

Discourse On Barriers And Social Safety Nets For Active Participation Of Persons With Disabilities In Society: An Evidence From Pakistan

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Present study is intended to investigate the discourse on barriers and social safety nets for active participation of persons with disabilities in society. Social Safety Nets (SSNs) are type of interventions implemented by the government for protection of the marginalized segment of the society including persons with disabilities against. SSNs are mostly in the form of cash assistance or assets transfer to the poorest of the poor in society. These safety nets include unconditional cash transfer, conditional/ co-responsibility cash transfer, school feeding, fee waiver, and in kind transfers. Such initiatives provide assistance in terms of cash, education, skill development, health, and other allied areas to save the families from falling into trap of poverty. This study also narrates barriers e.g. poverty, illiteracy, lack of information etc. through which emerging nations' social safety nets could not reach to PWDs . Disability-specific safety nets can be designed and implemented for PWDs and removal of barriers for their active participation. The main objective of the study is to access the barriers faced by the persons with disabilities and type of social safety nets for persons with disabilities. For the purpose of quantitative information gathering, five hundred disabled persons were selected randomly from data set of Benazir Income Support Program (BISP), Pakistan. Data was further collected with the help of a well-structured interview schedule, and collected data were processed through a statistical package for social sciences. Findings illustrate that social safety nets are helpful for the persons with disabilities and it is necessary to remove barriers so that PWD can become active part of society.

Keywords: *Social Safety Nets (SSNs), Persons with Disabilities (PWD), Benazir Income Support Programme (BISP), Pakistan*

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1. INTRODUCTION

Social safety nets, also known as socio-economic safety nets, are programs designed to prevent poverty by supplementing income or employment. The funding for these programs is often provided by the government. Society's reaction to poverty problems includes not just rescuing and assisting those who are in need, but also providing systems that prevent poverty in the first place. However, not only in the present but also in the future, most of the people must find an additional and/or supplemental source of income to have even a minimally sufficient standard of living. As the severity of the economic crisis, the condition of law and order, social unrest, and the danger to people's lives and property rises, safety nets like these come into even greater importance. General people, regardless of their knowledge degree, get pulled into safety nets because of these situations (WHO, 2009).

There is a long history of social safety nets in their capacity to help safeguard the disadvantaged and vulnerable, which dates back to Ancient Egypt and the Roman Empire. One of the (allegedly short-term) negative effects of structural adjustment measures was the introduction of a safety net in the 1980s. The concept became popular in East Asia at the time of the financial crisis (Basas, 2008). Currently, Social Safety Nets (SSNs) are elected throughout the developing world to deal with the matter of scarcity of resources (Irfan, 2005).

Social safety nets (SSNs) generally transfer range of resources including income, skills and assets to the poor and marginalized segments of the society. The basic rationale of SSNs is to protect marginalized and vulnerable masses by managing their livelihood risks and to hinder them from accepting such type of managing approaches that can result in destabilizing their present possessions (Zaheer et al. 2023). Empirical findings worldwide suggest that effectively administered and well-targeted social protection policies can not only enhance social and economic well-being but also contribute in sustained inclusive growth by promoting human capital and employment opportunities, and preventing people from economic distresses (Jamal, 2010). According to Ali (1963) and ADB (2013), inclusive growth frames on three basic pillars. Firstly, SSNs are considered to be the foundation for the protection of poor communities and preventive measures to safeguard them from temporary living distresses. Secondly, proficient sustainable growth to generate fruitful occupations and financial openings to make sure all the needs regarding employment are being addressed. And thirdly, collective addition by making sure equivalent right of entry to the financial openings through spending on health care, schooling and other societal components to enhance human aptitude. Moreover, it also emphasizes to eradicate foundational and marketplace malfunctioning.

Poverty which results from less production, susceptibility and reliance can be restored all the way through intrusions to elevate the profits generated from the occupations. Less production can be paramount tackled by production enhancing interruptions whereas susceptibility can be comprehended temporarily through SSNs, i.e. by cash grants or material goods subsidies. On the other hand, elimination of reliance cannot be made by production enhancing intrusions rather it demands direct transfers from the social welfare institutions (Charlton, 1998).

