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Categorical Blindness? Disability and the Design of Cash-Based Social Protection in Pakistan

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ABSTRACT

The government of Pakistan has expanded the cash transfer social protection approach to a large extent in the framework of the Benazir Income Support Program and its related schemes. Its core Programs, however, are largely focused on targets of household poverty. This study compares the extent to which disability is used as a source of economic need—independence—when designing social protection to the use of disability as merely a household characteristic. The documentary and comparative policy-analysis design was used. A structured framework was used to analyse Official Program documents, eligibility criteria, evaluation reports, disability-measurement instruments, and literature on disability-related policy. Official Program documents were analysed for the provision of disability-related policy information that was relevant to the four key components of the framework: disability identification, means testing, eligibility thresholds, benefit differentiation, accessibility, and recognition of disability-related additional costs. The poverty-targeted model for Pakistan was also contrasted with the United Kingdom's Personal Independence Payment, which focuses directly on extra costs of living with disability. The results show that disability is not uniformly embedded in the social-protection framework or that it systematically affects the poor's poverty line and their entitlements. The study distinguishes three types of categorical blindness: measurement blindness, which refers to the fact that the cost of disability is omitted from the analysis of household well-being; eligibility blindness, which refers to the fact that the cost of disability is not reflected in the poverty line because it is the same for disabled and non-disabled households; and benefit blindness, which refers to the fact that the received value of transfers does not account for disability-related costs. Thus, disabled households can participate formally in cash-transfer Programs but not be adequately protected, substantively. Formal inclusion in cash-transfer Programs is therefore possible without being substantively protected, however, for disabled households. This study finds that the presence of beneficiaries alone is not enough to constitute a proof of disability-inclusive social protection. There is a need to enhance the functional-disability data, disability-adjusted poverty assessment, disability registration process and the consideration of disability supplements/complementary services in Pakistan. There is a need for future nationally representative microdata analysis to estimate the extent of disability adjusted poverty and Program exclusion.

Keywords: *disability, social protection, BISP, cash transfers, additional costs, poverty targeting, categorical blindness, Pakistan*

INTRODUCTION

Disability has come to be viewed more than ever before as a key development and social-policy issue, not a purely medical one. It is estimated that around 16% of people in the world, or approximately 1.3 billion, suffer extreme levels of disability due to interactions between health conditions and environment, institutional and attitudinal barriers [1]. These barriers have an impact on access to education, employment, healthcare, transport, information and civic participation and thereby on people's capabilities as well as the welfare of households. In low and middle-income countries, the economic issues are particularly severe due to fewer formal support services and many disabled persons being financed and supported by households.

There is a large and growing literature indicating a close relationship between disability and poverty. In a systematic review of 150 studies in low- and middle-income countries, 122 studies showed a statistically significant positive correlation between disability and an economic poverty measure [2]. The cross-country evidence further indicates that people with disabilities are more likely to be at risk of multidimensional deprivation, less educated, less employed and more likely to have high medical expenditure than people without disabilities [3]. This relationship can't be expressed as a unidirectional relation. Malnutrition, unsafe work, inadequate healthcare, poor living conditions and a reduction in earning opportunities may be greater for the poor, and disability may lead to a rise in essential expenditure. Thus, disability and poverty can compound, across the life course [4].

The extra cost of living with disability is one of the key linkages between disability and poverty. These costs can be medicines, treatment, rehabilitation, assistive products, personal assistance, specialised transport, accessible housing, communication support and increased use of utilities. Disability can also have indirect costs such as loss of working hours, losing employment, missed education or members of the household being taken out of the workforce to care for someone else. The literature review identified significant differences in estimates of the additional costs by the type and severity of the disability, household size, the level of public-service provision, and the approach used to estimate those costs, but agreed that such costs could have a significant impact on the measurement of economic well-being [5].

This has major implications for conventional poverty measurement. Household income or expenditure is typically adjusted for the size and composition of households, and rarely for the needs of the disabled. The standard of living of two households with the same measured consumption may consequently differ when one of them has to spend a portion of its resources on disability-related goods and services. The standard-of-living approach, created by Zaidi and Burchardt, calculates the extra income needed to a family with a disabled member to attain the same standard of living as an equivalent household [6]. Such costs, if not taken into account, can lead to the misclassification of disabled households as non-poor and to underestimation of poverty gaps, and to differences in actual protection from equivalent cash transfers.

Social protection should tackle income insecurity and other needs. In practice, the extent of disability inclusion is very different among Programs. However, reviews of social protection instruments in LMICs show that persons with disability are frequently identified as a priority group but coverage, benefit levels, access, and access to support services are insufficient [7]. The social protection of disability, in turn, should not only include economic security but also measures for access to education, the labor market, health services and social inclusion, argues Palmer [8]. Program assessment should therefore be able to separate out the differences between the fact that a person is registered, or receives a transfer, and the fact that they receive support that reflects the costs and barriers associated with their disabilities.

