Important Determinants of Targeting the Poorest for Social Safety Nets: A Case Study of Pakistan

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Many social safety nets are functioning in developing countries for designing, monitoring, and evaluating interventions to decrease poverty and aid households to deal with risks. A main concern related to these interventions is the execution of mechanisms to guarantee that benefits are poured to the poorest and most at risk individuals. Although much is on paper on targeting anti-poverty interventions, these strategies are usually focused on any one type of social safety net program, hence hold lesser value to developing country governments. It is reality written on the wall that there are no magic bullets to eradicate global or local poverty instantly, but consistent efforts are needed to bring into the limelight the importance of careful designing and implementation to maximise the benefits of interventions for the poor and vulnerable. This paper seeks to fill this information gap. It assesses data of poverty indicators from Pakistan as a case study for suggesting a better and more effective manner of targeting the really poor from the population. This information will help in development work on the designing, implementation, and effectiveness of these social safety nets to focus benefits on the correctly targeted poor.

Key words: *anti-poverty interventions, social safety nets, poverty indicators*

Introduction

Social safety nets are essential to diminish poverty within broader macroeconomic policies for growth. These policies take a long time to filter down remuneration to the poor and underprivileged. The term "Social safety net" is an umbrella term that covers various types of programs for supporting vulnerable population segments. They include food supply programs, currency transfer schemes, a range of feeding programs and employment schemes (David,

Margaret, & John, 2004). Several countries have one or added safety net programs. However, not all countries have safety net programs primed because of expenditure and organisational complication. With reference to developing countries, a number of conventional government schemes and some of the microfinance interventions have tried to reach the poorest community and help them break away from the boundaries of severe poverty with a novel idea that combines income generation and monetary services in safety nets in order to modify lives of such groups out of severe poverty and towards a sustainable source of income (Faisal, Emma, Shahid, Shanza, Irfan, & Asad, 2005).Social safety nets for poverty reduction are indispensable, particularly for countries like our own which is facing financial disaster causing an observable reverse in the very few gains regarding poverty reduction which were made during the earlier part of new millennium (Mohammad, Poverty and Social Safety Nets; A Case study of Pakistan, 2012). This endowed nation is facing serial bombing, armed robbery, cold-blooded killings, hostage taking and ethno-religious conflicts traceable to rebellious groups with conflicting ideological, political and religious plans (Human Development Department, 2011). The resultant loss of lives, rising budgetary spending for security and destruction of valuable government facilities indicate destructive consequences for sustainable economic development (AustralianAid, 2011). To tone down this condition there is dire need of well-organised safety nets to ensure the very endurance of the large population of very poor people in Pakistan. Social protection should be mainstreamed into the Government of Pakistan's policies, for three main reasons. First, it is necessary if both social equity and economic growth are to be addressed. Second, the absence of adequate social protection can be viewed as the State's failure to meet its obligations on basic human rights as mandated in the Constitution of Pakistan. Third, while some programs are undoubtedly costly, many forms of social protection have minimal cost implications (Ishrat, 2006).

While there is ongoing debate on the effectiveness and range of available social safety nets in Pakistan, this is also disfigured by a lack of conceptual clarity about these nets (Karishma, Sandeep, & Nicolina, 2011). Essential features include the 'rights-based' approach and the concept of public provisioning. Practical engagement of social protection in Pakistan presently focuses on formal safety nets alone. These tend to take an 'economist' approach instead of developing a focus with social risks such as discrimination and marginalisation. A multidimensional view of poverty and risk requires an expanded, holistic view of social protection nets (David, Margaret, & John, 2004). In Pakistan, current policy emphasis is on targeted schemes; there is however problems particularly their degree of targeting efficiency, their degree of support exercised through this mechanism, as well as the means by which the authenticity of its beneficiaries is determined; there is also the likelihood of overlapping of recipients. Initially, politicians from all political parties in power were given the responsibility to nominate deserving candidates, but now a poverty scorecard approach is being adopted for selecting beneficiaries on the basis of information including household size and composition, education, household assets etc (Persaud, 2005) This latter method is certainly a much better way to identify deserving candidates than leaving it up to politicians. However, verifying incomes obtained through the informal economy is still not easy. Once the selection process

for the BISP is completed, the selections should be further validated through community participation and public display of the lists of the households selected for the cash transfer, and distributing cash transfers on a pre-notified date in the presence of the public to lend authenticity and credibility to the process (Food and Agriculture Organization, 2011). It is administratively complex and expensive to work on the creation of a database for the entire country based on household profiling. If this task is successfully completed it can be shared between all types of Social Safety Nets so as to enhance the efficiency of, and synergy among existing social protection programs, to minimise duplication and correct serious exclusion errors in the selection of beneficiaries and avoid arbitrariness and corruption, so that the help being offered reaches those in most need of it (Adebakin & Raimi, 2012).

For assessing one's eligibility for social safety nets support proxy, a means test is very popular and by far it is the most objective means test. In contrast to other targeting mechanisms, the proxy means test evaluates each potential recipient of social safety net on his/her welfare status not on his/her income or wealth (Timothy, Robin, & Rasul, August 2003). To determine the 'true' economic category of each potential recipient this test uses a scoring procedure. This merit of recipient qualification makes it an appropriate test to help in poverty assessment (Sharif, August 2009). However, in spite of these qualities numerous implementation challenges remain. Some of the limitations are a costly data collection mechanisms, non-availability of active monitoring leading to probabilities of fraud and leakage in the verification process. The authenticity of this process is also to be examined if it remains effective and proves its theoretical framework in correctly reaching the real poor (AustralianAid, 2011).