Poverty Dilemma	Anti-poverty Intrusions
Less production (insufficient income from production sources)	Profits creation (Production enhancing intrusions)
susceptibility (downfall in revenues)	Social Safety Nets (Cash grants or material goods subsidies)
Reliance (not capable of working)	Social Welfare Institutions (Direct transfers)

Significantly, greater levels of poverty are associated with significantly higher levels of disability. This implies that government aid in the form of social safety nets is beneficial in terms of lowering the

number of people who are disabled. There are three main aspects to this profession. Poverty alleviation, also known as poverty relief, is important in social safety nets since these nets offer resources to the poor and people with physical or mental impairments. It is imperative that the handicapped population be evaluated for inclusion in social safety net programs if the aim is to raise people out of poverty. The disabled population is more likely to be poor than those who do not have disabilities (WHO, 2011). It is possible, however, that social safety nets that are not provided to all members of society may increase inequality between those who are able to benefit from the network and those who are not. As a result, the long-term decrease of poverty and development (Khuada, 2011).

1.2 Disability in Pakistan

According to the United Nations, there are about 650 million people with disabilities worldwide. The overwhelming majority of these individuals reside in impoverished nations. Their numbers are expected to increase quickly, as a result of escalating conflicts, terrorist activities and growing susceptibility to natural disasters due to climate change and global warming. The United Nations created the International Year of Persons with Disabilities in 1981 to raise awareness among Member States of the rights of disabled people. Pakistan, as a party to this Agreement, has taken a number of measures to assist such individuals. In its 1998 national population census, Pakistan Census Organization (PCO) ruled disability in seven categories: crippled; insane; mentally retarded; multiple disabilities; blind; deaf, mute; and others. According to the Census Bureau, 2.49 per cent of the total population accounted for in 2010. Under UN Development Program, disabled people account about 10 percent of the world's population, according to the HRD Policy on Employment and Rehabilitation of Persons with Disabilities published on 28 May 2010 (Sift, 2020; Chalk, 2017).

According to the Census Bureau, 2.49% of the population in 2010 accounted for persons with disabilities. Punjab has the largest percentage of persons with disabilities (55.7%), followed by Sindh (28.4%), NWFP (11.1%), Baluchistan (4.5%), and Islamabad (0.3%). The majority of individuals with disabilities are impacted by a physical disability followed by secondary hearing loss. Men with disabilities in rural and urban environments outnumber females with impairments. In rural regions, people with hearing and physical disabilities are more common than in metropolitan ones. In addition to genetics, illness is an important factor in hearing loss. In rural regions, diseases including typhoid, smallpox, polio, pneumonia, meningitis, measles and scabies are more prevalent, and the treatment in these places is similarly restricted (Schlak, 2017; Tach et. al, 2017).

Pakistan has estimated 5.035 million persons with disabilities (PWDs), which exceeds the population of Norway, New Zealand, the Levant and Kuwait even though the nation does not have a regular census. Pakistan's current annual growth rates are 2.65%, higher than the annual growth rate of the country's total population of 66 million people (2.03 percent) (Waqar, 2014).

National Policy for Persons with Disabilities (2002). The national disability policy was finalized after thorough consultation with all stakeholders and key federal government ministries, including healthcare, labor, social welfare, housing and construction, research and technology, as well as with relevant departments and notable Non-Governmental Organizations (NGOs). The National Plan of Activity is divided into Seventeen (17) main areas of action, spanning from issue identification through service delivery and beyond. It specifies both short- and long-term tasks that must be accomplished by the end of June 2009 and by July 2025. It establishes precise timelines for completing each task and delegated authority to different departments and organizations inside the organization (Mughees, et. al., 2011). The National Physical Accessibility Standard (NPAS) was developed to ensure that handicapped persons have an accessible physical environment in public, private, commercial, and public buildings. It would be advantageous to implement and expand the system of social assistance and social security in line with current legal requirements (Khuda, 2011).