This distinction is based on a rights approach as outlined in the United Nations Convention on the Rights of Persons with Disabilities. Article 28 establishes persons with disabilities' rights to an adequate standard

of living and also to social protection without discrimination, such as access to disability related costs assistance [9]. The Convention thus calls for more than only formal access to general poverty Programs; it asks whether social-protection policies can facilitate people living with disabilities to cover their disability-related needs and access.

In Pakistan this is an important context for studying this question. Since inception in 2008, the Benazir Income Support Program (BISP) especially Benazir Kafaalat has been the prime cash transfer mechanism for the economically vulnerable households of the country. Admission is predominantly based on the Proxy Means Test (based on the National Socio-Economic Registry), the cut-off for which is determined by the fiscal space available [10]. Studies of the BISP have shown benefits of cash transfer on household welfare, but have also emphasized the value and design constraints in its ability to improve household living conditions [11]. Poverty-centred architecture thus poses a particular question: Does it acknowledge that there are households with persons with disabilities that need more resources than other households that have the same poverty score?

Answering this question requires access to and good quality disability data. Previously, the statistics on disability in Pakistan were flawed due to lack of consistency in definition and to the limited way they have been identified. The more recent developments have been the inclusion of the Washington Group short questions on functional limitations in Pakistan Social and Living Standards Measurement Survey 2019-20 [12]. This opens up the opportunity to diagnose disability based on the difficulty of functioning, as well as on self-identification or medical certification. However, most of the research conducted in Pakistan has been descriptive of existing Programs and institutional arrangements without examining the impact of disability on Program coverage, receipt of transfers or poverty status when extra costs are taken into account [13].

The policy implications of this gap have been made more explicit recently. In its concluding observations on Pakistan in 2026, the Committee on the Rights of Persons with Disabilities noted that eligibility for social protection based on proxy means testing and medical disability certification without taking disability-related extra costs into account is of concern. To reform eligibility based on the human-rights approach to disability, adding extra costs and individual support needs, widening coverage, and raising financial entitlements [14] it recommended. The observations highlight the importance of separating access to the Program from the level of protection.

For this the United Kingdom's Personal Independence Payment is a useful comparison. PIP is purposefully designed to meet extra expenses of a long-term health condition or disability. It's measured by the challenges that people have in their daily lives and in moving around, and it can be given to people who are working or have money in the bank [15]. It is not being suggested that the United Kingdom is a blue print for the direct adoption in Pakistan as there are differences in fiscal and administrative capacity. Instead, it provides a glimpse of another design idea: disability-related costs can be defined as a separate pathway to entitlement rather than a way to be folded into the general household poverty targeting.

In the context of this background, the present study proposes the notion of categorical blindness as a social-protection system that might involve disabled households but discriminate in the process of structuring eligibility and calculating benefits without taking disability costs into account. Questions it poses include: How is disability defined in the design of cash-transfer programs in Pakistan, and is the definition the same for households with and without disabled members? What are the differences in program inclusion, program participation, and measured poverty between these two groups of households? How do poverty measurements change when disability-related costs are accounted for? The study aims to shift the focus from social protection for disabled people to social protection that is actually measuring and addressing

their economic requirements, using program-design analysis as well as nationally representative household data, where available, and a comparison with an explicit extra-costs benefit.

LITERATURE REVIEW

There is growing literature questioning the assumption that poverty targeted transfers are necessarily disability inclusive. Cash-transfer Programs can help increase consumption security, but designing these programmes often ignores the fact that disability is not just one vulnerability marker, but a source of ongoing costs. Gooding and Marriot suggested that "measurable inclusion" must involve accessible application procedures, disability assessment that is appropriate, participation of persons with disabilities in the design of Program and connections between cash support and broader measures to address discrimination and exclusion" [16]. Having disabled beneficiaries is thus only part of the story in determining if a Program is truly responsive to disability.

Household surveys provide evidence for why conventional poverty measure might be inappropriate. Based on nationally representative data from Vietnam, Mont and Nguyen observed that disability was significantly related to poverty and that the relationship was further strengthened once they accounted for the extra costs of disability [17]. Their analysis suggests that the welfare of households with persons with disabilities might be overstated by using unadjusted income or consumption. A study in Ireland came to the same results. Cullinan et al. estimated additional income needed if disabled households are to afford the same standard of living as similar non-disabled households and they have discovered that such additional income rose with the level of disability [18]. Therefore, one adjustment might not be suitable for the needs of disabled people.