Although the proxy means testing method of targeting poor gained popularity, it was never analysed comprehensively. All those participating in the process of providing social safety nets, including governments of developing countries and donor agencies, have not holistically taken up the merits and demerits of this targeting methodology against other available alternatives (Lisa, 2000). The challenge remains with the policymakers for targeting the poorest to decide which methodology to adopt. Previously there have been questions to this methodology's inappropriateness at low levels of coverage and there have been some other challenges to its application (Faisal, Emma, Shahid, Shanza, Irfan, & Asad, 2005). Multivariate regression is used in proxy means testing to associate certain proxies. Accuracy of such regression was studied in Rwanda, Bangladesh, Sri Lanka and Indonesia and it was concluded that the prevalent method of proxy means testing possesses towering inherent errors. It was more visible in lower levels of coverage. It was found that under studies conducted to cover 20% of the population a variation between 44% and 55% of inclusion and exclusion errors are seen and if conducted to cover 10% of population these errors range between 57% and 71%. This imperfection is partly because of improper correlation among household consumption and multiple proxies (Faisal, Emma, Shahid, Shanza, Irfan, & Asad, 2005).

One of the pillars of Pakistan's Poverty Reduction Strategy Paper, aimed at eradicating extreme poverty and hunger, is to expand the coverage of anti-poverty and social protection programs

for the poor and vulnerable, and to improve their targeting. To fulfill this commitment, the government of Pakistan has designed several instruments to help the poorest segments of the population. At present, formal social protection measures fall short of providing effective social protection coverage (Mohammad, Poverty and Social Safety Nets; A Case study of Pakistan, 2012). Apart from this, most schemes are beset by ineffective targeting and resource leakages. Key gaps in the government of Pakistan's current approach to social protection include: (i) the lack of a clearly articulated social protection strategy; (ii) inadequate government spending on existing social safety nets; (iii) the lack of committed funding for safety net programs; (iv) inadequate current assistance; (v) multiple programs in non-core competence activities; (vi) inadequate targeting mechanisms and weak governance; (vii) the lack of inter-agency coordination; and (viii) weak monitoring and supervision (Ishrat, 2006).

An important dimension of research in social protection conceptualisation is to find efficient methods to correctly target the poor people in these developing countries. For this reason, judging appropriateness of proxy means testing has become increasingly popular in recent years considering its strengths, weaknesses, objectivity, accuracy, ease of implementation and transparency (Zahoor, Jamalludin, Mohammad, & Waqar, 2013).

The purpose of this paper is to better understand the importance of an accurate and simpler targeting methodology. The poverty indicators mentioned in PSLM 2011-12 may also be used as factors to put these in factor analysis that may help us in identifying the underlying structure among these characteristics, which may be used to identify further the most important factor(s) among all these and to put them in decreasing order of importance. Due to the difficulty of meeting the terms of assumptions in a classical regression analysis, the use of this type of classical regression analysis is not recommended here although it is found abundantly in literature. Assumptions of auto correlations and multi-colinearity can never be satisfied due to interrelationships and inter-dependencies found in all these suggested poverty indicators, so spoiling a classical regression analysis. On the other hand, these assumptions do not affect a factor analysis thus making it a better method to serve the purpose reasonably well and clearly (Ahmad, January 2013). In existing literature about targeting for social safety net such an analysis is almost nonexistent. However, the statistical method of factor analysis is now being commonly used in almost all other fields. The present study is an effort to present such a factor analysis in Pakistan for better targeting of underprivileged segments of society to be helped by social safety nets.

Methodology

The objective is to factorise poverty indicator-based determinants to identify the most important factors for targeting for social safety nets, especially for Pakistan. As the criterion and the scale both are to be based on poverty indicator characteristics, this exercise would also determine important differentials in the dynamics of targeting for social safety nets in Pakistan specifically, and also for any society with similar socioeconomic conditions, in general. It is

fully recognised that there exist different circumstances and situations influenced by a poverty profile that lead a household vulnerable to graduate for some kind of social safety net. For example, in the same society one might expect different approaches for a household to become entitled for help extended through social safety nets, as has already been discussed in the existing literature. Focus here, however, is on the identification of broad types (AustralianAid, 2011). The method used is data taken from a comprehensive survey of PSLM 2011-12. Although the survey was not conducted exclusively for this article, it was conducted by the authentic authorities of government of Pakistan and provides all the relevant information required here to conduct this study. During this round of PSLM, 15,807 households were covered across urban and rural communities. Information was collected from households on a range of social sector issues. These are primarily focused on the sectors covered under the Poverty Reduction Strategy Paper (PRSP) and monitor Millennium Development Goals i.e. education, health, population welfare, immunisation, pre/post-natal care, family planning and water supply and sanitation (Goverment of Pakistan, 2012).