1.3 Significance of Study

A number of studies in Pakistan has observed the relationship between Zakat and socio-economic development (Ali, 1963; Abdul et al., 1995; Al-Qardawi, 1999, Shirazi and Amin, 2009 and Suhaib, 2009) but none of the study has managed to observe impact on Persons with Disabilities (PWDs). The study conducted by Nayab and Shujaat (2012) has observed the welfare impact of BISP on poverty. The present research aims to bridge these gaps along with additional analysis to observe which of the program is more effective in socio-economic welfare and efficient in meeting the needs of Persons with Disabilities (PWDs). As the programs were not viewed in perspective of Persons with Disabilities (PWDs) meaning whether these programs are catering the requirements of PWDs or not?

1.4 Social Safety Nets in Pakistan under Ministry Of Poverty Alleviation and Social Safety

Institutional arrangement	Ministry of Poverty Alleviation and Social Safety (PASS), as termed as 'M/o PASS' established in April, 2019. Poverty organizations are working under this Ministry.
Resource allocation	Budget being allocated by Federal Government.
Poverty Data	National Socio-Economic Registry (NSER) being developed in 2012 to know the status on the basis of Poverty proxies on a scale between 0-100. A new updation of NSER is currently under process and expected to be completed by June, 2021.
Governance and Integrity Policy	To minimize corruption, malpractices, and to ensure transparency an independent governance body framed at PASSD.
Systems building	Technology enabled solutions for targeting/selection and payments/disbursements have been designed and implemented.
Ehsaas One-Window	One window solution is being planned at each district level.
Opportunities (and initiatives under Ehsaas)	<ol style="list-style-type: none"> 1. Ehsaas Kafaalat: BISP UCT is under this category. 2. Ehsaas Tahafuz, for protection to mitigate sudden shocks in case of disease etc. by families. 3. Ehsaas Tailem Wazaif, CCT education being implemented through BISP for levels i.e. primary, secondary, and higher secondary education. 4. Ehsaas Undergraduate scholarship on the basis of merit and need* 5. Ehsaas Nashonuma: CCT implemented through BISP on pilot basis for stunted growth and malnutrition. 6. Ehsaas Langars* 7. Interest Free Loans under Ehsaas 8. ECT (Emergency Cash Transfer) under Ehsaas Ministry 9. Amdan/income under Ehsaas, through asset transfers 10. Ehsaas Kafaalat for poorest of the poor 11. Dar-ul-Ehsaas, under this initiative orphans are provided with free education and boarding and lodging 12. Sehat Card: Health card for cure and treatment**

Source: Pakistan Economic Survey, 2020-2021

*Free meal and food to poor laborers and poor at industrial areas/big cities

** being implemented with provinces/regions

DISABLED POPULATION BY NATURE OF DISABILITY								(In percent)
Administrative Unit	Total Disabled Population	Blind	Deaf/Mute	Crippled	Insane	Mentally Retarded	Having Multiple Disability	Others
Pakistan	3,286,630	8.06	7.43	18.93	6.39	7.60	8.23	43.37
Rural	2,173,999	7.92	7.53	20.52	5.94	7.32	8.23	42.55
Urban	1,112,631	8.32	7.24	15.81	7.28	8.15	8.22	44.97
Khyber Pakhtunkhwa	375,752	7.24	7.69	31.73	5.90	7.43	8.11	31.90
Rural	327,638	7.46	7.52	32.25	5.81	7.26	8.22	31.48
Urban	48,114	5.71	8.84	28.21	6.55	8.63	7.31	34.75
Punjab	1,826,623	8.48	8.17	20.83	6.75	7.87	8.07	39.84
Rural	1,338,410	8.58	8.16	20.84	6.29	7.63	8.18	40.32
Urban	488,213	8.22	8.20	20.79	7.99	8.51	7.77	38.52
Sindh	929,400	7.48	6.18	10.56	6.13	7.45	8.92	53.29
Rural	385,984	6.24	6.02	11.25	5.34	6.81	9.06	55.28
Urban	543,416	8.36	6.29	10.07	6.69	7.91	8.82	51.86
Balochistan	146,421	8.42	5.24	14.81	4.60	5.61	6.35	54.96
Rural	117,971	7.11	5.20	14.31	4.25	5.53	6.24	57.36
Urban	28450	13.87	5.42	16.86	6.03	5.97	6.83	45.02
Islamabad	8,434	9.22	12.09	29.89	12.46	8.05	4.55	23.73
Rural	3,996	9.78	12.16	29.65	6.03	8.63	4.02	29.73
Urban	4,438	8.72	12.03	30.1	18.25	7.53	5.05	18.32