Similar data has been found in mid-income nations. Loyalka et al. estimated the substantial costs associated with disabilities in China and demonstrated that adjusting household resources to account for these costs is associated with higher levels of measured poverty [19]. The fact that this finding is relevant to Program eligibility is because households can be above the official poverty threshold and yet still be materially deprived due to paying for healthcare, transportation, personal assistance, or assistive products. Consequently, poverty targeting can leave out to the side households with nominal resources that are much lower than the resources they can use.

A new technique for estimating such hidden costs is the standard-of-living approach. It does not just count the money spent on medical or disability expenses attributable to a disabled household; it is a way of estimating the extra funds that would be needed to enable a disabled household to have the same living standard as another household of its type. Mont et al. applied this approach to seven African countries and were able to identify it as useful, but also noted important limitations [20]. Estimates are subject to the sensitivity of the measures of disability and living standards employed. Furthermore, low expenditure observed does not necessarily mean low costs; it could reflect unmet needs if a household cannot afford rehabilitation services, public transport, assistive products, or personal assistance, leading to a low level of expenditure but high level of deprivation.

The country level studies are examples of the scope of this mismeasurement. Palmer et al. estimated cost of disability in Cambodia was around 19% of monthly household consumption [21]. When these additional costs were added on, the poverty rate of households with disabled members rose from 18% to 37%, and only a small proportion of the estimated costs was publicly or family-funded. The study reveals that common poverty transfers can help to lower any immediate hardships experienced by a house without affecting the living standards of the house.

Studies of disability benefits also show that categorical Programs are not necessarily available or sufficient. Hanass-Hancock and McKenzie [22] noted that there were areas of discrepancy between disability-related needs and income-support systems in South Africa, and that these issues included problems with eligibility, benefits' value and access to additional services. Hameed et al. discovered that in the Maldives, only 25.6% of the people with disabilities were receiving the national Disability Allowance [23]. Several factors affected uptake, including: the lack of information about the Program; stigma; geographic constraints; and understandings of disability requirements. The results highlight the difference between formal and effective access to benefits, and show that creating a disability-specific benefit does not automatically create full coverage.

In Pakistan, the BISP assessment literature has focused primarily on the poverty targeting aspect and the outcomes of the programme, including consumption, nutrition, education, productive activity and empowerment of women. The 2020 evaluation report details that BISP eligibility is based on a Proxy Means Test that estimates the level of welfare of a household that is based on select observable indicators and a poverty-score threshold [24]. It also documents real-life enrollment bottlenecks such as mismatches w.r.t to identity documents and registration. The evaluation does not, however, determine if the poverty score or transfer amount is sufficient to cover disability related costs.

Thus, the research gap can be identified in the literature. International studies have revealed that failing to consider disability-related costs can underestimate poverty, and Program studies have pointed to the potential for exclusion from poverty and disability-specific transfers. The country still does not have a comprehensive study on the difference in the coverage, receipt and disability-adjusted welfare outcomes of households with and without the disabled in their household. In this study, these are three issues of interest that are not explored in isolation—disability measurement, extra-cost adjustment and institutional design of cash-based social protection—but are linked together. This directly contributes to the proposed concept in the study of categorical blindness.

The conceptual framework below links disability status to additional costs to poverty measurement to Program eligibility to transfer receipt to household welfare without making assumptions about the latter.

CONCEPTUAL FRAMEWORK

The theoretical underpinning of the present study follows the idea that disability has two impacts on the welfare of the household, one being the effect on their economic opportunities, and the other the effect on the quintessential costs. While conventional poverty measurement systems could measure households based on reported income, reported consumption, assets, family size, and housing conditions, they might not capture the extra resources needed by households with a person with a disability. The framework thus defines a concept of measured household welfare and a concept of disability-adjusted household welfare.

Disability, economic resources, and household welfare

Disability can have multiple and interconnected impacts on household welfare. Physical barriers and inability to access environments can limit access to education, employment, transportation, and public services at the individual level. Some of these barriers can have a negative impact on the income of the person with a disability and can also impact the employment of other members of the household who provide unpaid care. A cross-country evidence shows that disability is linked to lower employment, weaker educational outcomes, higher healthcare expenditure and multidimensional poverty [3].

Meanwhile, households with members with disabilities may have additional direct expenses which non-disabled households don't have. These include costs of medication, treatment, rehabilitation, assistive

devices, accessible transportation, personal assistance and housing adaptation. These costs are dependent on functional limitation type and severity, household structure, service availability, location and public support [5].

The framework thus considers disability to have two main economic impacts:

1. **Resource effect:** Disability may lead to a decrease in household income and earning potential.
2. **Cost effect:** Disability can lead to a greater need for resources to provide a certain standard of living.