**Table 1: Detailed data of eight years for twelve poverty indicators from PSLM 2011-12**

|	1990-91	2004-05	2005-06	2006-07	2007-08	2008-09	2010-11	2011-12
Education								
Net Primary Enrolment Ratio	46	52	53	56	55	57	56	57
Literacy Rate	35	53	54	55	56	57	58	58
Gender parity index for primary education	0.73	0.85	0.85	0.85	0.88	0.88	0.88	0.90
Gender parity index for secondary education	n.a	0.77	0.78	0.78	0.82	0.80	0.85	0.81
Youth literacy gender parity index	0.51	0,68	0.78	0.75	0.78	0.77	0.79	0.81
Health								
Proportion of fully immunised children 12-23 months	75	77	71	76	73	78	81	80
Proportion of under 1 year children immunised against measles	80	78	76	77	76	79	82	81
Proportion of children under five who suffered from diarrhea in the last 30 days	26	16	12	11	10	10	11	8
Proportion of births attended by skilled birth attendants	18	48	41	37	40	41	43	49
Proportion of women 15-49 years who had given birth during last 3 years and made at least one antenatal care consultation	15	50	52	58	56	53	62	68
Water supply and sanitation								
Proportion of population (urban and rural) with sustainable access to an improved water source	n.a	53	66	66	66	65	60	59
Proportion of population (urban and rural) with access to sanitation	30	54	60	59	66	63	66	72