Source: Pakistan Bureau of statistics, Census data 2017

2. Methodology

2.1 Universe

The universe is a theoretical and hypothetical combination of parts of all people “from a large group of people, the choice to draw universe conclusions is an important part of scientific research (Babbies, 2010).

2.2 Sampling

“It is the selection of a subset inference of a large group of individuals known as a sample from a larger group of people” (Charlton, 1998).The information researcher easily get from the institution because researcher is doing white collar job in the Benazir Income Support Programme (BISP) that is the largest social safety net program of Pakistan and providing socio-economic and educational and health support to the persons with disabilities across the Pakistan.

3.2 Sampling Frame

The below image provide the glimpse of overall population of disability in Pakistan. But researcher used the data of Punjab and conveniently selected the disabled people who are taking benefits from BISP.

2.3 Interview Schedule

It is intended that the interview schedule correspond to a number of research requirements and their importance. It was decided that the interview schedule would include questions that covered all of the major topics of the study. The interview schedule was written in English, but the respondent was also given the option of responding in Urdu to make things easier for them.

During the research process, the researcher encountered some problems while collecting data during the survey. Social science research deals with soft material and the unit of analysis is human. Human behavior is so complex that it cannot be dealt with under controlled conditions, such as physical events. It depends on the skills and experience of the researcher to obtain correct and competent knowledge by creating an atmosphere of harmony, technically known as the "relationship". The researcher had difficulty collecting data from respondents. Most people did not understand the importance and purpose of the study because of personal problems or a lower level of education.

2.4 Data Entry Coding and Analysis

In the research process data entry and coding is significantly important. All interview questions were verified by the researcher during data entry. After entering the data, researcher coded the answers for the purpose of the analysis and put all the responses into the computer's spread sheet file like SPSS and MS Excel. The data in the present study were entered and coded SPSS-17-0 version. It is software that is utilized for the statistical analysis. It uses a number of formulas and methods for statistical analysis and keeps backup of all the information for use in future.

The process through which data/information is gathered, organized, and changed with the goal of producing conspicuous information that offers insight and help to policy-makers is referred to as information duration (Godfrey, 1999). The data was analyzed using the SPSS/PC+ 17.0 Social Science Statistical Package, which was developed by IBM. The variables were mainly frequency distributed and cross-tabulated where appropriate, with the exception of one variable..

2.5 Quantitative Analysis

The results from the quantitative data are gathered in this section. Quantitative analysis is further divided in three parts that include Univariate analysis in the form of frequency.

2.6 Descriptive Analysis

The difference between various variables was computed in this section. Different appropriate statistical techniques that are matched with the need of study and nature of data are applied here. Current section based on the findings from frequency distribution, mean, mode and standard deviation that is given below:

3. Results and Discussions

Table 3.1: Respondents' percentage distribution regarding type of disability

Type of Disability	Frequency	Percentage
Deaf	110	22%
Vision Impairment	90	18%

Intellectual Disability	70	14%
Physical Disability	150	30%
Others	80	16%
Total	500	100