A family with a disabled member can then have a lower real standard of living than a family without a disabled member that has the same measure of income or consumption.

Poverty and disability adjusted poverty measures

The framework specifies that there is a difference between conventional poverty and disability adjusted poverty. Traditional poverty measure is based on the ratio between the income or consumption of households and a fixed poverty line, typically adjusted for household size and composition. However, most equivalence measures do not account for the extra costs associated with disability.

The standard of living approach assumes that households with people with disabilities need more resources to attain the same standard of living as some similar households without a person with a disability [6]. According to this view, welfare equality cannot be achieved with equality of household resources.

This can be conceptualized as:

The concept of Disability-adjusted resources is the net of the Measured household resources and the Additional disability-related costs.

If a household does not take disability costs into account, it may fall below the poverty line but not when it calculates its remaining disposable income once it has accounted for its essential disability costs. Potential measurement gap: difference between conventional poverty status and adjusted poverty status.

Social-protection targeting and categorical blindness

The principal cash-transfers in Pakistan identify economically vulnerable households primarily based on poverty related indicators, such as the Proxy Means Test and information in the National Socio-Economic Registry [10, 24]. These are systems that are based on observable household features and attempt to derive a socioeconomic status score. The Program may document Disability as one characteristic but this does not mean the Program adjusts the poverty threshold or transfer value for disability related needs.

The framework identifies three possible forms of categorical blindness:

Measurement blindness is the failure to factor in the extra costs of disability in welfare measures.

Eligibility blindness is the phenomenon whereby disabled and non-disabled households are compared to the same poverty line, even though they have different needs for resources.

Benefit blindness is when households are given the same level of transfer as people with disability or support needs as those without them even if the cost of disability or support needs is higher.

It is not always an intentional exclusion when there is a categorical blindness. The disabled households can be registered and may also be eligible for cash assistance. The system however can still underestimate their deprivation by failing to acknowledge disability as an influence on the relationship between resources and living standards.

Substantive adequacy is assessed by the presence of nominal inclusion. The presence of nominal inclusion is a sign of substantive adequacy.

The framework also includes a distinction between nominal inclusion and substantive adequacy. Nominal inclusion involves whether a household with a person with a disability is registered, declared eligible and/or receives a cash transfer. Substantive Adequacy relates to whether the transfer is adequate to compensate the household for actual deprivation taking into account the costs associated with the disability.

There are 4 possible household situations resulting from this distinction:

1. **Excluded and inadequately protected**: Household receives a transfer, but the transfer is not large enough to reduce their poverty to the level of disability.

2. **Included but not fully compensated:** The household gets a transfer but it is not enough to cover the extra disability-related expenses.

3. **In included and adequately protected**: household has support which helps to offset the effects of ordinary poverty and disadvantage due to disability.

4. **Above poverty and above disability poverty:** Household is not in conventional or disability poverty.

The second category is the main concern of the study. A Program may seem to be inclusive when it includes beneficiaries from the disability community, but it may not provide sufficient or adequate assistance to eligible participants.

Comparative design dimension

The comparison with the United Kingdom's Personal Independence Payment provides an alternative institutional model. PIP recognises disability-related additional costs as a separate basis of entitlement and is not determined by household income or savings [15]. Pakistan's principal cash-transfer model, by contrast, is primarily based on household poverty.

The comparison is used to distinguish two policy approaches:

- **Poverty-compensation model:** Assistance is provided because household resources fall below a defined socioeconomic threshold.

- **Extra-costs model:** Assistance is provided because disability creates additional needs, regardless of whether the recipient is conventionally income-poor.

The comparison does not assume that Pakistan should reproduce the UK system. Instead, it highlights that social-protection systems make explicit or implicit choices about whether disability is treated as an independent source of entitlement.

Proposed analytical relationships

The framework proposes that disability status affects both Program-related and welfare outcomes. These relationships may be mediated or moderated by household characteristics, geographic location, education, employment, disability severity, access to services, and Program design.

