Policy Lessons from MICS Data on Children's Status in Self-Reported BISP Families in Punjab, Pakistan

TAJ MUHAMMAD

Lecturer
Department of Economics
GC University Lahore, Pakistan
tajmuhammad@gcu.edu.pk

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Motivation

- Social protection programs are initiatives designed by governments or organizations to reduce poverty, vulnerability, and inequality by ensuring that individuals and households have access to basic income, services, and opportunities.
- These programs provide financial or in-kind assistance to people in need, helping them to cope with economic and social risks such as unemployment, illness, disability, and old age.
- Social protection programs address both immediate needs and long-term risks related to economic shocks, health emergencies, and natural disasters, thus preventing them from falling deeper into poverty.
- Ensure that these vulnerable groups of society have the opportunity to live with dignity and participate fully in economic and social life.

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- The primary rationale is to reduce poverty by providing income support and ensuring access to essential services like healthcare, education, and housing.
- By providing a safety net, social protection programs contribute to economic stability, as they help maintain consumption levels during economic downturns, thus supporting demand and reducing the depth and duration of recessions.
- They promote social equity by redistributing resources to the most vulnerable segments of society, thereby reducing income inequality and fostering social cohesion.
- Certain social protection programs, like those that promote education and health, contribute to the development of human capital, which is essential for long-term economic growth.

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- By reducing dependency and providing support during vulnerable periods, these programs can empower individuals to seek better opportunities, thus contributing to their overall well-being and participation in society.
- Many individuals are trapped in cycles of poverty due to systemic issues such as lack of access to education, healthcare, and employment opportunities. Social protection programs aim to break these cycles.
- Social protection can contribute to economic growth by enabling people to invest in education, health, and productive activities, which in turn can enhance their productivity and earning potential which may reduce their vulnerability.

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- Conditional Social Protection Programs
- Unconditional Social Protection Programs
- Labor Market Programs.
- Universal Basic Income
- Subsidies
- Social Insurance

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- Mexico - Progresa/Oportunidades/Prospera (1997) (Cond)
- Brazil - Bolsa Família (2003)
- Bangladesh - Female Secondary School Stipend Program (Cond) (1994)
- India - Janani Suraksha Yojana (Cond) (2005)
- Philippines - Pantawid Pamilyang Pilipino Program (Cond) (2007)
- Pakistan - Benazir Income Support Programme (Unconditional, with conditional components)(2008)
- Zambia - Child Grant Programme (Uncond)(2010)
- Indonesia - Program Keluarga Harapan (Cond)(2007)
- United States - Earned Income Tax Credit (Cond)(1975)

BISP (Benazir Income Support Program)

- BISP is Pakistan's flagship social safety net program, launched in 2008 in response to the global financial crisis. Over the past 15 years, it has grown significantly in scope and sophistication, becoming a cornerstone of social protection in the country
- It now covers 26-30% of the population in each province of Pakistan. The program has added two conditional cash transfer components:
  - **A.** Benazir Taleemi Wazaif (BTW): An education-focused CCT
  - **B.** Benazir Nashonuma: A nutrition-focused CCT for pregnant women and young children
- Development of the National Socio-Economic Registry (NSER): A crucial innovation was the development of the NSER, a comprehensive database of socioeconomic information on households across Pakistan. This has enabled more accurate targeting of beneficiaries and serves as a valuable resource for other social programs and government initiatives

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- **Digitalization of Systems:**
  Digital data collection for the NSER

  Biometric verification of beneficiaries

  Digital payment systems (moving from cash to electronic payments)

  Development of a comprehensive Management Information System (MIS)
- **Adaptive Social Protection:**
  Adaptive social protection, respond quickly to shocks and crises. This was evident in the response to the COVID-19 pandemic and the 2022 floods.
- **Analysis of BISP's Delivery Systems:**

  The BISP's delivery systems using the framework of the social protection delivery chain, which includes four main phases: Assess, Enrol, Provide, and Manage.

Strengths of BISP's Delivery Systems:

- Technological Innovation
- Data-Driven Approach
- Adaptive Capacity
- Continuous Improvement
- Financial Inclusion

How to draw Policy lessons for Pakistan

- Following data sets are available in Pakistan to draw policy lessons in Pakistan,
  - BISP data
  - PDHS
  - MICS
  - PSLM
- This study aims to draw policy lessons on the children status among self-reported BISP families in three MICS waves (2011, 2014, 2017) and suggest important policy way forward to enhance the MICS quality.