Charts 1, Chart 2, Chart 3, Chart 4 and Chart 5: Bar charts of proxy variables of **education** for eight years as poverty indicators from PSLM 2011-12
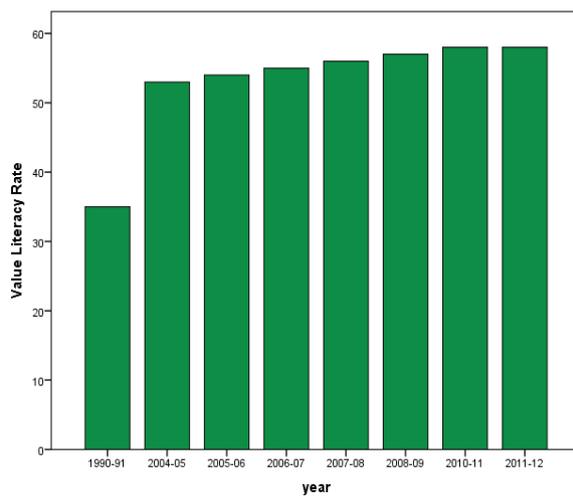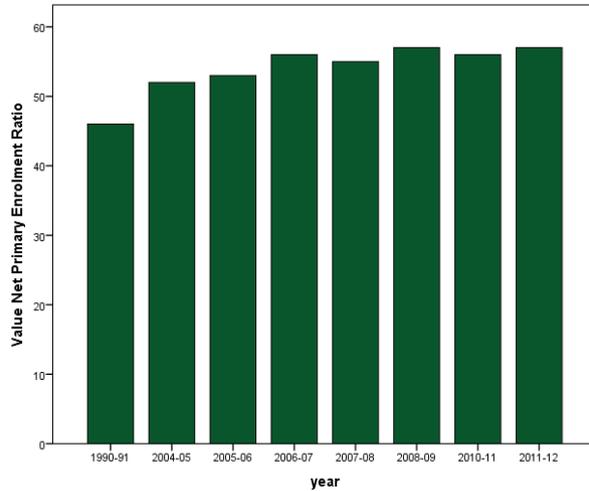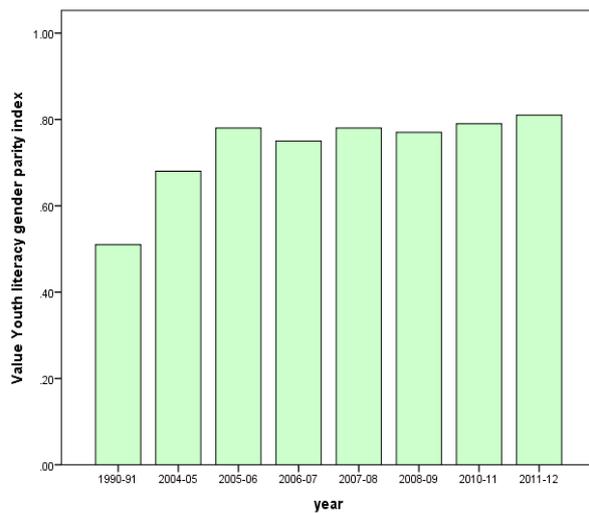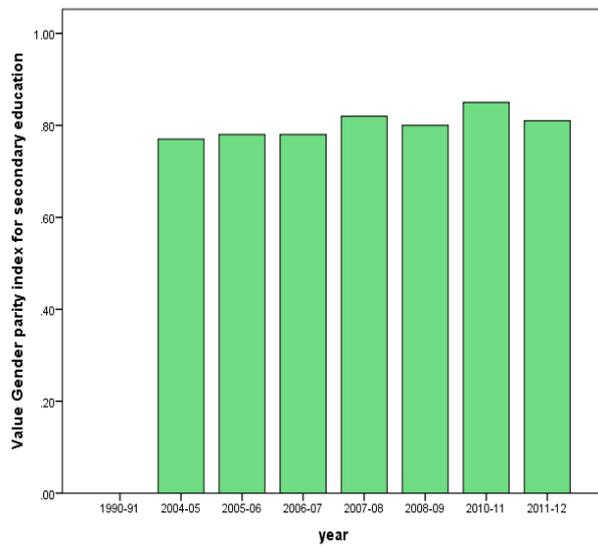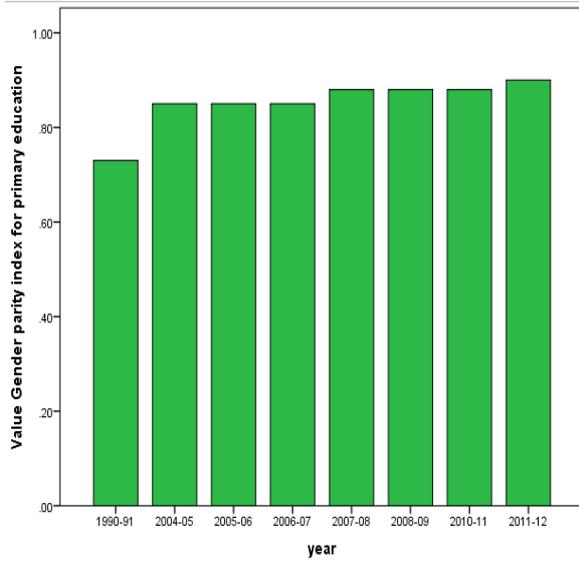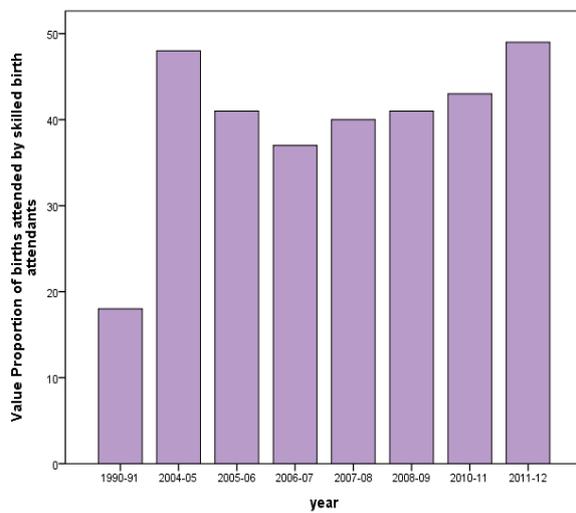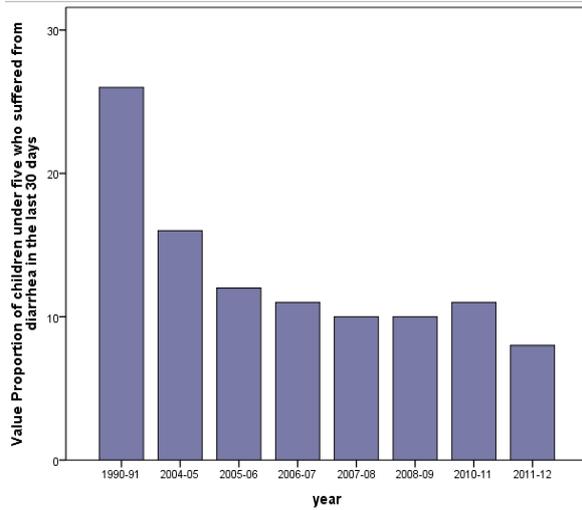
Charts 6, Chart 7, Chart 8, Chart 9 and Chart 10: Bar charts of proxy variables of **health** for eight years as poverty indicators from PSLM 2011-12
