frequency</b></i>	<i><b>Percentage</b></i>
<b>Age</b>		
15-25	28	29.2%
26-35	38	39.6%
36-45	17	17.7%
46-55	9	9.4%
56 & above	4	4.2%
<b>Gender</b>		
Male	47	49.0%
Female	49	51.0%
<b>Education level</b>		
Illiterate	15	15.6%
Primary	3	3.1%
Middle	10	10.4%
Secondary	30	31.2%
Higher	38	39.6%

<b>Marital status</b>		
Married	45	46.9%
Unmarried	45	46.9%
Others	6	6.2%
<b>Employment status</b>		
Employed	43	44.8%
Unemployed	44	45.8%
Own business	9	9.4%
<b>Relationship with Care Receiver.</b>		
<i>Mother</i>	41	42.8%
<i>Father</i>	8	8.3%
<i>Grandparents</i>	11	11.5%
<i>Mother-in-law</i>	6	6.2%
<i>Others</i>	30	31.2%

Similarly, out of 96 total caregivers, the ratio of employed caregivers was less than the unemployed caregivers. Furthermore, in the analysis it was observed that the people with higher level of education were more involved in the caregiving.

**Table 4.2: Categories & Issues of the Caregivers**

<b>Variables</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Category of CG</b>		
Informal	81	84.4%
Formal	15	15.6%
<b>Health issues</b>		
No	52	54.2%
Yes	44	45.8%

<b>Social issues</b>		
No	51	53.1%
Yes	45	46.9%
<b>Emotional issues</b>		
No	48	50%
Yes	48	50%
<b>Financial issues</b>		
No	63	65.6%
Yes	33	34.4%
<b>Issues of Alzheimer's caregivers</b>		
No	53	55.2%
Yes	43	44.8%

In addition, most predominant caregiver distress was due to emotional issues (50%), related to feelings of stress, depression, and strain on family relationships.

On chi-square test of independence education level of caregivers was found to be statistically significant with the social issues ( $\bar{x} = 4.857$ ,  $p < 0.028$ ), emotional issues ( $\bar{x} = 9.325$ ,  $p < 0.053$ ), and financial issues ( $\bar{x} = 11.300$ ,  $p < 0.001$ ) of caregivers.

On the other hand, results shows that education level of caregivers with health issues is statistically insignificant ( $\bar{x} = 3.456$ ,  $p < 0.485$ ). Other issues including social, financial, and health issues are also common among caregivers and cause of distress among them but in this analysis, they came out to be insignificant with age, gender, employment status.

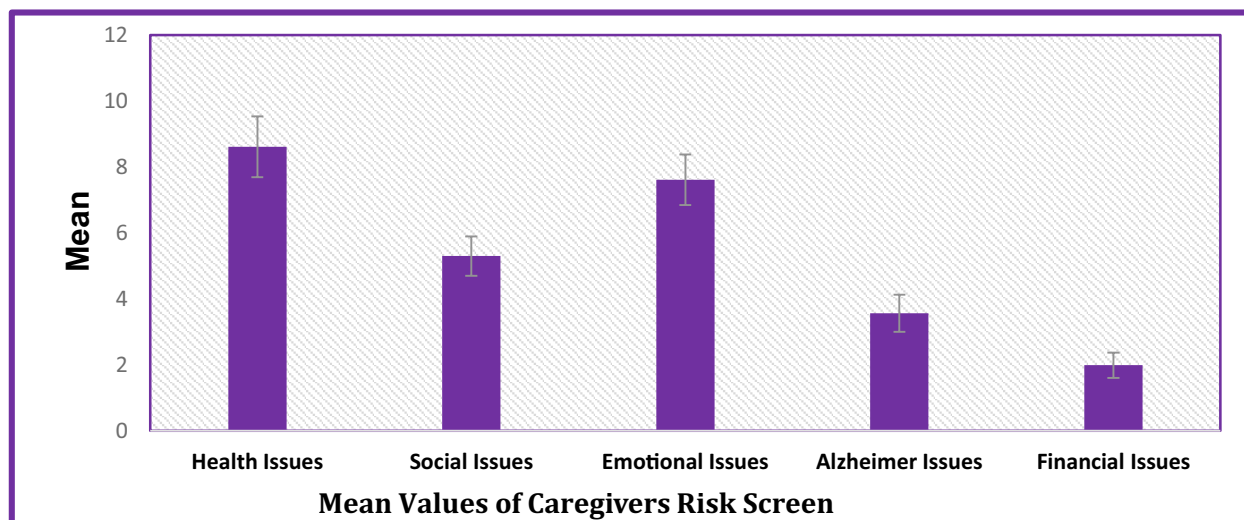


Figure 4.4: Mean Values of Caregivers Risk Screen

DISTRESS ASSESSMENT OF CAREGIVERS OF ELDERLY: QUALITATIVE ANALYSIS

For qualitative analysis, information was gathered through in-depth interviews organized in a tertiary health care facility with formal caregivers (female in charge nurses). The participants were involved in the interview after getting permission from the authority and interviews were conducted as per their availability. Interviews were taken in Urdu language and each interview continued for 15-20 minutes and was also recorded after seeking their formal permission. During interview, the researcher used different plans like field notes and observations to assure the validity of what is heard and observed during the encounter with the participants. Interviews were started with broad open-ended questions like, “What were the particular issues you experienced during caregiving hours?” and “How did you cope up with your present situation?” Further possible probing and leading questions were asked to have a guided conversation with the caregivers. After that interviews were transcribed in English for analysis. For thematic analysis, ID numbers were provided to the participants to ensure their confidentialities. In the figure 4.5 age, designation, marital status, their duty timing, and years of duty are mentioned.

