Empower BISP women socially, economically, politically in order to contribute to SDGs
Women Empowerment: Role of BISP

The Government of Pakistan launched the Benazir Income Support Programme (BISP) in 2008, as the premier safety net institution in Pakistan. BISP, a targeted unconditional cash transfer (UCT) programme was implemented by focusing on poor women with an immediate objective of consumption smoothing and cushioning the negative effects of slow economic growth. Currently, BISP is providing stipend to more than 5.5 million beneficiaries (women) under UCT programme.

The importance of women empowerment for achieving sustainable development is established through goal 5 of SGD – achieve gender equality and empower all women and girls. Women empowerment and gender equality is foremost on the agenda of the government of Pakistan. The VISION 2025 commits to pursue women empowerment as a key priority area across all sectors of planning and development. It focuses on providing an enabling environment to every woman to develop her full potential to equally reap the benefits of economic and social development.

Women's empowerment has five components including i) women's sense of self-worth; ii) their right to have and to determine choices; iii) their right to have access to opportunities and resources; iv) their right to have the power to control their own lives, both within and outside the home; and v) their ability to influence the direction of social change to create a more just social and economic order, nationally and internationally.

BISP is all about empowering women whether it is financial, social or political. By making CNIC a pre-requisite for financial assistance, woman beneficiaries of BISP have gained voting rights. Financial literacy and inclusion have been possible by making payments to beneficiaries through electronic means. The fact that BISP treats women as heads of families and transfers them payments directly, has not only empowered them socially but has also improved the nutrition status of the children as mothers spend for children’s food on priority.

BISP management has formed a forum comprising on national and international experts to discuss and re-define policies to improve live of women. Five key areas are identified including: i) health; ii) education; iii) financial inclusion; iv) elimination of violence and v) workplace gender equity. This brief highlights the status of these indicators and indentifies the challenges to be addressed.
Education

Education is the key to change. It plays a vital role in bringing social cohesion and economic prosperity. Despite considerable progress over the last few decades, Pakistan is struggling to provide free and good quality primary schooling in line with the Millennium Development Goal (MDG) of universal primary education by 2015. For example, there is no significant improvement in net enrollment. The net primary enrollment ratio has only increased from 42 percent in 2001-02 to 54 percent in 2013-14 against the MDG target of 100 percent in 2015.

Literacy rate (10 years and above) remained 58 percent in 2013-14 against the MDG target of 88 percent in 2015. Similarly, completion/survival rate (Grade 1 to 5) is very low (only 50 percent in 2010-11 against the MDG target of 100 percent) in Pakistan.

Another notable feature of education outcomes is the existence of inequalities across the Pakistan. For example, net primary enrollment is highest in Punjab (62 percent) and lowest in Balochistan (45 percent). Similar disparities exist within the province such as in Punjab, the highest net primary enrollment is 83 percent in Chakwal while lowest only 41 percent in Bahawalpur. In Pakistan, public spending on education remained lowest in the Asia region range from 1.7% of GDP to 3% of GDP (Figure 1).

The gender disparity remains core issues in education sector. According to World Economic Forum Report 2016, gender disparity in education was increased to 0.81 in 2016 compared to 0.71 in 2006 indicating 14% increase in last ten years. Pakistan performance remains poor in gender disparity South Asia region (Table 2). In case of regional comparison in terms of educational attainment Pakistan ranks 135 out of 144 countries compared to Bangladesh, India, Sri Lanka and Nepal which rank 114, 113, 82, and 123 respectively for the years 2016 (Table 1).