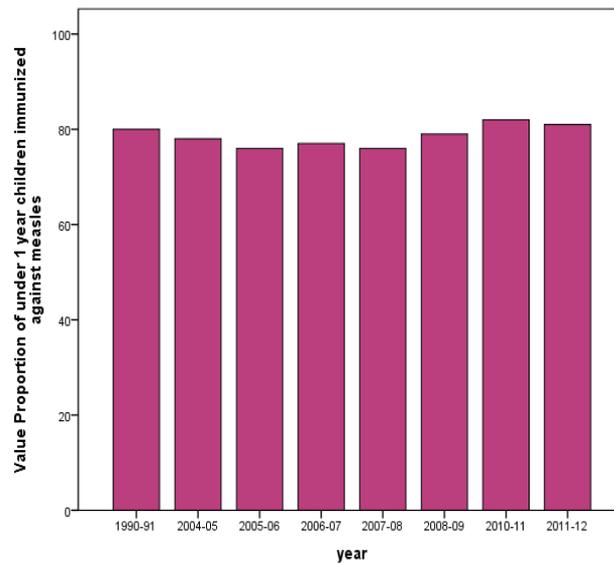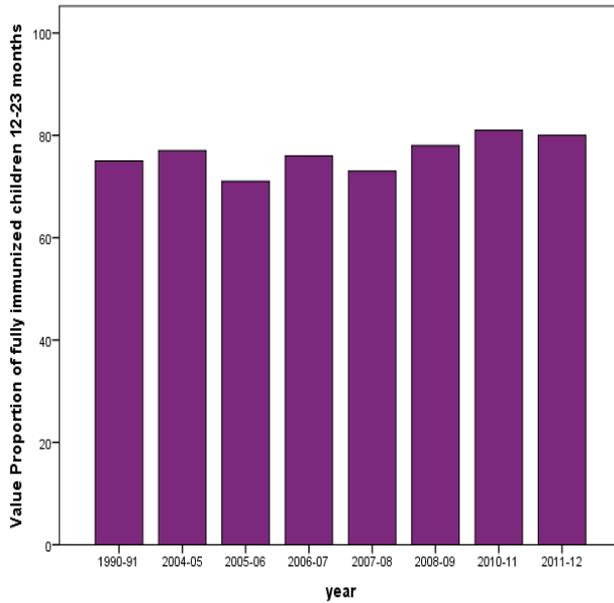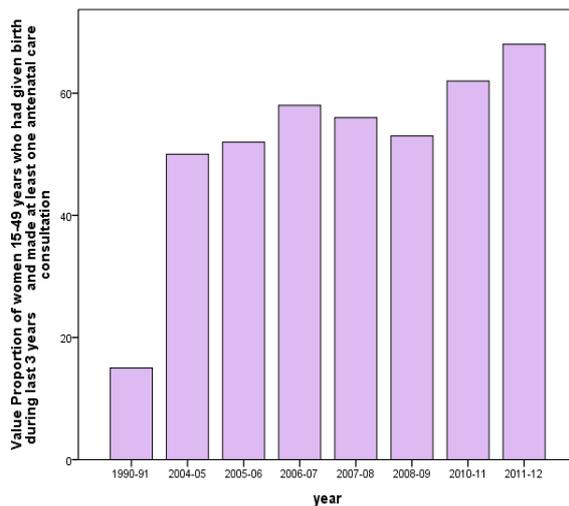
Charts 11 and Chart 12: Bar charts of proxy variables of water supply and sanitation for eight years as poverty indicators from PSLM 2011-12.
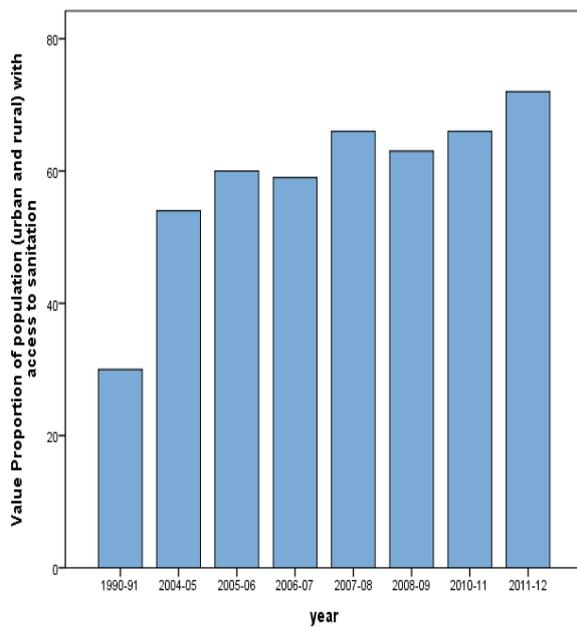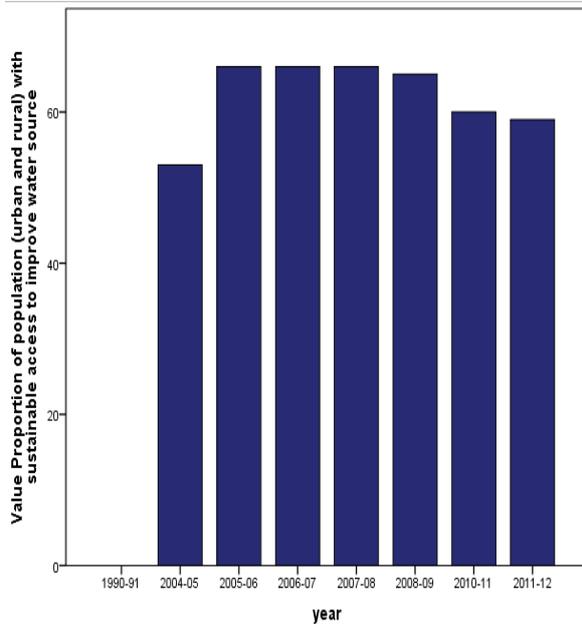
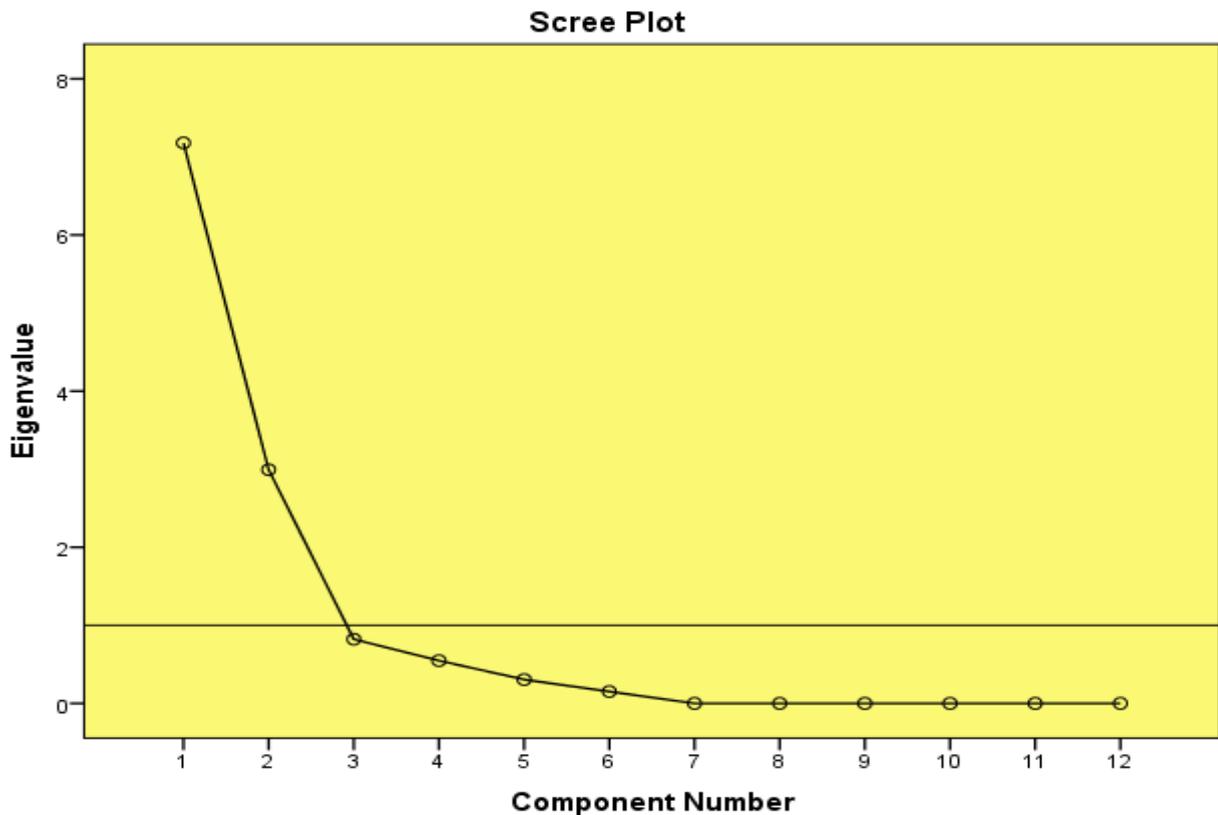**Chart 13: Scree Plot explaining importance of factors.**