The principal analytical relationships are:

Disability status → Additional household costs

Disability status → Reduced employment and earning capacity

Additional costs and reduced earnings → Lower actual household welfare

Measured household characteristics → Poverty score and Program eligibility

Program eligibility → Cash-transfer receipt

Cash-transfer receipt → Household welfare

Failure to adjust for disability costs → Underestimation of poverty and benefit inadequacy

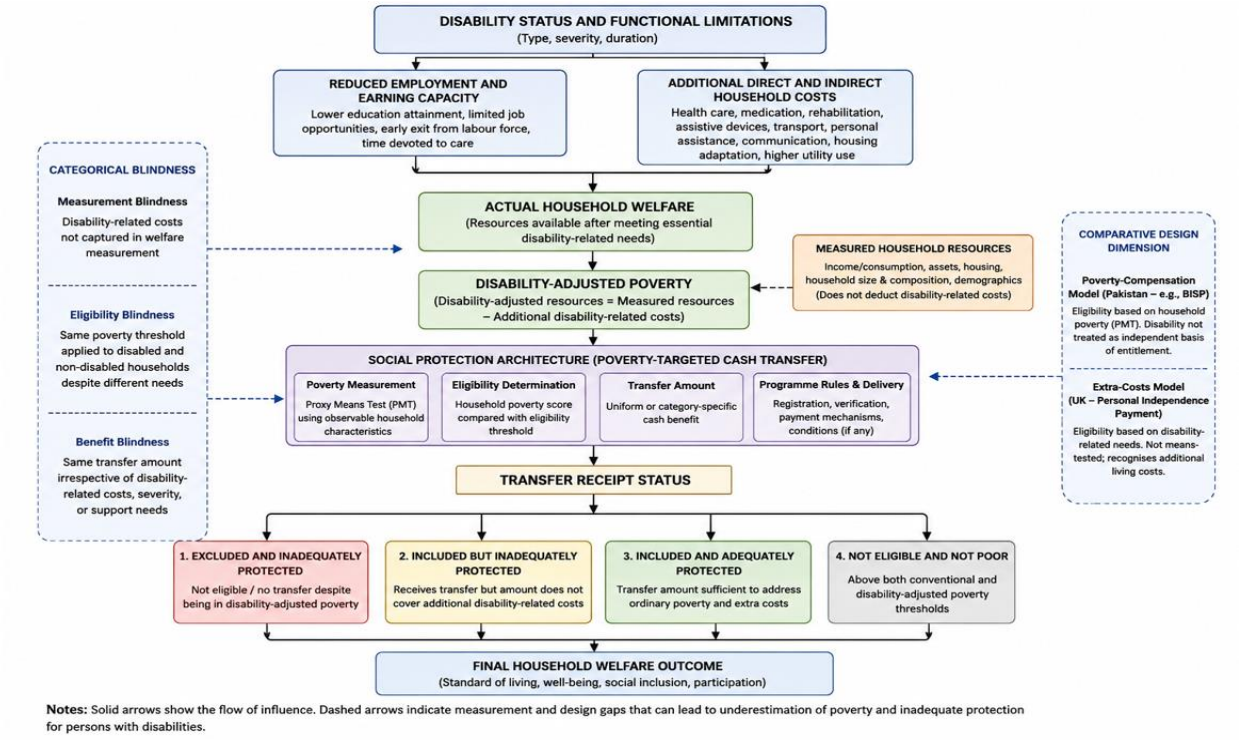

Figure 1. Proposed Conceptual Framework

The framework guides the empirical analysis by requiring separate examination of disability identification, Program coverage, transfer receipt, conventional poverty, disability-adjusted poverty, and benefit adequacy. It therefore moves beyond the question of whether disabled households are present in social-protection Programs and evaluates whether Program design responds to the economic consequences of disability.

METHODOLOGY

Research Design

This study employed a documentary and comparative policy-analysis design to examine how disability is incorporated into Pakistan's cash-based social-protection system. The analysis focused on whether disability is treated merely as a household characteristic or recognised as an independent source of economic need arising from additional living costs.

The study combined three related components. First, a documentary analysis was conducted to examine the eligibility rules, targeting mechanisms, benefit structures, disability definitions, and administrative procedures of Pakistan's principal cash-transfer Programs. Second, a comparative policy analysis was undertaken between Pakistan's poverty-targeted social-protection model and the United Kingdom's disability-related extra-costs benefit model. Third, a quantitative feasibility assessment was conducted to determine whether nationally representative household data could support a future empirical analysis of disability, Program receipt, and household welfare.

The methodology was guided by the research concept that poverty-targeted transfers may include disabled households without adequately compensating for the additional costs associated with disability. The study therefore assessed not only whether disability was visible within Program documents, but also whether it influenced poverty measurement, eligibility thresholds, and benefit amounts.

Analytical Approach

The study adopted a policy-design perspective rather than an impact-evaluation approach. It did not attempt to establish a causal effect of disability on poverty or Program participation. Instead, it examined the assumptions embedded in the design of social-protection Programs.

The analysis was organised around four questions:

1. How is disability defined and identified within the social-protection system?
2. Does disability alter Program eligibility or the poverty threshold applied to a household?
3. Does disability affect the value or structure of the cash benefit?
4. Does the Program explicitly recognise disability-related additional costs?