Table 1: Education Disparity in South Asia (Rank)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>BGD</th>
<th>IND</th>
<th>NPL</th>
<th>PAK</th>
<th>LKA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Attainment</td>
<td>114</td>
<td>113</td>
<td>123</td>
<td>135</td>
<td>82</td>
</tr>
<tr>
<td>Literacy rate</td>
<td>110</td>
<td>124</td>
<td>129</td>
<td>138</td>
<td>80</td>
</tr>
<tr>
<td>Enrolment in primary education</td>
<td>1</td>
<td>1</td>
<td>101</td>
<td>127</td>
<td>106</td>
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<tr>
<td>Enrolment in secondary education</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>134</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 2: Gender Disparity in Education in South Asia

<table>
<thead>
<tr>
<th>Indicator</th>
<th>BGD</th>
<th>IND</th>
<th>NPL</th>
<th>PAK</th>
<th>LNK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literacy rate</td>
<td>58</td>
<td>65</td>
<td>0.90</td>
<td>63</td>
<td>81</td>
</tr>
<tr>
<td>Enrolment in primary education</td>
<td>92</td>
<td>88</td>
<td>1.03</td>
<td>93</td>
<td>92</td>
</tr>
<tr>
<td>Enrolment in secondary education</td>
<td>55</td>
<td>50</td>
<td>1.09</td>
<td>62</td>
<td>61</td>
</tr>
</tbody>
</table>

Pakistan has made minimal progress in the region on enrolment ratios, quality of education and reducing gender gap in education. Pakistan ranked 119 out of 151 countries in terms of quality of education, 132 in primary enrollment and 131 in secondary enrollment. The performance of other countries remained better than Pakistan (Figure 2).
Nawaz and Iqbal (2016)\(^2\) has constructed an education poverty index (EPI) for Pakistan to investigate the spatial differences of education poverty at district level. Education poverty refers to the deprivation of basic education facilities which commonly include availability of schooling facilities, cost and quality of schooling and out of school children. There are two types of education poverty: i) soft education poverty & ii) physical education poverty. Soft education poverty is defined as the deprivation in education and skills. Physical education poverty is defined as the deprivation in education facilities and affordability.

To look into the regional differences in education deprivation, this study form four categories of education deprivation based on EPI include; i) low deprivation; ii) moderate deprivation; iii) high deprivation and iv) very high deprivation. Map 1 shows the ranking of districts based on EPI.

The district analysis shows that districts from North Punjab including Islamabad, Chakwal, Mandi Bahauddin, Faisalabad, Rawalpindi, Chiniot, Jhelum and Sargodha are least deprived districts in education. Abbottabad, Peshawar, Swabi and Nowshera from KPK, only two districts from Sindh, Karachi and Sukkar while no district from Balochistan fall under the category of low deprived districts in education. Majority of the Balochsitan including Jafarabad, Kohistan, Musakhel, Kholu, Zhob, Dera Bugti, Killa Abdullah, Chagai, Nasirabad and Jhal Magsi and interior Sindh exhibits very high deprivation in provision of education facilities.

According to this study, efforts are required to increase the provision of services especially public transport, availability of affordable school in the vicinity, qualified teachers and proper infrastructure and awareness about the use of educational services to eliminate education poverty in Pakistan.

The study concludes that female headed households are more prone to education deprivation hence efforts are required to support female headed households to ensure they can meet the expense of education. Government of Pakistan through BISP has initiated Waseelee-e Taleem program to provide conditional cash transfer to poor female to improve the educational attainment of poor family. This type of programme should be expanded to enhance educational attainment.

**Role of BISP:** Waseela-e-Taleem (WeT) Programme is one of the major interventions in education. WeT Programme was initiated to financially support the primary education of 5 to 12 years old children of BISP beneficiary families for their enrolments and retention. Each beneficiary child receives a cash transfer of PKR 750 per quarter upon meeting the admission verification in 1st quarter and attendance requirement of 70% in subsequent quarters till completion of the primary education. It is part of the graduation strategy aiming to link the UCT to attainment of human development goals. WeT programme is currently implemented in 32 districts across the country. The key achievements are

- **Enrollment:** As of to date more than 1.4 million children has been admitted under WeT
- **Retention:** The programme is going well with retention rate of 98%. This means that 98% of the WeT children admitted in primary schools are attending the schools. The percentage of children having more than 70% attendance compliance is 91%.
- **Funds Transfer:** Around PKR. 2.14 billion have been disbursed as stipends to the children of the poorest of the poor in CFY.