Table 2: Component matrix for factor analysis

Component Matrix[a]

	Component					
	1	2	3	4	5	6
Net Primary Enrollment Ratio	**.856**	-.236	.315	-.306	-.128	-.036
Literacy Rate	**.984**	-.023	.137	.063	-.088	.040
Gender parity index for primary education	**.918**	.102	-.218	.031	-.302	-.081
Gender parity index for secondary education	**.792**	.005	.147	.583	.022	-.106
Youth literacy gender parity index	**.817**	-.451	-.227	.092	.146	.218
Proportion of fully immunised children 12-23 months	.631	**.648**	.407	-.128	-.008	.000
Proportion of under 1 year children immunised against measles	**.724**	.604	.248	.042	.084	.200
Proportion of children under five who suffered from diarrhea in the last 30 days	-.854	.456	.134	.209	.041	.010
Proportion of births attended by skilled birth attendants	.174	**.853**	-.472	-.076	-.078	.084
Proportion of women 15-49 years who had given birth during last 3 years and made at least one antenatal care consultation	**.872**	.123	-.114	-.178	.391	-.166
Proportion of population (urban and rural) with sustainable access to improved water source	.100	**-.986**	.101	-.018	-.017	.085
Proportion of population (urban and rural) with access to sanitation	**.942**	-.125	-.305	.035	-.011	-.047

Extraction Method: Principal Component Analysis.
a. 6 components extracted.

Table 3: Component matrix for factor analysis after rotation.

Rotated Component Matrix^a

	Component					
	1	2	3	4	5	6
Net Primary Enrolment Ratio	**.728**	.585	-.321	.017	.022	-.157
Literacy Rate	**.754**	.538	-.039	.375	.002	.007
Gender parity index for primary education	**.838**	.297	.270	.312	-.108	-.165
Gender parity index for secondary education	.455	.325	-.037	**.825**	.062	.021
Youth literacy gender parity index	**.870**	.035	-.223	.261	.105	.334
Proportion of fully immunised children 12-23 months	.167	**.899**	.349	.156	.092	-.095
Proportion of under 1 year children immunised against measles	.279	**.803**	.399	.287	.076	.173
Proportion of children under five who suffered from diarrhea in the last 30 days	**-.947**	-.149	.266	-.046	-.088	.012
Proportion of births attended by skilled birth attendants	.088	.150	**.983**	-.042	-.009	.042
Proportion of women 15-49 years who had given birth during last 3 years and made at least one antenatal care consultation	**.695**	.395	.173	.149	.556	.028
Proportion of population (urban and rural) with sustainable access to improved water source	.367	-.296	**-.871**	-.037	-.087	.099
Proportion of population (urban and rural) with access to sanitation	**.926**	.151	.106	.304	.127	.021

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalisation.
a. Rotation converged in 7 iterations.

Variables and Analysis

Here an attempt is made to investigate for more obvious poverty indicators related to targeting for social safety nets, including education, health, and water supply and sanitation. All these characteristics need operational variables for their proper measurements required for a rigorous statistical analysis. Following is a description of this operationalisation, which may be helpful in understanding the results given in subsequent sections.