These questions allowed the study to distinguish between the administrative recognition of disability and the substantive recognition of its economic consequences.

Documentary sources

The documentary analysis drew on publicly available policy and Program materials relating to Pakistan's social-protection architecture. The principal sources included:

- Official descriptions of the Benazir Income Support Program and Benazir Kafaalat;
- Program eligibility criteria and poverty-targeting procedures;
- Documents relating to the National Socio-Economic Registry;
- BISP evaluation reports;
- Pakistan Social and Living Standards Measurement Survey questionnaires and methodological documents;
- Disability-related policy and human-rights documents;
- Official guidance concerning the United Kingdom's Personal Independence Payment; and
- Peer-reviewed literature on disability-related additional costs and disability-inclusive social protection.

The BISP documents were examined because the Program constitutes Pakistan's principal cash-transfer mechanism for economically vulnerable households. Its use of a Proxy Means Test and poverty-score threshold makes it especially relevant to the study's central question concerning whether conventional poverty targeting adequately captures disability-related need [10, 24].

The PSLM questionnaire and supporting documentation were reviewed to assess whether disability could be identified through functional-difficulty questions rather than through a single medical or self-identification item. Particular attention was given to the inclusion of the Washington Group Short Set domains, including seeing, hearing, walking, remembering or concentrating, self-care, and communication [26].

Document selection

Documents were selected purposively according to their relevance to disability identification, poverty measurement, cash-transfer eligibility, benefit calculation, and Program implementation. Priority was given to official government documents, international human-rights instruments, Program evaluations, and peer-reviewed academic studies.

A document was included when it provided information on at least one of the following:

- The formal purpose of a social-protection Program;
- The unit of eligibility, such as the individual or household;
- The method used to identify poverty or vulnerability;
- The definition or measurement of disability;

- The role of medical certification or functional assessment;
- The value, frequency, or structure of cash benefits;
- The recognition of additional disability-related costs;
- Registration, documentation, or appeal procedures; or
- Evidence on Program coverage and access barriers.

Documents that provided only general descriptions of poverty or disability without discussing social protection, eligibility, or benefit design were not treated as primary analytical sources.

Coding and data extraction

A structured coding framework was developed to extract comparable information from the selected documents. Each document was reviewed according to the following categories:

1. **Program objective:** Whether the Program was designed to address poverty, income loss, disability-related costs, or a combination of these needs.
2. **Unit of entitlement:** Whether assistance was attached to the household or the individual.
3. **Disability definition:** Whether disability was identified through medical certification, self-identification, functional difficulty, or another method.
4. **Eligibility mechanism:** Whether eligibility depended on poverty status, disability status, functional limitation, support needs, or multiple criteria.
5. **Means testing:** Whether household income, assets, or poverty scores determined entitlement.
6. **Benefit differentiation:** Whether the amount of support changed according to disability, severity, mobility limitations, or daily-living needs.
7. **Recognition of additional costs:** Whether Program documents explicitly acknowledged expenses such as assistive products, rehabilitation, transportation, personal assistance, healthcare, or communication support.
8. **Accessibility:** Whether registration and payment procedures addressed mobility, communication, documentation, or geographical barriers.
9. **Appeal and grievance mechanisms:** Whether applicants could challenge rejection, assessment, or payment decisions.
10. **Relationship with services:** Whether cash support was linked with healthcare, rehabilitation, employment, education, or assistive services.

The extracted information was then compared across programs and interpreted using the study's conceptual distinction between nominal inclusion and substantive adequacy.

Operationalization of categorical blindness

The concept of categorical blindness was operationalized through three analytical dimensions.

Measurement blindness was identified where household welfare was assessed without an explicit adjustment for disability-related additional costs.

Eligibility blindness was identified where disabled and non-disabled households were assessed against the same poverty threshold despite potentially different minimum resource requirements.

Benefit blindness was identified where benefit amounts did not vary according to disability-related needs or additional costs.

These dimensions were not treated as evidence of intentional discrimination. Instead, they were used to examine whether apparently neutral Program rules could produce unequal protection for households facing systematically different living costs.

Comparative policy analysis

Pakistan's poverty-targeted system was compared with the United Kingdom's Personal Independence Payment. The comparison was selected because PIP is explicitly designed to contribute towards additional living costs associated with long-term health conditions and disability [15].

The two systems were compared according to:

- Program purpose;
- Unit of entitlement;
- Means-testing requirements;
- Disability assessment;
- Recognition of additional costs;
- Benefit differentiation;
- Relationship with employment;
- Relationship with other social-security benefits; and
- Administrative and assessment procedures.