BISP has conducted an impact assessment of WeT through third party. The impact evaluation has both a quantitative and qualitative component. The evaluation helps to determine the effectiveness of the programme in delivering its broad aims. The evaluation also helps to inform stakeholders of the programme’s performance and enable lessons to be drawn to improve future practice and policy.

The report indicates that the WET programme has a positive and significant impact on increasing the proportion of children aged 5 to 12 years currently enrolled in school.

Following are the key findings of report:

- The total impact of the WET (i.e. comparing children who are treated by both the BISP UCT and the WET CCT with children in non-beneficiary households) is to increase the proportion of children aged between 5 and 12 years currently enrolled by 10% points.
- The marginal impact of the WET (i.e. comparing children who are treated by both the BISP UCT and the WET CCT with children who are treated only by the BISP UCT) is to increase the enrolment rate by 9% points
- The positive impact on enrolment holds for both girls as well as boys and is of similar magnitude across genders
- The impact on enrolment is stronger for children: whose father has completed primary education; live in relatively poorer households; and who have fewer siblings.
The report strongly suggests that this impact is derived from the WET programme component of the BISP, and not the BISP unconditional cash transfer by itself. The evaluation cannot disentangle which component of the overall WET package drives this result as the WET programme was implemented uniformly in evaluation districts.

The magnitude of the total impact compares well to the impact on primary enrolment observed in other CCTs globally. For example Saavedra and Garcia (2012) in a Meta review of the impact of eight CCTs on education reports an average effect of 6% points on primary school enrolment.

BISP plans to further extend the WET Programme into additional districts upon mutual consent with the provincial authorities. Discussions with Development partners and provincial education departments are underway to finalize the number of districts for extending the programme.

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Health

Investment in health has a long term beneficial effect. It improves health outcomes, reduces poverty and contributes in promoting economic growth. At the backdrop of this perspective, the federal as well as provincial governments are spending sufficient amount on health and education to bring the social sector into mainstream of development.

The federal government recently initiated several programmes to meet the needs of health care and keep the people healthy, such as introduction of national health insurance scheme, notification of drug pricing policy 2015 and a continued strong focus on polio eradication across the country. The passage of 18th Amendment has made the provinces financially more autonomous and more powerful to decide their own health system and health policies. Provincial governments of Punjab, Sindh and KPK have devised long term health sector strategies (2012-20) to improve health outcomes and enhance the coverage of essential health services.

Despite all these efforts, there is no significant improvement in health in Pakistan. Pakistan has not succeeded to reduce significantly both the maternal mortality and child mortality rates overtime. The maternal mortality ratio is very high as compared to the other countries in the region (178 per 100,000 live births) in 2015 against 100 mentioned in MDG targets. Similarly, infant mortality rate is very high in Pakistan (66 per 1,000 live births). Despite various reforms, Pakistan fails to provide health facilities according to MDGs requirements.

Apart from low investment in health sector, rapid population growth is resulting in the inadequacy of health care facilities. The inadequacy of healthcare facilities is reflected as there are estimates of 1,038 persons against one Doctor and one Dentist versus 11,513 persons, while the current ratio of population and availability of hospital beds works out at 1,613 persons per bed in 2015-16. Another

SGD 3: Ensure healthy lives and promote well-being for all at all ages

**Targets**

- By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- By 2020, halve the number of global deaths and injuries from road traffic accidents
- By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
- Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
- Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
- Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
- Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks
notable feature of health sector is the existence of inequalities in the provision of health facilities across the Pakistan. For example the average distance to reach the Basic Health Unit is 16 KM in KPK, 39 KM in Balochistan, 13 KM in Sindh and 8 KM in Punjab.