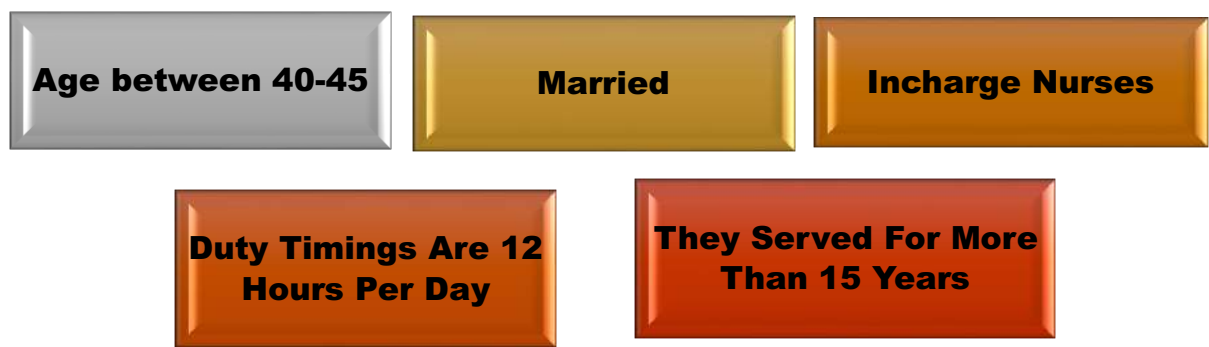


Figure 4.5: Characteristics of Informants

Thematic analysis widely used to identify, analyze, and report patterns (themes) from the data collected<sup>xiv</sup>. For analysis all interviews including quotes, words of the participants were transcribed, and later broader themes were constructed which depicted the overall condition of the participants that what kind of issues they were facing during caregiving.



**Table 4.3: Thematic Distribution**

Sr NO	Issues Highlighted by Participants	Themes
1	Physical and Mental Illness Back Pain Sleeplessness Lethargy	Health Issues
2	Feeling Angry Self-Isolation Losing temper	Social Issues
3	Depression Anxiety Stress	Emotional Issues

**Discussion:**

As caregivers' duty is challenging, their health is primary concern especially when they are dealing with elderly. Interviews of the formal caregivers' lead to the conclusion that they are facing physical as well as mental health issues during caregiving. Sleeplessness, weight change, lethargy, back pain are also common health issues reported in interviews by caregivers. Interviews from the caregivers showed that caregiving put their social and psychological well-being at risk. They highlight that dealing with different patients is very exhaustive task for them but at the same time they also feel pleasure that they are contributing to their society as well. Feeling angry, self-isolation, become irritable to family members, friends, children etc. and losing temper are some social and psychological issues reported by participants.

"Some time I get angry on my family and children but on duty, I tried to remain cool and behave well with my patients". She further added, "I select this profession by my own choice, and I am satisfied with my duty and feeling blessed to serve my community."

"Yes, usually I do feel back pain and obviously due to sleeplessness because of long duty hours without any break; my physical health is affected adversely to some extent. Moreover, sometimes I feel mental stress also".

"Due to dual responsibilities, my social activities also affected, as often I can't attend the family events etc. and this leads to self-isolation. Yes, I face social issues due to work burden and lose my temper and sometimes feel angry towards my family members".

"My duty is in ICU for last 20 years and patients are unconscious and handling them is a difficult task for me. In foreign countries, there is an assistant with the nurse but here we have no such facility available. Therefore, I feel difficulty most of the time. I usually feel tiredness. Moreover, due to continuous caregiving, I feel back pain. I also often consult Physiotherapist".

From above responses of the informants, it is observed that all issues whether they are physical or mental health issues, social issues, and emotional issues have impacts on the life of caregivers. Due to long working hours, they are facing difficulties in managing their life but at the same time respondents said that, they feel pleasure because they are serving humanity. On national level, various interventions are needed to lessen the burden and risks of caregivers and in this regard, there are some policy recommendation in the next section.

### CARE FOR THE CAREGIVERS NEEDED:

While exploring the literature on problems faced by caregivers of older persons above issues were identified in the context of Pakistan. It is important to provide support to caregivers in a way that well-being of caregivers examine on community level<sup>xv</sup> and steps taken to lessen their burden and risks. Some of the recommendations are:

- When caring has become difficult or exhausting, some other person temporarily provides caregiving to the older person. This concept is called RESPITE CARE. The other person may be a family member, or a trained caregiver. This RESPITE CARE can help the main caregiver, to rest for some time or carry out other social activities.
- Training and assistance must provide to caregivers for self-care, problem solving etc.
- If possible, caregiver's mental, physical, emotional stress should be addressed with support, psychoeducation, and cognitive behavioral therapy.
- Psychological interventions are important to encourage care givers to maintain reasonable and friendly relationship with care receiver .
- For the support of unpaid caregivers' interventions in the form of financial assistance is needed at community level to encourage them and decreases their financial burden they are facing during caregiving.
- Recreational activities arrange at community level for the caregivers so that they do not go for self-isolation due to work burden and stress.
- At national level social media campaigns are necessary to raise awareness about the issues faced by caregivers and provide them moral support.