1. Education
   a. Net Primary Enrolment Ratio
   b. Literacy Rate
   c. Gender parity index for primary education
   d. Gender parity index for secondary education
   e. Youth literacy gender parity index

2. Health
   a. Proportion of fully immunised children 12-23 months
   b. Proportion of under 1 year children immunised against measles
   c. Proportion of children under five who suffered from diarrhea in the last 30 days
   d. Proportion of births attended by skilled birth attendants
   e. Proportion of women 15-49 years who had given birth during last 3 years   and made at least one antenatal care consultation

3. Water supply and sanitation
   a. Proportion of population (urban and rural) with sustainable access to improved water source
   b. Proportion of population (urban and rural) with access to sanitation (Goverment of Pakistan, 2012)

Table 1 shows the available data set regarding these 12 variables studied as poverty indicators in Pakistan for 8 years, as recorded in PSLM 2011-12. Following table 1 are 12 bar charts grouped in 3 major categories of education, health and water supply and sanitation as mentioned in PSLM 2011-12, for graphical representation of data of 12 variables of this study. These bar charts clearly show the variation of values among each variable over the selected eight years. In chart 1-5 all proxy variables under the category education, net primary enrollment ratio, literacy rate, gender parity index for primary education, gender parity index for secondary education and youth literacy gender parity index, are showing a similar trend of change over the years. All 5 proxy variables of education are starting with smaller values initially and are showing a slight increase in every progressive year category. After the first year of study the data is seen as almost stable without any major fluctuation. So, it can be stated that all proxy variables under education started with lower values and show gradual increase in the later years of this millennium in Pakistan. In charts 6-10 all proxy variables under the category health, proportion of fully immunised children 12-23 months, proportion of under 1 year children immunised against measles, proportion of children under five who suffered from diarrhea in the last 30 days, proportion of births attended by skilled birth attendants and proportion of women 15-49 years who had given birth during last 3 years and made at least one antenatal care consultation are presented graphically.

The chart 6 and 7 display a similar trend of proportion of fully immunised children 12-23 months and proportion of under 1 year children immunised against measles. Slight fluctuations are seen, and a mild decrease and increase is visible for these two variables over the given period of this study. As shown in chart 8 the proportion of children under five who suffered from diarrhea in the last 30 days is very high in the beginning year of this study, but it is controlled and reduced in subsequent years. A gradual decline is seen with only one fluctuation in the year 2011. Chart 9 is a graphical presentation of the proportion of births attended by skilled birth attendants in Pakistan and it is showing that it used to be very low in the initial phase of this study, then a sudden rise is seen as the new millennium begins; but this rise was not kept consistent in Pakistan and a decline in the trend of births attended by skilled birth attendants is seen for few years following by a gradual increase in the latter years of the study. Chart 10 shows how the proportion of women 15-49 years who had given birth during last 3 years and made at least one antenatal care consultation changed over the period of this study. Similar to the previous variable, a lesser proportion of Pakistani women 15-49 years had given birth during last 3 years and made at least one antenatal care consultation in beginning of study; but it is seen to rapidly increase in later years with slight decline by the middle of the study

period; but the trend of the rise in this proportion is seen by the end of the study period. In charts 11 and 12 all proxy variables under the category water supply and sanitation, the proportion of the population (urban and rural) with sustainable access to improved water source and the proportion of the population (urban and rural) with access to sanitation are presented graphically. It is seen that the lesser proportion of the population (urban and rural) was with sustainable access to an improved water source at the initial period of the study, then a proportion of the population is seen to increase for a few years but buy the end of study there is again a slight decline in sustainable access to an improved water source. Chart 12 shows the proportion of the population (urban and rural) with access to sanitation. A very small proportion of the population in Pakistan had access to sanitation. A trend of a gradual rise is seen over the period of years studied. By end of the study a larger proportion of the population had access to sanitation.

Factor analysis condenses the information in these 12 observed variables into a smaller set of new composite variables, or factors, with a minimum loss of information. In other words, it attempts to search for and define the fundamental construct assumed to underlie the dynamics of correct targeting for social safety nets in Pakistan. More specifically, if X denotes a vector of these 12 observable variables, having mean m and covariance matrix S, then

$$X = \mu + LF + \varepsilon$$

shows how a factor model splits them into a fewer, simpler, and independent set of factors. F shows the set of these factors while L is a matrix of factor loadings giving the relative importance of these factors in terms of correlation between these factors and the original variables; the greater the correlation coefficient, the greater the importance. The same factor loadings help also in profiling these factors. ε denotes the statistical error representing the amount of unused information. For a better representing factor model, ε plays a crucial role (Ahmad, January 2013). For practical purposes, this is used to identify the optimum number of factors in the model. The un-observed ability of these factors is distinguishing a factor model from a regression model. The results of the factor analysis are given in table 2, a component matrix for factor analysis, and table 3 a component matrix for factor analysis after rotation. Due to difficulty in profiling the suggested factors in table 2 are further factors analysed with rotation; as a result of this rotation four factors are suggested in table 3 which explain better the outcome of this study. This factor analysis attempts to translate 12 poverty indicators to target the poorest as beneficiaries of social safety nets (shown in the first column of table 2 and 3) into explainable factors. Each of these columns (only 6 are shown in table 2 and table 3), from second to sixth, shows the respective loadings giving weights, in terms of correlations, of poverty indicators within each factor; the stronger the weight, the better the factor represents the variable. Row wise, the highest loading is duly shaded first in table 2 and then in table 3 (Ahmad, January 2013). The heading row also shows the respective relative importance of these factors in terms of percentages; the first factor is of highest importance, second for second highest, and so on in both tables 2 and 3. A scree test is shown in chart 13; it is used to identify

the optimum number of factors that can be extracted before the amount of error variance begins to dominate factor variance. Literature suggests using the latent root criterion of retaining factors with eigenvalues greater than 1.0 (Ahmad, January 2013).