According to World Economic Forum report 2016, Pakistan’s health sector ranked 116 out of 151 countries. Pakistan is one out of three countries (Pakistan, Afghanistan and Nigeria) where wild polio virus endemic exits. Public health spending provides an important insight on a country’s health progress. Pakistan spends US$ 37 per capita on health which is lower than the WHO’s prescribed level of per capita US$ 44, a minimum spending package required for essential health services. Public spending on health is amongst the lowest in the South Asia region with the exception of Bangladesh in few years. Only two countries in the World, the Democratic Republic of Congo and Bangladesh, have a lower ratio of public expenditure on health as percentage of GDP. Expenditure on health as percentage of GDP has been remaining in the range of 2.5 to 3.4 percent of GDP (Figure 3).

Iqbal and Nawaz (2017) has constructed health poverty index (HPI) for Pakistan and has investigated the spatial differences of health poverty at sub-national level. This study reveals that head count health poverty is 41% in Pakistan. Further, the ratio is very high in rural area (50%) as compared to urban areas (22%). Provincial analysis shows that Punjab is the least poor province (36%) while Balochistan is the poorest province (62%). The majority of the households are deprived in term of cost of health services, post-natal care and child immunization.

Map 2 shows the ranking of districts based on HPI. The district analysis shows that districts from North Punjab including Gujrat, Lahore, Gujranwala, Faisalabad, Chakwal, Sargodha, Rawalpindi and Jhelum are least deprived in health. Most of the districts from Balochistan including Jafarabad, Kharan, Musakhel, Kholu, Zhob, Dera Bugti, Qilla Abdullah, Chagai, Nasirabad and Jhal Magsi and KPK including Shangla and Kohistan categories as highly deprived districts on Pakistan. To eradicate health deprivation, area and dimension specific policies are required to make efficient use of scarce resources. Analysis reveals

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6 Health poverty is a lack of access to health services. It refers to a situation where a household does not have access or cannot afford to have the basic health or health services to achieve sound health. HPI is based on five different health dimensions including; 1) use of health services; 2) quality of health services; 3) cost of health services; 4) maternal health; and 5) child health
that female can play pivotal role in eliminating health poverty and suggested that government should focus females in their health policies/interventions for better outcome of health interventions. There are evidences that empowering female can improve the social indicators of the households – like BISP. BISP provides financial assistance to female only. The evidence shows that BISP is associated with an increase in expenditure on heath.

**Role of BISP in Health:** Apart from income smoothing, one of the intended impact of BISP cash transfer is to improve consumption pattern and nutritional requirements. The evidences show that BISP has significantly increased per adult equivalent monthly level of consumption expenditure. The Impact Evaluation Report 2016 depicts an increase of PKR 187 per adult equivalent monthly level of consumption expenditure. The report highlights that the BISP is leading to an increase in per adult equivalent monthly food consumption (PKR 69), driven by high quality protein which can be expected to lead to significant improvements in the quality of diet. BISP cash transfer has a positive and statistically significant impact on the consumption of meat and fish by PKR 23 and PKR 8 respectively for beneficiaries. This finding is encouraging as meat and fish are sources of the highest quality protein that when consumed, even in the smallest of quantities, can lead to significant improvements in the quality of diet. BISP has led to a decrease in these deprivations particularly in terms of the quality of flooring in their households and the quality of cooking fuel used.

Infant and child nutrition is secured when the child not only has a received adequate breastfeeding and weaning, has been born to a healthy mother, has a sanitary environment, adequate health services and when heath carers have the knowledge and skills necessary to provide adequate care for a healthy life for infants and toddlers in the household. In terms of child nutrition, report shows that the BISP has led to a reduction in the proportion of girls that are wasted. BISP has a positive impact on rates of malnutrition amongst girls, with the rates of stunting, a measure of long-term malnutrition, falling by 4 percentage points.

![Proportion of children malnourished](image-url)
**Financial Inclusion**

Financial inclusion means that individuals and businesses have access to useful and affordable financial products and services that meet their needs – transactions, payments, savings, credit and insurance – delivered in a responsible and sustainable way. According to the World Bank, around 2 billion people don’t use formal financial services and more than 50% of adults in the poorest households are unbanked.