#### Caregivers: Give Yourself a Break

**"Caregivers of people who are ill should not feel guilty about taking a break and maintaining their own health, it is difficult to step away and admit you need help, but if you don't take care of yourself first, it's hard to take care of others."**

*Kellie L.K. Tamashiro, Ph.D., an associate professor of psychiatry and behavioral sciences at Johns Hopkins*

## SECTION: 05

### CLIMATE CHANGE AND OLDER POPULATION

#### Introduction

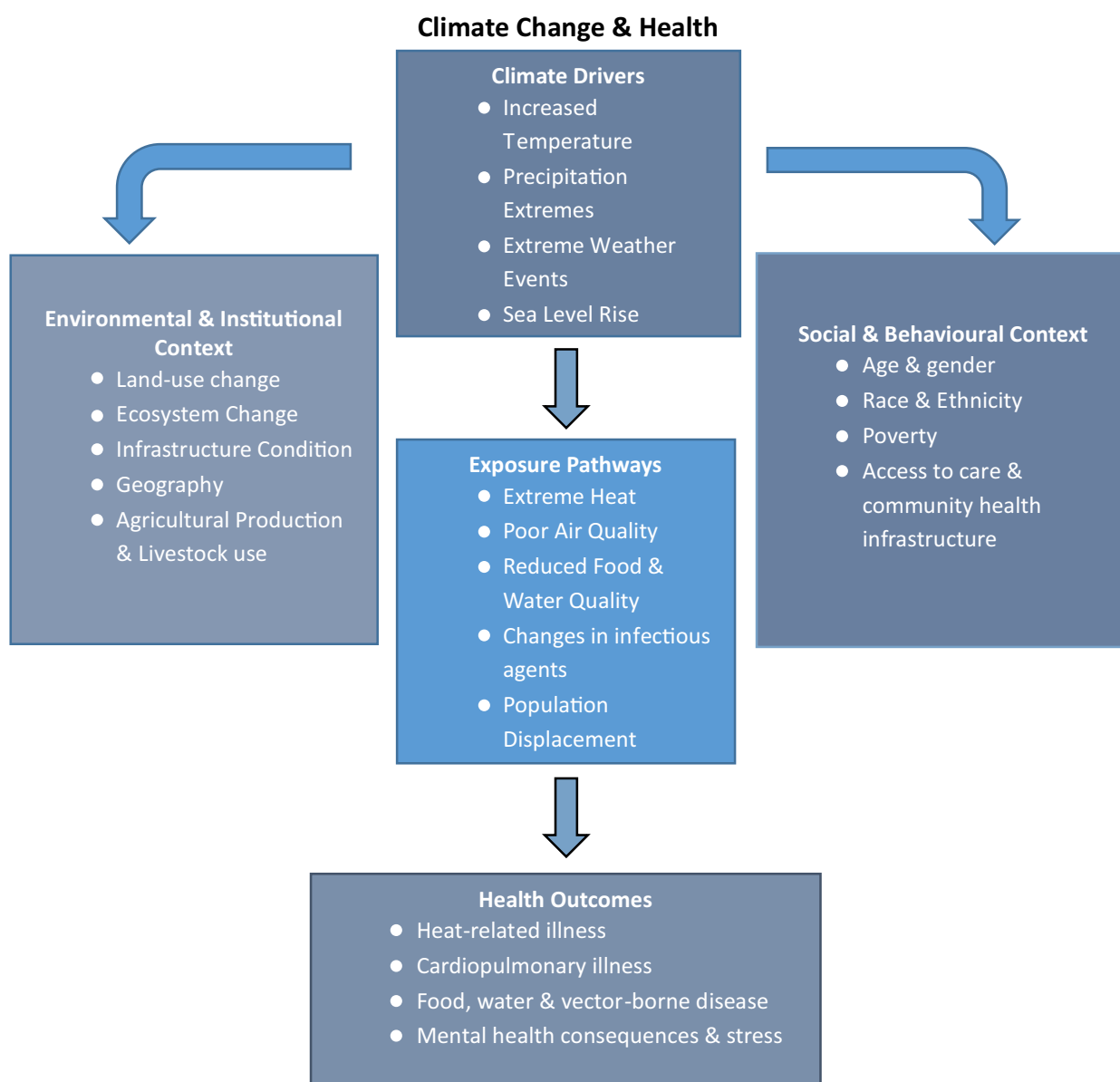
The predominant weather condition of an area is called climate. Climate change is a fact that affects people in their daily lives, with the most vulnerable being the most affected. Climate change is the result of anthropogenic activities that leads to the increase of greenhouse gas emissions in the atmosphere causing extreme weather fluctuations like heat waves, floods, wildfires, drought and change in disease patterns. Deforestation, agricultural and industrial processes are contributing in a big way<sup>xvi</sup>. The extreme weather events to be noted are, heat waves, floods, storms, and variable precipitation and sea events. Furthermore, WHO projected that due to climate change from 2030 to 2050; approximately 250,000 deaths per year are expected from malaria, malnutrition, heat stress and diarrhoea. Its estimated health cost is between 2-4 billion USD per year<sup>14</sup>. Climate change is affecting everyone, but vulnerability increases with intrinsic and extrinsic factors, two to mention here are age and migration. Older population is at increased vulnerability due to restricted mobility and pre-existing chronic diseases and their management requirements and displacements due to climate migration. Moreover, International Organization for Migration (IOM) stated that, by 2050 there will be approximately 200 million migrants (or sometimes known as climate refugees or environmental refugees) because of climate change<sup>15</sup>. Therefore, there is an urgent need to understand that societies should work on adaptation plans with priority of vulnerabilities.