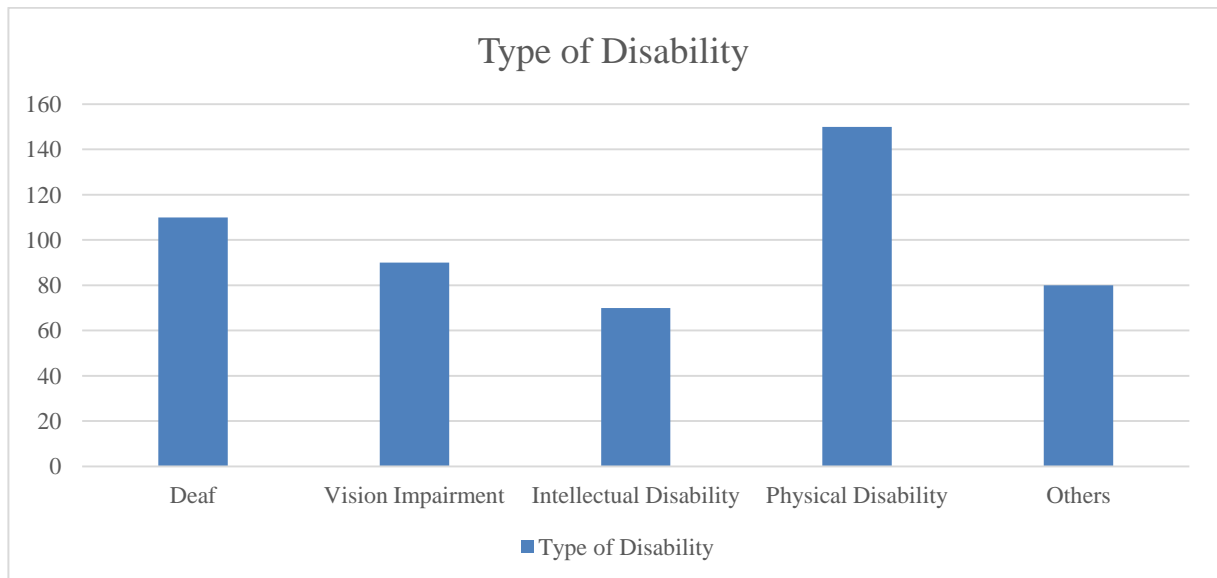


Table 3.1 shows the disability type of the respondents. Table express that 22% respondents are deaf and 18% respondents have vision impairment. Moreover, 14% have intellectual disability while 30% respondents have physical disability and 16% respondents have other types of disability. Majority of the respondents i.e. 30% of this study have physical disability.

Table 3.2: Respondents' percentage distribution regarding source of funds

Source of Funds	Frequency	Percentage
Pakistan Bait ul Maal	140	28%
Ehsaas Kafaalat Program	200	40%
Zakat Fund	110	22%
Others	50	10%
Total	500	100