Financial inclusion is a key enabler to reducing poverty and boosting prosperity. Some groups are more financially excluded than others: Women, rural poor, and other remote or hard-to-reach populations, as well as informal micro and small firms are most affected. For example, the gender gap in developing countries is estimated at 9 percentage points: 59% of men reported having an account in 2014, while only 50% of women did\(^7\).

An initiative by the World Bank Group called Universal Financial Access 2020 is taking measures to ensure that the abovementioned unbanked community has access to traditional platforms like checking accounts by the year 2020\(^8\). The core benefits of financial inclusion are:

- It inculcates the habit to save, therefore increasing capital formation in the country and giving it an economic boost.
- This ensures that the funds actually reach the intended recipients instead of being siphoned off along the way.
- Being able to pay for an education for children which in turn enables a new generation of educated and informed individuals.
- Ability to start and grow a business, which gives people an opportunity through micro-financing schemes for example in a better long term prospects.

The Government of Pakistan launched the National

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Financial Inclusion Strategy (NFIS) 2015 with a vision to allow individuals and firms access to a range of quality payments, savings, credit and insurance services which meet their needs with dignity and fairness. Pakistan falls far behind global standards with a gap of 11%. The majority of the 13.3 million Women in the Pakistani workforce is employed in the most integral sectors of the economy, agriculture, service sectors and small and medium enterprises and also faces exclusion from the formal financial sector.

The State Bank of Pakistan (SBP) has implemented a financial inclusion program dedicated to populations without financial access. Financial inclusion helps in reducing poverty by:

- Increases access to bank deposits that enables individuals to accumulate savings in a safe and secure environment
- Reduces vulnerability of poorer households, by minimizing negative impacts of income shocks
- Improves access to credit thereby improving asset base
- Decreases proportion of low-risk, low-return assets held by households for precautionary purposes

However, many reforms do not directly address the unique barriers Pakistani women face in accessing and using financial services. In Sri Lanka, 82% of adults and 83% of women own a bank account as compared to Pakistan’s 14.2% of adults and 3% of women. Not only have financial institutions in Sri Lanka strengthened as a result of their financial inclusion practices focused on women, but the country has also achieved significant GDP growth at an average of 6.5% for the past five years. One barrier to access and use of formal savings accounts among women might be the costs associated with opening and maintaining accounts.

Figure 5: Gender-Based Barriers to Financial Inclusion

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Role of BISP: BISP is the model for G2P payment having the potential to be a gateway to the financial inclusion of millions of poor and excluded people across the Pakistan, as BISP shift their payment procedures to channel money to recipients through banks and other formal financial services provides like mobile banking etc. Among social cash transfers, BISP represents the largest in terms of number of beneficiaries and volume of payments. Originally, the vast majority of beneficiaries were paid through the Pakistan Post. In later Benazir Smart Card and Mobile Phone Banking was tested in nine districts of Pakistan. From February 2012 BISP started a major changeover in payment system – from money orders delivered by Pakistan Post to payments through Benazir Debit Cards (BDCs). This mode of payment is based on an ATM card which allows the beneficiary to withdraw payment installments through the ATM of a bank authorized by the BISP.

BISP is making payments to more than 95% of its beneficiaries through technology based payment mechanisms. Recently BISP has implemented the biometric verification system (BVS) for making payment in transparent manners in more than 40 districts. The BVS system will be expanded on gradual basis. Impact Evaluation Report 2016 reveals that BISP has significantly contributed in uplifting women status through financial inclusion. These reports highlighted that around 76% of female beneficiaries retain control over cash transfers.
Elimination of Violence

Violence against women is defined as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life". Violence against women and girls is a grave violation of human rights. Violence not only has negative consequences for women but also their families, the community and the country at large.

It has tremendous costs, from greater health care and legal expenses and losses in productivity, impacting national budgets and overall development. Decades of mobilizing by civil society and women’s movements have put ending gender-based violence high on national and international agendas. An unprecedented number of countries have laws against domestic violence, sexual assault and other forms of violence.