**Climate change is a threat to human health in the form of cardio-vascular and respiratory diseases, pre-mature deaths due to heat stroke, injury, Climate sensitive vector borne diseases dengue, malaria, food borne, and water borne diseases**  
(United Nation Development Program, 2007)

Furthermore, in accordance to the Environmental protection Agency USA (EPA), half of the population (65 and above age) were suffering from some form of functional limitations/disability i.e. speech, sight, hearing, mobility and lack of mental functioning or loss of memory compared to about 17% of people (between the age group 16-64) in the year 2010.<sup>xvii</sup> Soon, this proportion will rise rapidly because it is projected that the old age population will double till 2050. For instance, in 1980 the diabetic older age patients were 9% and it increased by 20% in 2009.

<sup>14</sup> [https://www.who.int/health-topics/climate-change#tab=tab\\_1](https://www.who.int/health-topics/climate-change#tab=tab_1)

<sup>15</sup> [https://publications.iom.int/system/files/pdf/wmr\\_2020.pdf](https://publications.iom.int/system/files/pdf/wmr_2020.pdf)



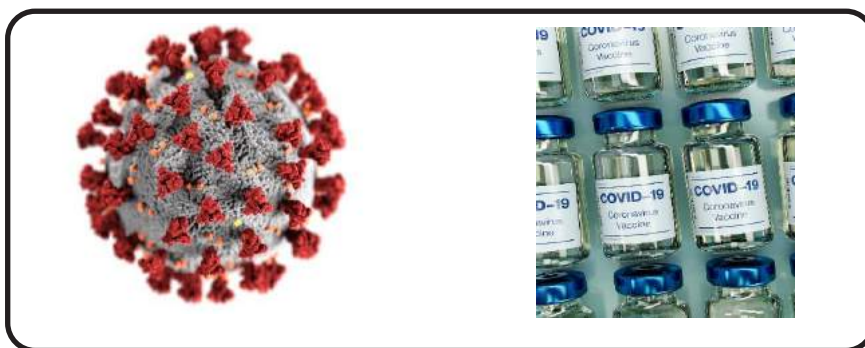
*Conceptual Diagram is taken from US Global Change Research Program (2016)*

## Extreme Events

Extreme weather events (storms, hurricanes and floods) are the outcome of frequent climate change<sup>xviii</sup> because of increase in earth's temperature<sup>xix</sup>. These extreme weather events lead to loss of lives and loss of properties and damage to infrastructure like water, electricity, housing and other emergency services. Moreover, it also disrupts food provision, causes destruction of settlements and affect health and mental well-being. During such emergencies, old age people are less likely to move from the affected areas or they will be unable to protect themselves from the potential harm. Furthermore, about half of total deaths caused by "Hurricane Katrina" and

“Superstorm Sandy” was of elderly people aged 65 years and above<sup>xx</sup>. Besides this, they also may struggle to get food, travel to safe areas to get shelter for themselves. After such natural disasters, the higher authorities need to focus on swift relief, which is not easily accessible and appropriate for older people. Moreover, the loss of any family member or caregiver during extreme events can also isolate the elderly people and are facing difficulties in coping with their daily life after disasters and in accordance to the HelpAge International, the psychological impact is likely to be greater on older people than on other age group<sup>xxi</sup>. Moreover, according to Relief Web, Pakistan is more vulnerable to extreme events among which COVID-19 pandemic is the one.<sup>xxii</sup>

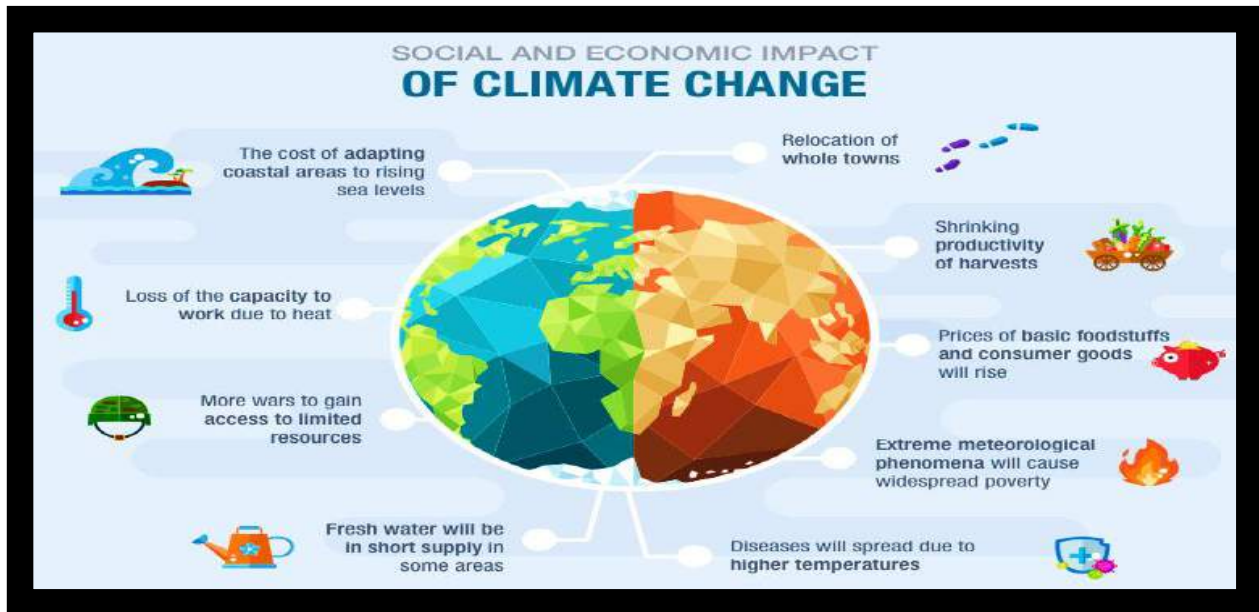
**Superstorm Sandy and Hurricane Katrina has affected the Elderly people aged 65 & above the most in United States (EPA, 2016)**