MICS (Multiple Indicator Cluster Survey)

- MICS was developed after the World Summit for Children Declaration (1990), for the regular and timely collection, analysis and publication of data required for monitoring social indicators specially related to the well-being of women and children.
- Since the mid-1990s, more than 120 countries have carried out one or more Multiple Indicator Cluster Survey, generating data
- Up till now, across120 Countries, 399 MICS surveys and 261 MICS data sets are available that provide the data on key indicators on the well-being of children, and helping shape policies for the improvement of their lives.
- Pakistan is one of the 120 countries where MICS is conducted at sub national level in the Punjab, Pakistan.

- MICS waves in Punjab, Pakistan are available for 2003-04, 2007-08, 2011, 2014 and 2017-18 while MICS 2022 is in process.
- This presentation draws its analysis on the 2011, 2014 and 2017-18 MICS surveys.
- BISP was started in 2008 in Pakistan and indicator for BISP for self-reporting was included for the first time in 2011 MICS in Punjab Pakistan.
- This presentation assesses children status in education and health across the self-reported BISP families covering three MICS waves 2011, 2014 and 2017-18 in Punjab Pakistan.
- These waves are cross-sectional surveys that collect data at a single point in time from a sample that represents a larger population.
- Policymakers can use the results of cross-sectional surveys to quickly identify issues and allocate resources to specific domain.

Results: Indicators for Policy Lessons

- Three indicators for the child status: education, health and Nutrition among self-reported BISP families across the MICS waves have been analyzed for policy lessons.
- Common indicators have been selected that exist in these surveys.

Education:

Highest level of education attended at the time of survey

Health Care:

Child Has Diarrhea in Last Two Weeks

Child Received any Vaccination

Nutrition:

Weight for Age Z-score NCHS (WAZ)

Results: Table 1

Table No. 1 No. of Beneficiaries in MICS

Year	Self Reported Beneficiaries		
	Rural (%)	**Urban (%)**	**Total (%)**
2011	2228 (67.18%)	1118 (32.82%)	3406 (2.58%)
2014	2091 (78.94%)	558 (21.06%)	2649 (4.91%)
2017	351 (75.65%)	111 (24.35%)	464 (0.14%)

Source: *Author composition from MICS*

Results: Table 2

Table No. 2

No of self-Reported BISP Beneficiaries across the Income Group

Income Group	Year		
	2011(%)	**2014 (%)**	**2017 (%)**
Poorest	887 (26.04%)	1282 (48.40%)	148 (31.90%)
Second	1006 (29.54%)	772 (29.15%)	142 (30.60%)
Middle	793 (23.28%)	386 (14.57%)	99 (21.34%)
Forth	553 (16.24%)	175 (6.61%)	62 (13.36%)
Richest	168 (4.10%)	34 (1.28%)	13 (2.80%)

Source: *Author owns calculation from MICS (2011,2014,2017)*

Results: Table 3

Table No. 3 Gender-wise Highest Level of Education Attended in BISP Beneficiaries

Education Attended	Year					
	2011(%)		2014(%)		2017 (%)	
	Male	Female	Male	Female	Male	Female
Pre-School	3 (2.70%)	7 (6.93%)	1 (1.04%)	6 (8.33%)	3 (0.02%)	8 (0.07%)
Primary	163 (2.31%)	141 (2.07%)	94 (3.28%)	83 (2.93%)	18 (0.05%)	51 (0.14%)
Middle	54 (1.42%)	40 (1.09%)	21 (1.33%)	21 (1.41%)	10 (0.04%)	10 (0.07%)
Matric	44 (0.90%)	41 (0.87%)	16 (0.80%)	17 (0.87%)	7 (0.03%)	9 (0.06%)
Above Matric	15 (0.37%)	15 (0.42%)	5 (0.26%)	2 (0.11%)	0	1 (0.01%)

Source: *Author owns calculation from MICS (2011,2014,2017)*

Results: Table 4

Table No. 4 Child Health (Diarrhea in Last Two Weeks**)**

Year	Child Has Diarrhea in Last Two Weeks		
	Yes (%)	**No (%)**	**Total**
2011	260 (18.73%)	1128 (81.27%)	1388
2014	234 (18.48%)	1031 (81.44%)	1265
2017	22 (23.91%)	70 (76.09)	92

Source: *Author owns calculation from MICS (2011,2014,2017)*

Results: Table 5

Table No. 5 Child Health (Vaccination of the Children)

Year	Child Received any Vaccination		
	Yes (%)	**No (%)**	**Total**
2011	199 (3.27%)	12 (2.49%)	218*
2014	36 (3.79%)	7 (3.37%)	44*
2017	11 (55%)	9 (45%)	20