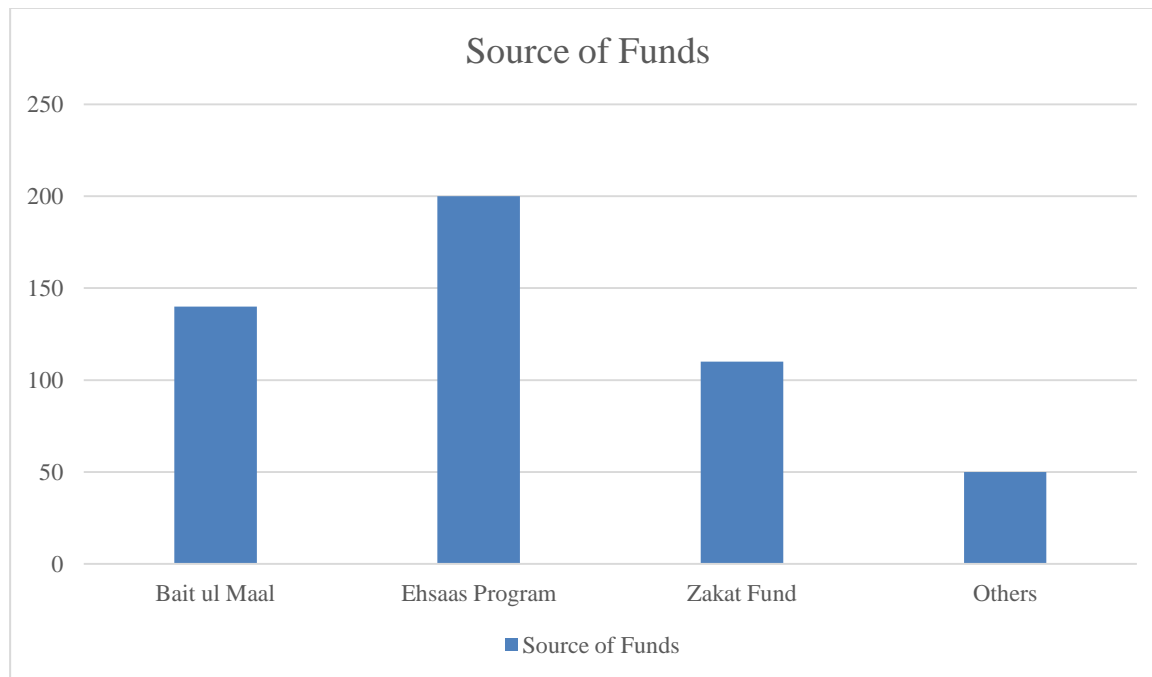


Table 3.2 shows the source of funds of the respondents. Table depicts that 28% respondents getting funds from Bait-Ul- Maal while 40% respondents are getting funds from Ehsaas Kafaalat Program. Table further indicates that 22% respondents are getting funds from zakat fund and 10% respondents are getting funds from other sources. Majority of the respondent i.e. 40% are getting funds from Ehsaas Kafaalat Program.

Table 3.3: Respondents’ percentage distribution regarding very easy to access social safety net programs

Easy to access SSNs	Frequency	Percentage
Disagree	130	26%
Neutral	50	10%
Agree	320	64%
Total	500	100

Table 3.3 describes the response of the respondents about their easy access to social safety net programs. 64% respondents replied that they have easy access to social safety net programs while 26% respondents disagree with that, they have easy access to social safety net programs. Moreover, 10% respondents remain neutral about they have easy access to social safety net programs. Majority of the respondents i.e. 64% were agree that they have easy access to social safety net programs.

This finding is parallel with the prior study of Becot and Inwood (2020). They presented in their findings that now a days most governments are providing the facilities under social safety net programs at the door step of needy persons.

Table 3.4: Respondents' percentage distribution regarding anyone can get assistance from social safety net programs

Anyone can get assistance	Frequency	Percentage
Disagree	190	38%
Neutral	60	12%
Agree	250	50%
Total	500	100

The respondents stated in Table 3.4 that anybody may easily get assistance via social security network initiatives. 50% believed that anybody may easily be helped by social security network programs, while 38% disagreed. In addition, 12 percent of respondents remain dubious about how easily anyone may receive assistance via social security network programs. The majority of respondents, 50%, believed that anyone may get assistance via social security network initiatives.

Similar finding is also earlier presented by Pardhan et al., (2013). They observed that in recent days most of the social safety net programs are easily accessible and anyone can go there to get assistance.

Table 3.5: Respondents' percentage distribution regarding easy enrollment to get grant from any govt. scheme

Easy Enrollment	Frequency	Percentage
Disagree	150	30%
Neutral	50	10%
Agree	300	60%
Total	500	100

Table 3.5 shows respondents' response that enrolling in any social security network plan is very easy. 60% of respondents believed that enrolling in any social security network plan is very straightforward, whereas 30% disagreed. Additionally, 10% of respondents remain neutral, owing to the ease with which any social security network plan may be joined. The majority of respondents (60 percent) felt that enrolling in any social security network plan is very easy.