Source: <https://unsplash.com/photos/mAGZNECMcUg>

The total number of older men and women in Pakistan are 5,961,162 and 5,673,627, respectively. Among them, the deceased from the mentioned pandemic the ratio of 50% were of older people (60 or above). Furthermore, COVID-19 outbreak has also affected the psychological condition of elder people. HelpAge International stated that almost 75% of the elderly people are suffering from anxiety, stress and depression during pandemic. Among them  $\frac{3}{4}$  of individuals are experiencing “high level stress” and while  $\frac{1}{3}$  are suffering from “moderate level stress”. Heat waves are another outcome of extreme weather event, which upsurge the death rates among older population who are vulnerable to heat exhaustion and strokes and risk increases with pre-existing comorbidities like diabetes, hypertension Ischemic Heart Disease., congestive heart failure and pulmonary diseases. Heat waves also increase the admission of elderly people in the hospital because of their serious lungs and heart conditions. World Bank & Asian Development Bank stated that in 2015, due to heat strokes in Pakistan over 65,000 individuals were admitted in hospitals<sup>xxiii</sup>

Furthermore, Pakistan is one of those regions where normal temperature remains 38°C & above and adding in that Nasim et al., (2018) stated that from 1997 - 2015, Pakistan has experienced 126 heat waves means around seven heat waves per year<sup>xxiv</sup>. In addition to that, studies have predicted that Pakistan will face 70 % of the hotter days by the end of this century as global warming is increasing rapidly<sup>xxv</sup>.



Source: <https://www.iberdrola.com/environment/impacts-of-climate-change>

Similarly, Mian *et al.*, (2019) argued that, the vulnerable (older people) and poor segment of the society are affected the most due to heat waves because the older population of a country is financially, physically, and emotionally weaker to face the effects of climate fluctuations as compared to the rest of population who can enhance their security towards the threats related to climate change. HelpAge International Organization stated that, there are 15 million people who are aged 60 & above and this proportion is projected to increase twofold till 2050<sup>xxvi</sup>. Therefore, with this background it is clear that there is a dire need to put efforts in order to reduce the risks associated with the climate change and to provide assistance to the vulnerable segment of the country including older people.

### Floods

In past few decades, there are number of people affected from floods and hurricanes. Older people have experienced higher consequences of flood events and diseases related to flood. Floods cause higher mortality rate in the elderly people as stated by EPA that in Hurricane Katrina and Super storm Sandy almost half of casualties were of elderly people aged 65+, respectively compared to the other age groups because of drowning, and other health problems such as heart diseases and hypothermia. In addition to that, flooding confine individual's access and provision to medicines and other health equipment as it restricts movement to obtain medical facilities emergency.





Source: [http://www.china.org.cn/photos/2010-08/01/content\\_20616327\\_6.htm](http://www.china.org.cn/photos/2010-08/01/content_20616327_6.htm)

Flood or flash flood events may directly affect the medical services of the affected localities, which in turn affect wider community, which force hospitals and dispensaries to suspend their routine activities and stop their medical services. Moreover, Pakistan being the agrarian country has faced over 50 major floods since its existence among which 50% were the severe. The 2010 flood in Pakistan was the worst in past 80 years<sup>xxvii</sup> and almost 200,000 older people were being affected from 2010 flood.

### Migration due to Climate Change

#### Global Context

In the coming decades, the greatest impact of climate change might be on human lives, as it will force millions of people to migrate from their native places<sup>xxviii</sup>. The major factors behind this migration might be coastal flooding, shorelines erosions or agricultural disruptions that occurs due to climate change. In the mid of 1990's, it was mentioned that environmental pressure (such as droughts, land degradation, pollution and natural disasters) has forced approximately 25 million people to move from their homes. It was declared at that time that these "environmental refugees" have exceeded the number of refugees documented due to political persecution and war.

According to IOM, world is currently having 25 million environmental refugees

Moreover, in accordance to the IOM "World Disasters Report of the Red Cross and Red Crescent Societies, 2001" repeated that world is currently having 25 million "environmental refugees"<sup>xxix</sup>. Adding in that, in October 2005 "UN University's Institute for Environment and Human Security" claimed that by 2010 this number would exceed 50 million. Moreover, according to IOM approximately 3% of the global population, which is equal to 192mn People, are living outside their native/habitual home globally.



An analyst named “Professor Myers” stated that:

*“When global warming takes hold there could be as many as 200 million people (till 2050) overtaken by disruptions of monsoon systems and other rainfall regimes, by droughts of unprecedented severity and duration, and by sea-level rise and coastal flooding”.<sup>xxx</sup>.*