Pakistan also has number of laws that aim to safeguard women against violence. These include the “Protection of Women (Criminal Law Amendment) Act 2006”, the “Protection against Harassment of Women at Workplace Act 2010”, “Domestic Violence (Prevention and Protection) Act 2012”, and “The Punjab Protection of Women against Violence Act 2016”. In October 2016, the Pakistani Parliament passed anti-honor killing and anti-rape bills which are hoped to boost conviction rates for these crimes.

On Working Women’s Day 2015, the Senate unanimously passed a resolution urging the government to undertake initiatives to provide a safe, secure, healthy, and harassment free environment for working women. Challenges remain however in implementing these laws, limiting women and girls’ access to safety and justice. Not enough is done to prevent violence, and when it does occur, it often goes unpunished.

Women in Pakistan are regularly subject to violence. In Pakistan violence against women has been categorized into crimes including, abduction/kidnapping, murder, domestic violence, suicide, honour killing, rape/gang rape, sexual assault, acid throwing and burning.

### VAW at Glance in Pakistan

- **Sexual violence 2004-2016:** 4734
- **Honor crimes (men & women) 2004-2016:** 15222
- **Domestic violence cases:** 1535
- **Domestic violence against women 2004-2016:** 1843
- **Suicide 2004-2016:** 35935
- **Women kidnapping 2004-2016:** 5508

### Punjab:
- **Cases of rape were 2,720**
- **Cases of honor killings were 173**
- **Cases of acid throwing are 22**
- **Burning cases were 35**
- **Cases of beating were 588**

### Khyber Pakhtunkhwa:
- **Cases of gang-rape and rape are 32 & cases involving attempted rape are 20**
- **Cases of honor-killing are 987**
- **Cases of violence as according to cities of KPK are, incidents of violence in Peshawar are 104, in Mardan 35, in Kohat 14 and in Mansehra 11**

### Sindh:
- **Cases of gang-rape and rape are 344**
- **Cases of honor-killings are 860**
- **Incidents of acid-burning are 90**
- **Burning cases 72**
- **Cases of violence against women are 535 with specified cases of domestic violence being 481**

### Balochistan:
- **Cases of gang rape, rape, harassment, sodomy, stripping are 939**
- **Burning (acid attacks, set on fire) cases are 143**
- **Domestic Violence (acid attack, amputation, beating, edged tool attack, murder bids, set on fire, shaving, shot etc.) are 279**

Source: HRCP

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According to official figures released by the Ministry of Human Rights, 8,648 incidents of human rights violation were reported in the country between January 2012 and September 15, 2015. These included 90 incidents of acid burning, 72 of burning, 481 of domestic violence, 860 honor killings, 344 rape/gang rapes, 268 sexual assault/harassment, and 535 cases of violence against women.

According to Human Rights Commission Pakistan’s (HRCP) database in 2015, 146 FIRs were filed in domestic violence cases. No FIRs were filed in 146 cases. 747 FIRs were filed in sexual violence cases, and no complaint was filed in 44 cases. In kidnapping cases, 209 women were recovered, 53 were not found. No information on the status of the victim was available in 490 cases. With regard to burning cases, FIRs were registered in 76 cases, and no complaint was registered in seven cases. Most of the suicides by women that occurred in 2015 were the result of family quarrels, carried out mostly by using drugs.

Most countries in the world understand the need to combat violence against women as a necessary prerequisite for development. World Health Organization (WHO) recognizes that factors associated with increased risk of experiencing intimate partner and sexual violence include low education, exposure to violence between parents, abuse during childhood, attitudes accepting violence and gender inequality. HRCP has made following recommendations:

- Prosecution rate for violence against women must be increased to create a safer environment for women. Sale of acid needs to be strictly controlled to reduce this form of violence against women.

- Economic opportunities for women must be increased through large-scale programs with a widespread outreach. All commitments made on women development must be followed through.