The comparison was conceptual rather than evaluative. It did not compare the nominal value of benefits or claim that the UK model could be directly transferred to Pakistan. The purpose was to show that social-protection systems can respond differently to the distinction between general poverty and disability-related additional costs.

Quantitative feasibility assessment

Although the completed study was based on documentary analysis, a feasibility assessment was conducted for a possible future quantitative extension. The PSLM and Household Integrated Economic Survey were considered the most relevant data sources because they may contain information on functional difficulty, household welfare, and social-protection receipt.

A dataset was considered suitable only if it contained:

- A reliable disability or functional-difficulty indicator;
- Household income, consumption, assets, or another welfare measure;
- A program-specific variable identifying cash-transfer receipt; and
- Relevant demographic and socioeconomic control variables.

The availability of functional-difficulty questions in PSLM 2019–20 suggests that disability status may be constructed using the Washington Group threshold. Under the recommended threshold, an individual is commonly classified as having a disability when reporting "a lot of difficulty" or "cannot do at all" in at least one functional domain [27].

However, the availability of a disability variable alone is insufficient. Program receipt must also be measured precisely. A broad variable combining government assistance, charitable support, and transfers from relatives would not provide a valid measure of BISP participation.

Proposed empirical models

If suitable microdata become available, the probability of cash-transfer receipt may be estimated using a binary logistic or probit regression model:

$$\Pr\left(T_i = 1 \mid D_i, \mathbf{X}_i\right) = F\left(\alpha + \beta D_i + \sum_{k=1}^{K} \gamma_k X_{ki}\right) \quad (1)$$

where (T_i) indicates whether household (i) received a cash transfer, (D_i) represents household disability status, and (X_{ki}) represents household-level control variables. The coefficient (\beta) would indicate whether disability status is associated with transfer receipt after observable socioeconomic characteristics are considered.

The standard-of-living model may be expressed as:

$$SOL_i = \alpha + \beta_1 R_i + \beta_2 D_i + \sum_{k=1}^{K} \gamma_k X_{ki} + \varepsilon_i \quad (2)$$

where (SOL_i) represents the household standard-of-living score, (R_i) represents household economic resources, (D_i) represents household disability status, and (X_{ki}) represents relevant control variables.

Under the standard-of-living approach, the additional economic resources associated with disability may be estimated as:

$$C_D = -\frac{\beta_2}{\beta_1} \quad (3)$$

where (C_D) represents the estimated additional resources required by a disabled household to achieve the same standard of living as an otherwise comparable non-disabled household.

These models were specified as a future empirical framework and were not estimated in the present documentary study.

Reliability and analytical rigour

Several measures were used to strengthen the credibility of the analysis. First, Program claims were checked against official documents wherever possible. Second, the same coding categories were applied to both Pakistan and the UK comparator. Third, documentary findings were interpreted alongside peer-reviewed evidence on additional disability costs and social-protection access.

The analysis also distinguished clearly between formal Program rules and inferred consequences. Where documents did not explicitly state that disability-related costs were considered, the study did not assume that such adjustments occurred in practice.

Ethical considerations

The study relied on publicly available documents and anonymised secondary-data documentation. It did not involve direct contact with human participants or the collection of personally identifiable information.

Disability was approached through a human-rights and functional perspective rather than as an individual deficiency. The analysis used non-stigmatising language and focused on the interaction between functional limitations, environmental barriers, household resources, and Program design.

Methodological limitations

The methodology has several limitations. Documentary analysis can identify formal rules and design assumptions but cannot determine how consistently those rules are implemented across regions or individual cases. Program documents may also present administrative procedures more clearly than they operate in practice.

The study did not estimate the number of disabled households affected by measurement, eligibility, or benefit blindness. Such estimates require suitable nationally representative microdata and verified Program-receipt variables.

Finally, the UK comparison is limited by major differences in fiscal capacity, institutional development, and public-service provision. It was therefore used to contrast policy principles rather than Program performance.

RESULTS

The findings in this section have resulted from the documentary and comparative analysis of policy design. The submitted research idea did not contain the result of the survey estimation, regression results or the findings on the microdata level. Hence, the section provides a report of the findings that can be derived from the Program architecture and eligibility requirements, the disability measurement framework, and the comparison with extra-costs benefit in the United Kingdom.

There is recognition of disability, although it's not a key design consideration.

Disability is recognised, but not as a central design principle

The documentary analysis revealed that disability is evident in the social protection system in Pakistan, but not always used as a standalone criterion of economic need. Mainstream cash-transfer mechanism is structured on the basis of household poverty as measured by socioeconomic indicators and Proxy Means Test in Pakistan. In this scheme eligibility is largely based on the economic position of the household, not on the extra costs that disability will cause to the individual [10, 24].