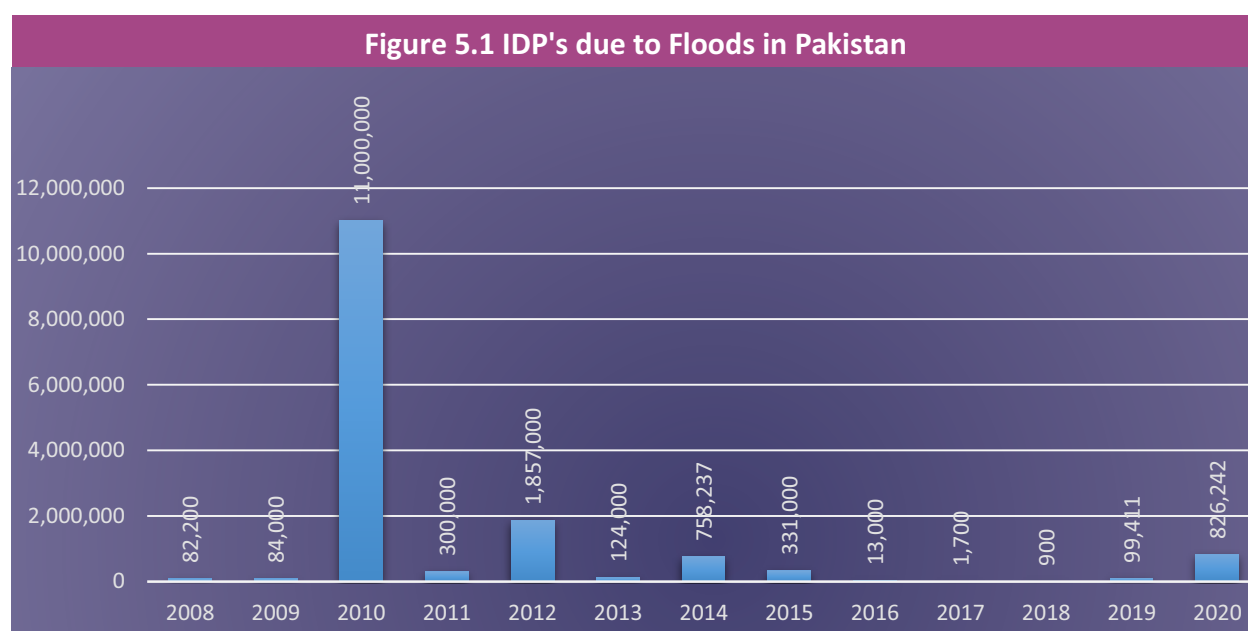
### Pakistan's Context

As stated in “Global Climate Risk Index (2018)”, Pakistan is one of the top 10 countries vulnerable to the drastic impacts of climate change witnessing heavy floods in 2009/10 and major earthquake in 2005<sup>xxxi</sup>. Likewise, as climate is rapidly changing in Pakistan, which is worsening and causing disasters, compelling the inhabitants to flee from their homes and to seek shelter somewhere else, hence introducing “climate induced migration”.

Pakistan has witnessed 829,000 IDP's in 2020 due to climate, out of which, 826,242 were displaced due to floods (IDMC, 2021)

As Pakistan is an agro-based country depending majorly on agriculture sector, fisheries and forestry therefore, they must prepare themselves for the adverse impacts of climate change. Many inhabitants living in rural areas are altering their livelihoods, agricultural practices and lifestyles to cope with and to adapt with on-going climate changes. Moreover, they have also engaged themselves in migration from rural to urban areas to diversify their means of income, to improve their living standards and to minimize the risks against shocks and stresses. In Pakistan, this rural to rural or rural to urban migration constitutes 40% of the “total internal migration”<sup>xxxii</sup>. In accordance to the UNDESA and ADB, Pakistan is witnessing vulnerable climate effects therefore; the country may also witness histrionic shifts in anthropological mobility<sup>xxxiii</sup>.

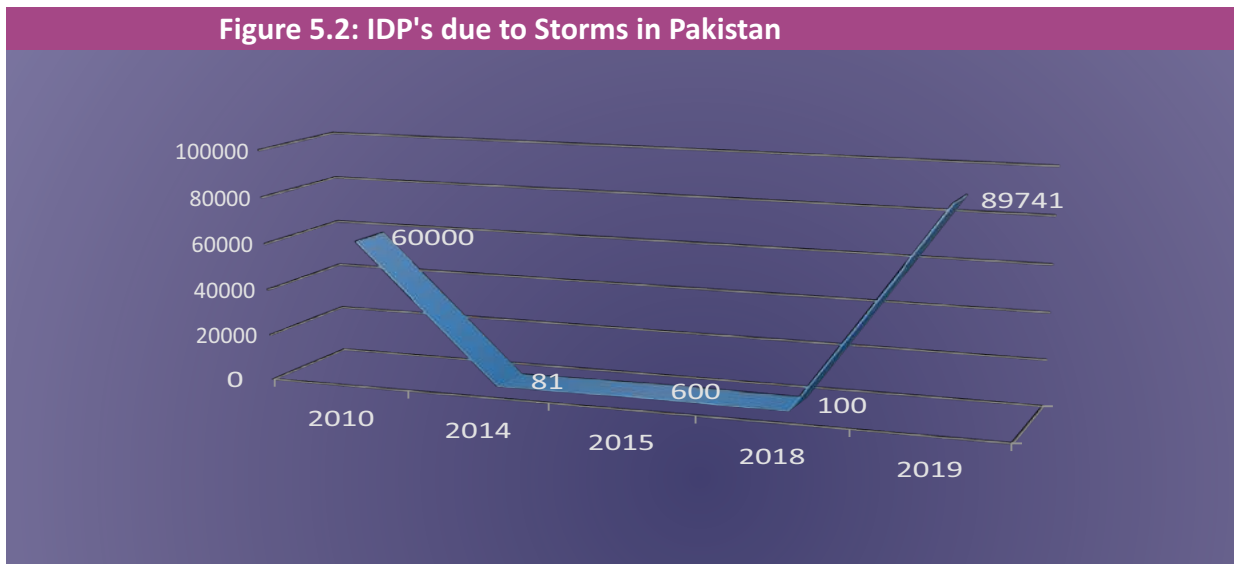
As stated earlier that Pakistan is witnessing extreme climate hazards, which is internally displacing people from their hometowns. It was observed by Internally Displaced Monitoring Centre, (IDMC) that Pakistan has witnessed 829,000 IDP's in 2020 out of which, 826,242 were displaced due to floods and 2000 were displaced due to earthquakes while remaining were displaced due to other extreme weather events such as heat waves and storms<sup>xxxiv</sup>. The figure 5.1 is displaying the IDP's due to floods from 2008 till 2020 in Pakistan. It can be seen from the figure that since a decade, Pakistan is one of the extremely affected countries due to climate change.