Table 3.6: Respondents' percentage distribution regarding government is serious to empower disabled persons

Seriousness of government	Frequency	Percentage
Strongly Disagree	110	22%
Disagree	90	18%
Agree	190	38%
Strongly Agree	110	22%
Total	500	100

Table 3.6 shows that respondents think that the government is serious about empowering individuals with physical and intellectual disabilities. In response, 22 percent of respondents strongly disagreed with the government's commitment to empowering disabled persons, while 18 percent disagreed with the government. Additionally, 38 percent of respondents agreed, with 22 percent strongly agreeing, that the government is serious about empowering individuals with disabilities. In the survey, the vast majority of respondents (38 percent) agreed that the government is dedicated to empowering persons with disabilities.

This finding is parallel with the study of Sifat (2020). He summarized in his study that in recent world governments of different countries are trying to empower their disabled persons to include them in the development of country.

Table 3.7: Respondents' percentage distribution regarding SSNs are game changer for the empowerment of disabled persons

SSNs are game changer	Frequency	Percentage
Strongly Disagree	50	10%
Disagree	110	22%
Agree	150	30%
Strongly Agree	190	38%
Total	500	100

Table 3.7 describes the response of the respondents that social safety net programs can be game changer to empower disabled persons. In response 10% respondents were strongly disagree while 22% respondents were disagree that social safety net programs can be game changer to empower disabled persons. Moreover, 30% respondents were agree and 38% respondents were strongly agree that social safety net programs can be game changer to empower disabled persons. Majority of the respondents i.e. 38% were strongly agree that social safety net programs can be game changer to empower disabled persons.

Similar finding also presented by Sharma et al., (2018) in their study. They presented that social safety net programs can change society entirely because disabled persons were that segment which was ignored badly in the past. Now governments are trying to empower this segment which will definitely be the game changer.

Table 3.8: Respondents' percentage distribution regarding the barriers in the empowerment of disabled persons

Which are the main barriers to empower disabled persons...	Disagree	Neutral	Agree	Total
Poverty	250 (50%)	40 (08%)	210 (42%)	500
Illiteracy	150 (30%)	20 (04%)	330 (66%)	500
Lack of awareness of rights	100 (20%)	70 (14%)	330 (66%)	500
Economic dependence	200 (40%)	80 (16%)	220 (44%)	500
Lack of policies	180 (16%)	40 (08%)	280 (56%)	500
Lack of mobility	210 (42%)	80 (16%)	210 (42%)	500
Injustice	80 (16%)	60 (12%)	360 (72%)	500
Health Status	160 (32%)	50 (10%)	290 (58%)	500

Table 3.8 discusses the main barriers in the empowerment of disabled persons. 50% respondents disagree that poverty is the barrier against the empowerment of disabled persons. 66% agree that illiteracy is the main barrier against the empowerment of disabled persons. According to the opinion of 66% respondents the main barrier against the empowerment of disabled persons is the lack of awareness of rights. Furthermore, 44% respondents said that the main barrier against the empowerment of disabled persons is economic dependence. 56% respondents agree that lack of government policies is the main barrier against the empowerment of disabled persons. Moreover, 42% respondents are agreed and the same ratio 42% are disagree that the lack of mobility is main barrier against the empowerment of disabled persons. In the opinion of 72% respondent's main barrier against the empowerment of disabled persons is injustice. Finally, 58% respondents said that main barrier against the empowerment of disabled persons.

**Table 3.9: Respondents' distribution regarding the types of social safety net they want to get
N=500**

Types of social safety net they want to get	Yes	No
Unconditional Cash Transfer (UCT)	430 (86%)	70 (14%)
Conditional cash Transfer (CCT)	410 (82%)	90 (18%)
In Kind Transfer	390 (78%)	110 (22%)
School Feeding	437 (87.4%)	63 (12.6%)
Public Work Programs	380 (76%)	120 (24%)
Fee Wavier	325 (65%)	175 (35%)

Table 3.9 describes the various types and programs people want to get from the agencies, findings reveals that majority of the respondents i.e. 86 percent want to get unconditional cash transfer and 14 percent did not want to get it, 82 percent of the respondents reported that they want conditional cash transfer from the social safety nets, while 18 percent did not want it, 78 percent a large majority want in kind transfer and 22 percent did not want in kind transfer, majority of the disabled persons 87.4 percent reported they need school feeding while 12.6 percent did not want it, 76 percent need public work programs and 24 percent did not want such public work programs, at the end researcher probe the respondents towards fee waiver and 65 percent want to get fee waiver at different level of studies while 35 percent did not want the fee waiver because they are not studying.