- The ratio of women included in the national decision making processes must be increased and all women should be able to fully exercise their voting rights.

- All pending laws on women protection must be passed on a priority. All mechanisms required for the implementation of the laws should be put in place for the laws to fully take effect and fulfill the purpose.
Workplace Gender Diversity

Women are significantly underrepresented at all levels in the workforce worldwide. According to Human Capital Report 2013\(^{13}\) only 60 to 70 percent of the eligible female population participates in the global workforce, while male participation is in the high 80’s. In a recent study the key facts emerged on gender workplace\(^{14}\):

1. **Women continue to trail men in overall workforce participation** and in representation at the professional through executive levels.

2. **Current female hiring, promotion, and retention rates are insufficient** to create gender equality over the next decade.

3. **Current talent flows will move more women into top roles** over the next decade, but not in North America.

Gender equality remains a sore area in Pakistan. According to the World Economic Forum’s (WEF) Global Gender Gap Report 2016, Pakistan ranks 143 out of 144 countries in the gender inequality index, way behind Bangladesh and India which rank 72nd and 87th respectively. In terms of labor force participation, only 24.6% of women (age 15 and older) are active in labor force while for men, this figure is 82.9%.

Women’s experiences and issues greatly vary due to intersection of gender with other forms of identity including rural/urban background, ethnicity, religious practice, family role and social class. For example, women in urban areas have a relatively higher rate 6.08% of college or university level qualification as compared to women in rural areas 1.18%. While majority of economically active women in informal sector are engaged in agriculture, their work is often undervalued and neglected. Urban areas are a core of public sector and corporate employment. However, women there face much higher unemployment rate 19.4% than men 6.4% (PBS, 2015).

There is also an element of intersectional of gender and ethnicity. Ethnic identity in Pakistan is generally shaped by linguistic and cultural differences. For example, in the KPK province, women’s unemployment rate in urban areas is 36.4% while for men, this figure is 8.5%. In contrast, in the Punjab province, unemployment rate for women and men is 18.4% and 6.9% respectively. In addition to urban/rural and ethnic differences, women’s participation in formal employment is also shaped by religious interpretation and practice (in terms of approach to female modesty and gender segregation), family role (in terms of expectations and commitments at home) and social class (in terms of socio-economic background).

Providing day care in the workplace can have many benefits for companies, including improving employee morale, lowering turnover and attracting a wider variety of applicants. Working parents always struggle to find suitable and reliable child care that is also high quality. An often overlooked solution is offering child care at the parent’s place of work.

In 2009 First Lady Michelle Obama urged employers at the “Corporate Voices For Working Families” annual meeting in Washington, D.C "...to discuss quality on-site childcare... This isn't just about

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\(^{14}\) https://www.mercer.com/content/dam/mmc-web/Files/Gender-Diversity-When-women-thrive-businesses-thrive-Mercer.pdf
family balance. This is about making workplace stronger, more effective, keeping and attracting the most qualified people.” So for employers who want to recruit and retain valuable staff, offering workplace daycare facilities can be an ideal way to improve employee benefit packages in this economic climate. Following are the key problems:

- If a company starts their own childcare program, then they are directly responsible for the well-being of each child there. There is always possibility of something unforeseen happen and a child becomes injured in any accident, the company would potentially be liable for the litigation costs because of the incident. Such an incident would also likely have the business lose one of their workers.

- It reduces the separation between a worker’s personal life and their professional life. Having one’s kids close by when working is a nice luxury to have. It also means there is a big interruption for the worker as well. Employees might be spending their free time with their kids instead of their colleagues, creating social barriers that can obstruct productivity as well.

- Most jurisdictions have specific rules which must be followed by childcare providers. Most centers would require bathrooms, a kitchen, and safety equipment that must be in good working order and open to regular inspection to maintain the daycare license. Specific requirements may need to be included for the protection of the child if the center is at the work site. The time and effort to meet the requirements of these logistics may be more important than the potential benefits which could be received.