*Data is taken from IDMC*

Moreover, besides floods Pakistan is also witnessing extreme weather events since a decade in which the ratio of storms is higher. Figure 5.2 displays the IDP's affected due to storms during 2010 to 2019. It states that in 2019, the internally displaced people due to the extreme weather events (storms) were 89,741, which is the highest number in the last decade.

Figure 5.2: IDP's due to Storms in Pakistan

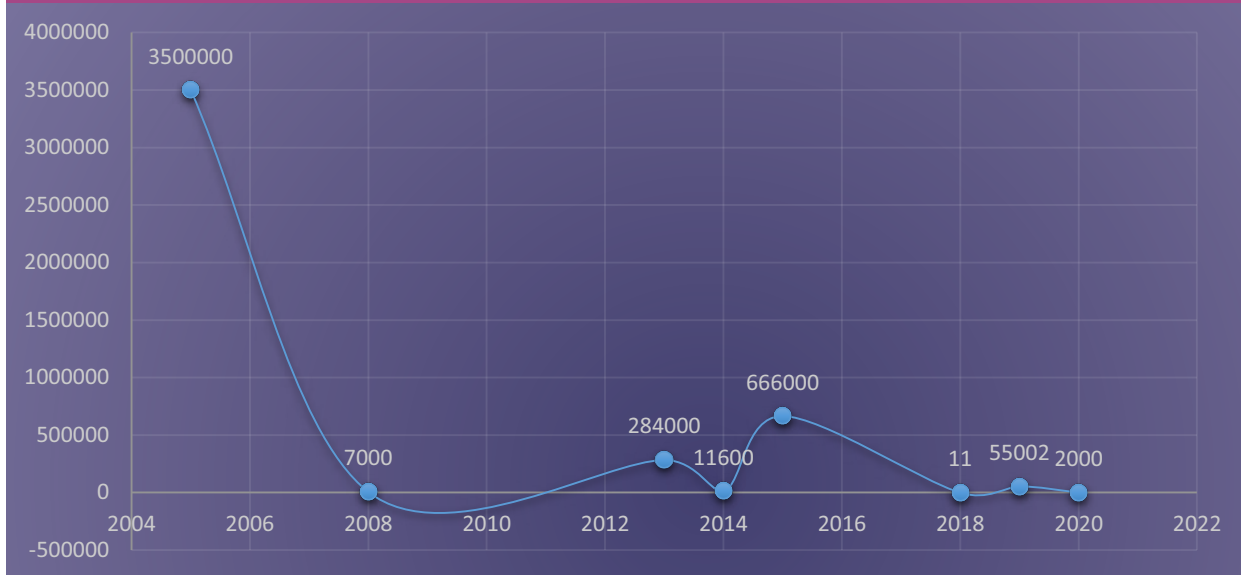


Data is taken from IDMC

Likewise, Pakistan has also witnessed deadly earthquake in the past decade due to drastic climate change, which has also displaced thousands of people. The figure 5.3 shows the internally displaced people due to earthquakes in Pakistan. The figure depicts that during 2015 there were 666,000 internally displaced people in different parts of Pakistan, which is the highest number after 2005 earthquake.

Moreover, since 2014 persistent drought conditions in Sindh and Baluchistan have resulted in uninterrupted crop failures and massive animal losses, wreaking havoc on the local population's livelihoods. Furthermore, localized crop losses have been reported in several districts of Baluchistan, as well as few areas of Khyber Pakhtunkhwa, AJK, and Gilgit Baltistan, as a result of a winterized emergency (heavy snow and rainfall), worsening the food security situation of the affected households. In 35 areas of Pakistan, locust outbreaks may cause localized crop losses. Furthermore, the COVID-19 pandemic poses a threat, both in terms of the negative consequences associated with it and in terms of the risk, it poses.

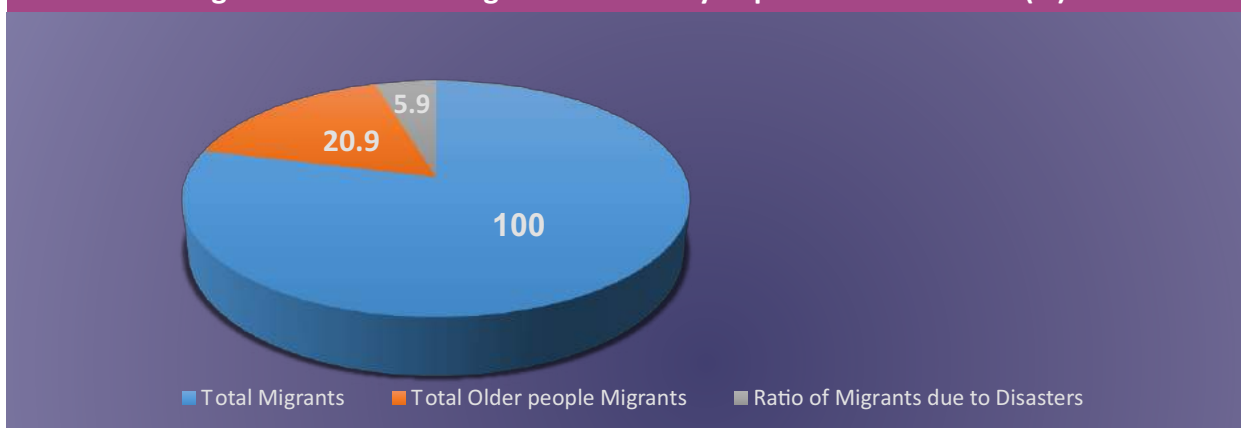
Fig 5.3: IDP's due to Earthquakes in Pakistan