Inference coincide with Balasuriya et al., (2021) Who also showed in their study that majority of the disabled persons in their study are get free healthcare facilities which helps them to empower in the society an in kind transfer. It again matched with Wilson (2018) who concluded in his study that with the passage of time most of the governments are providing health insurance to disabled persons to make them empower in the society. Moreover school feeding also helpful for the empowerment of disabled. Hardy (2017) He also showed in their study that majority of the disabled persons in their study is get latest healthcare facilities, conditional cash transfer and fee waiver which helps them to empower in the society.

4. Conclusions

The overall objective of the study is to study the role of social safety nets on the empowerment of persons with disability. On the bases of findings it was concluded that Social safety net programs have been established by the government to reduce pressures on poor households, minimize social gap, provide a better life and accelerate effort to reduce poverty. A study on the effectiveness of social

safety net programs becomes a necessity to evaluate the programs and suggest better activities and approach to be implemented in the future. Thus, this study analyses the impact and the effectiveness of social safety net programs to the income of poor households.

Overall, it is concluded that Pakistan cannot afford to ignore the millions of its citizens who are now out of sight as a consequence of their handicap, but who might make huge contributions to the country as a whole if they had this chance. The following measures are not only for the government; collaboration and commitment from all actors, including the government, civil societies, businesses and persons with disabilities, are needed to succeed. A shift away from a culture of pity, from the highest governments to the ordinary citizens, which emphasizes dignity, empowerment and rights, is necessary. This change will need the empowerment of individuals with disabilities by providing excellent education; fair job opportunities and the capacity to live, study and work in a more extensive physical environment that will promote their mobility, learning and work requirements. Disability is not the same as disability; it is a type of diversity that needs to be included.

5. Suggestions & Recommendations

Implementing the recommendations will require the participation of various sectors – health, education, social protection, labor, transportation, and housing – as well as a diverse range of players – governments, civil society organizations, professionals, business, and individuals with disabilities and their families. Each country must tailor its efforts to the specifics of its own situation. Some objectives, particularly those in need of technical assistance and capacity-building, may be included in international cooperation when budget constraints prevent countries from doing so.

Last three years, Pakistan has made a significant effort in redesigning and rectifying existing programs. It has been noted that many neglected areas in respect to social safety nets are targeted. A detailed strategy is worked out in post pandemic/covid-19 scenario. Numerous social safety net programs have been apprehended and executed on a small scale/ pilot basis. Analysis of existing literature and some evidence on social safety nets, revealed that government can focus on seven (07) areas of priority, (i),extend the benefit and outreach by Scaling –up of existing pilot programs, ii) communication need to be beefed up through public information campaigns that will help in understanding of programs, its eligibility etc.,(iii),execution of the idea of one window facilitation centers at gross root level, (iv)Dynamic registry of poverty through continuous registry update activities, (v) minimizing universal subsidies to targeted social safety net programs, vi) coordination between provinces/ regions and federal government need to be improved (vii) initiate targeted social safety net for persons with disabilities after conducting a proper need assessment of such persons. However, it is further recommended that above identified areas need further research so that better social safety net programs can be designed and implemented for well-being of the poor, disabled, widows, destitute, invalids, and orphans etc. The study did not cover social safety net aspect extended by of provincial/regional government(s). It is very important to study and conduct further research on the roles and responsibilities of provinces in post 18thconstitutional amendment in constitution of Pakistan as of now social protection falls in the mandate of provincial/regional governments. The aspect of their capacities and their social protection initiative need to be further studied and assessed to have cohesive national social safety net policy in general and specifically for persons with disabilities.

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