Profiling and Interpreting Factors

The factor loadings after rotation shown in Table 3 are quite suggestive. These give us an understanding of the internal structure of different population variables in the dynamics of targeting for social safety nets. This factor model helps us in sorting out how much a factor determines targeting for social safety nets. Interpretation of factors is facilitated by identifying the variables that have the largest loadings on the same factor. These largest loadings are duly shaded for ready reference. That factor is then interpreted in terms of the variables that load high on it.

Factor 1

Factor loadings are highest for the proportion of children under five who suffered from diarrhea in last 30 days, followed by proportion of population with access to sanitation, and gender parity index for primary education. The corresponding communality values are also quite satisfactory and high, as has been explained by the extracted common factors. As a matter of fact, awareness, sanitation and disease are highly correlated and affect each other. Absence of fundamental education in females and poor sanitary conditions lead to low levels of health status. This is most common in the lower socio-income class and is usually caused by poverty. This factor can be called elementary awareness. The other contenders with higher loadings for this factor like literacy rate, net primary enrollment ratio and the proportion of the population, of women who have given birth during last 3 years and made at least one antenatal care consultation, are not to be taken seriously.

Factor 2

Factor loadings are highest for the proportion of fully immunised children 12-23 months and a proportion of under 1 year children immunised against measles. The corresponding communality powers of both variables are greater than 80%, quite enough for profiling. So this factor may be profiled as early health care, as both of the highest factor-loading holders are related to the early immunisation of children. No other variable in this list should be taken seriously.

Factor 3

Factor loadings are the highest for proportion of births attended by skilled birth attendants and the proportion of population with access to sanitation, although these two characteristics seem to be quite different from each other. As a matter of fact, this is not so. It is a common reality

that the proportion of the population which has access to the basic need of clean water also has access to skilled birth attendants. So improved living conditions ensuring a supply of clean water can be a strong reason of availability of developed health care facilities in the community. So this factor may be termed as living provisions.

Factor 4

Gender parity index for secondary education is the variable for which the factor loading is highest here. All other characteristics have very low loadings that these cannot be taken seriously. This is concerned with the secondary level of education among the female segment of society which can also play an important role to bring her family out of the poverty traps. So this can be categorised as feminine vigilance.

This completes the interpretation of the extracted factors. So, this factor analysis transformed 12 highly correlated population characteristics into four mutually independent, duly sorted common factors. It has become quite easy to understand the underlying structure and to pinpoint the most important factor in the dynamics of targeting for social safety nets in Pakistan. Further the analysis does give us all important factors in decreasing order of importance. Elementary awareness is considered to be most important globally so its presence in the final list of important factors is not surprising. Many report this as an important reason for increase of poverty that leads to need of social safety nets for such populations and the same is true of the Pakistani population (David, Margaret, & John, 2004). This factor is not only most important in targeting the poorest in a community but also applicable to enhance efforts with its perspective to eradicate poverty from any population (Faisal, Emma, Shahid, Shanza, Irfan, & Asad, 2005).

The second most important determinant in this list turns out to be early health care; this has also been proved to be a major factor in the dynamics of targeting the poor for social safety nets in any population (Adebakin & Raimi, 2012) (Karishma, Sandeep, & Nicolina, 2011) (AustralianAid, 2011). Living provisions is the next variant in the list. In the dynamics of targeting the poor for social safety nets in Pakistan, the inappropriate living conditions are almost equally as instrumental as the early health care. The last variable in the list of four important variants in the dynamics of targeting of the poor for social safety nets is feminine vigilance. It is also found as heavily discussed in existing literature of social safety nets (Karishma, Sandeep, & Nicolina, 2011).

Concluding Remarks

Being ranked high among developing countries, Pakistan is making efforts in both social safety protection measures and social safety nets. It is reality written on the wall that both of these segments of social activity are mainly restricted to the formal sector and are found to be highly skewed. This fact indicates clear exclusion bias of deserving members of society from social

protection and safety measures taken by government and non-governmental agencies; thus restrictions for deserving people are visible. National poverty line divides the underprivileged segment of our society as extremely poor, ultra-poor, the poor, vulnerable to poverty, quasi-poor and non-poor. After this categorisation an appropriate requirement of formal and informal social safety nets is suggested as a solution, against each category. But if the reality is seen from the other way round occurrence of extreme poverty can be caused by nonexistence and inadequately provided measures of a social safety net. This will pave the way to ever reducing opportunities leading to the eventual socio-economic evils that might be seen as income inequality, poverty, corruption, class-conflict, hedonism and self-pity. Thus it leads to conclusion that presence of precise social safety nets for correctly targeted people could mean liberating our society from the above mentioned social evils and gradually paving its way towards sustainable economic development. So right targeting of the deserving poor for stipulation of satisfactory measures of social safety nets must be done on the roots of impartiality and passions, this paper and all efforts made passionately in this regard will significantly contribute to put forward a strong battle against all social evils. In view of such on-ground challenges, the government has been working for the past four years with some major donor organisations to prepare a National Social Protection Strategy. Time is demanding for all who can contribute to put together their efforts and abilities to find better ways to come out of these situations and this study is a small contribution towards this. Although the study is conducted in Pakistan, the results may easily be generalised for any society with similar socio-economic conditions. Such societies are expected to have the same targeting outcomes for their social safety nets. The results of the study are also helpful in carving out a revised policy for development works on the designing, implementation, and effectiveness of social safety nets to focus benefits on the correctly targeted poor proper.

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