Data is taken from IDMC

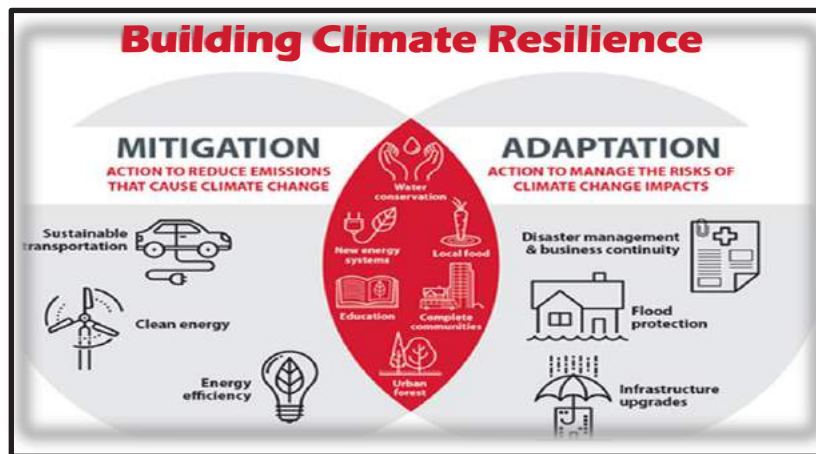
Migrating population faces many challenges because of many reasons including health and age factors. Among those who are migrating, aged individuals are the most vulnerable segment. The data taken from Pakistan Demographic Health Survey (PDHS) mentioned that, among total migrants, the ratio of older people was 20.9% out of which 5.9% migrated because of the natural disasters that occurs due to climate change. However, unfortunately because of limited data available on the migration of elderly population, the study is unable to find the exact data of the older people who had migrated from their native places due to climate change. Therefore, there is need to emphasize on the study that the most vulnerable group is the elderly, which requires special attention.

Figure 5.4: Internal Migration of Elderly Population in Pakistan (%)



Author's Own Calculation based on Data from PDHS (2017-18)

Climate related impacts on old age are obvious due to vulnerability to health, emotional and financial impacts and non-preparedness and non-resilient response systems at individual, community and government level. These happenings ultimately resulted in migration of the native residents and among them; the strata of the older persons are the one affected the most. Older persons are not prepared enough to absorb the disastrous shocks of climate change are mostly unable to cushion themselves without any external support. This is very important to keep old age inclusive at mitigation and adaption of strategies of climate change related events and response. Moreover, Pakistan is working in many mitigation and adaptive strategies to decrease the GHG's and impacts of climate change in Pakistan i.e. Electric Vehicles, Billion Tree Tsunami etc., and hopeful to see the reduction in contributing towards GHGs.



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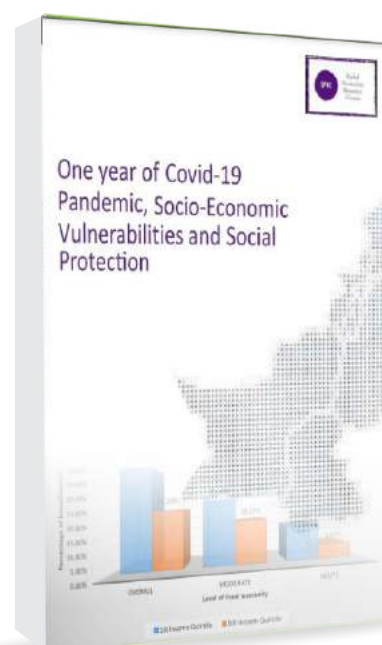
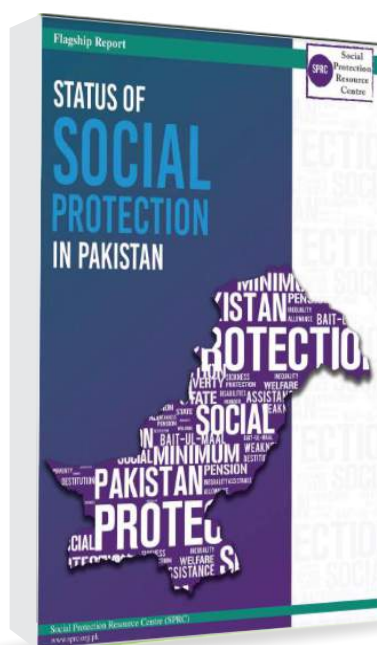
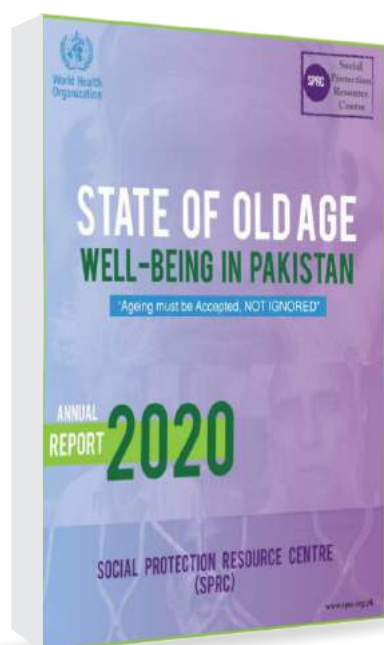
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