Source: *Author owns calculation from MICS (2011,2014,2017)*

***** *Missing Values exist in the data.*

Results: Table 6

Table No. 6 Child Nutrition (Weight for Age)

Year	Weight for Age z-score NCHS		
	Male	**Female**	**Overall**
2011	-1.27***	-1.23***	-1.25***
2014	-1.51***	-1.60***	-1.65***
2017	-1.28***	-0.71***	-0.84***

Source: *Author owns calculation from MICS (2011,2014,2017)*

*** Shows statistical significance level at 1 percent

Findings

- There was a reduction in the overall number of self-reported beneficiaries from 3,406 in 2011 to 464 in 2017.
- The proportion of rural beneficiaries increased over the years, suggesting that the program might have been targeting or retaining more beneficiaries in rural areas, possibly due to higher needs or better outreach.
- The majority of beneficiaries in all three years came from the poorest and second income groups, indicating that the program was successful in reaching its intended target population.
- Over time, the proportion of beneficiaries from higher income groups (middle, fourth, richest) decreased, which suggests improved targeting of the poorest.
- There is a significant decrease in the number of children attending all education levels over time, particularly from 2014 to 2017.

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- The gender gap in education attendance is relatively small, but both male and female attendance declines over time, with more pronounced declines at higher education levels.
- The incidence of diarrhea remained relatively stable from 2011 to 2014, with a slight increase in 2017, though the overall sample size decreased significantly by 2017.
- The proportion of children experiencing diarrhea in 2017 was higher than in previous years, though the data sample was smaller.
- Vaccination rates appear low, with a notable decline in 2014 compared to 2011, but showing some improvement in 2017, though the sample size was very small.
- The WAZ scores show a trend of malnutrition among children, with a notable decline in scores from 2011 to 2014, indicating worsening nutritional status.
- By 2017, the WAZ scores improved slightly, particularly among females, but still indicate a concerning level of malnutrition.

How Results Show MICS Data Concerns about BISP Indicator?

- The sharp decrease in the number of reported BISP beneficiaries over the year raises concerns about the consistency and reliability of the data.
- It can lead to an inaccurate picture of the actual situation, thereby affecting the reliability of the data and the subsequent policy decisions based on this information.
- Along with underreporting of the BISP beneficiaries data over the year, child vaccination data in the BISP families is suffering from missing values.
- Missing data can lead to biased results, this could hinder the ability to make valid inferences and weaken the overall credibility of the survey findings.

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- The limited representation of the BISP indicator in the 2017 data could indicate a lack of comprehensive data collection. This also raises questions about the comparability of data across different years.
- The gender-disaggregated data in education and nutrition among BISP beneficiaries showed a decline in both male and female participation and outcomes.
- Insufficient gender-disaggregated data or analysis may overlook critical gender-specific issues, leading to less effective policy interventions.

Policy Lessons From MICS Self-Reported Beneficiaries

- Investigate the reasons for the decline in the number of BISP beneficiaries for strengthening the outreach efforts to enhance coverage.
- Continue to focus on the poorest segments of the population while regular reassessment of the income eligibility criteria ensures that the program reaches those most in need.
- Implement policies to promote higher education retention among BISP beneficiaries, possibly through targeted scholarships or incentives.
- Increase focus on improving water, sanitation, and hygiene (WASH) practices among BISP beneficiaries to reduce the incidence of diarrhea.
- Enhance vaccination campaigns targeting BISP beneficiaries, particularly in rural areas where healthcare access may be limited.
- Prioritize nutritional interventions targeting children in BISP beneficiary households, including food supplementation programs and nutrition education.

Improve MICS Quality in Punjab for Informed Policy Decisions

- Enhance data collection methodology
- Address data gaps and missing values
- Strengthen data verification and validation
- Increase focus on gender-sensitive data collection
- Utilize technology for data collection and analysis
- Ensure Comprehensive Coverage of the BISP indicator

Conclusion

- The MICS data shows that the BISP program effectively targets the poorest segments of the population but requires improved outreach and targeting, especially in urban areas, due to the declining number of reported beneficiaries.
- Educational retention among BISP beneficiaries is a significant concern, with a noticeable decline in children attending school, particularly at higher levels, indicating the need for targeted educational interventions.
- Health indicators, including the persistent incidence of childhood diarrhea and fluctuating vaccination rates, suggest the necessity of integrating health services more closely with BISP support.
- Nutritional outcomes among BISP beneficiaries show a concerning trend, with worsening malnutrition between 2011 and 2014, highlighting the need for focused nutritional interventions.
- Strengthening Self- reported MICS BISP's data collection and reassessment processes is crucial to ensure accurate coverage and to develop more effective social protection policies.

Thank You