Disability can be noted in a household's demographic or vulnerability profile. The criterion for its use, however, is not the same as it being an effective poverty reduction measure, or that the household must have a higher poverty line and a larger transfer. This is because disability is not consistently a way of organising benefit calculation, it is recognised administratively. The outcome is a separation between disability diagnosis and economic responses.

Thus, findings corroborate the main argument of the article that Pakistan's system is not intentionally disabling people with disabilities. Instead, it works using a poverty definition that does not sufficiently account for differences in essential costs between households that have similar measured resources.

Poverty targeting does not fully capture disability-related need

The current poverty targeting policy was found to be geared mainly for estimating the economic status of households based on observable factors like assets, household composition, education, employment and housing status. These indicators can help determine general deprivation, but do not necessarily relate to expenditure on assistive products, rehabilitation, specially modified transportation, personal support, recurring medical care or accessible services.

This presents a measurement issue. There are examples of disabled and non-disabled households having a poverty score of zero even though the amount of resources the disabled household has to spend on essential disability-related expenditure is higher. The actual standard of living of the disabled household may then be lower than that of other households in the targeting system that they are not disabled.

This was identified during the review as measurement blindness. The system measures household resources, but does not capture the extra resources needed due to disability. This can lead to an under estimation of poverty where disability costs are high.

This result aligns with the motivation given in the research concept: A household may be part of a poverty-targeted Program and not be under-served even if the transfer is designed to cover ordinary consumption poverty.

Eligibility rules may exclude disability-adjusted poor households

A second finding is related to the eligibility of Program. If all households are measured using the same poverty threshold, households with disability related costs might not reach an adequate standard of living even if they have not been excluded because they have low disposable income.

The analysis identified, therefore, a potential group of households that could be considered to be disability adjusted poor. While such households can be above the conventional eligibility criteria, they are below an adequate level after taking into account the costs associated with disabilities.

That's what's known as eligibility blindness. The problem isn't that the Program says no to disability. The eligibility threshold is problematic because it makes the assumption that the amount of resources measured is roughly equal to the level of living standards. When there are systematic differences in household costs, that assumption is not reliable.

The documentation did not suffice to estimate the number of households that were impacted by this issue. Estimating the size of the group needs nationally representative microdata with reliable functional-difficulty, household-welfare and Program-receipt variables. However, as the Program-design analysis reveals, the design as it is now can lead to the exclusion even when disability is reported in the registry.

Beneficiency of inclusion does not prove adequate benefits.

The analysis detected that coverage and benefit adequacy for Program are distinct outcomes. A family with a member with a disability may be eligible for a cash transfer, as a poor household under the general targeting system. But getting the same transfer as a nondisabled household doesn't mean that both households are getting equal protection.

If the disabled household has ongoing extra costs, an equal transfer may not represent as much value as it could if the additional expenses were not present. The Program can lower the overall level of poverty, without significantly affecting the level of disability related deprivation. This is said to be 'benefit blindness'.

The results thus differentiate between two types of inclusion. Nominal inclusion refers to the situation where disabled households are registered and benefit from the registration. Substantive inclusion is achieved when eligibility and benefits are based on a reflection of the actual resource needs of the household.

Nominal representation, as evidenced in the Program architecture reviewed, is greater than substantive representation. Current beneficiaries' numbers show that people with disabilities are not completely unrepresented in social protection, but do not reflect whether transfers are adequate, once disability related costs are taken into account.

Disability data have improved, but analytical limitations remain

The review revealed improvement in the disability-data environment in Pakistan due to the incorporation of functional-difficulty questions in PSLM 2019–20 survey [12]. Questions of this type are more likely to be functional in nature, thus avoiding dependence on self-identification and formal medical certification than the use of Washington Group-type questions.

But it does not follow that if there is a disability measure, then the quantitative analysis is possible. The data should also include an accurate indicator of Program receipt and a suitable indicator of the welfare of each household. Where the only question asked about Program receipt is in a general question about assistance received from government, charities or family, it is not possible to accurately identify BISP participation.

Thus, the data review led to a conditional finding that the quantitative component is possible only when the disability status, household welfare, and transfer receipt is measured in the same analytical dataset. For causal or statistical claims of Program coverage, the validity of the findings of the policy design remains if these conditions are not satisfied.

The UK comparison reveals a different policy assumption

The comparative analysis revealed that there was a distinct difference in poverty-targeted approach in Pakistan and Personal Independence Payment in the United Kingdom. While poverty is the primary basis for Pakistan's main cash transfers, PIP considers the extra expenses associated with disability as a separate basis of entitlement [15].

This study does not rely on PIP as a model that can be transferred directly to it. There are huge differences between the fiscal capacity, institutional arrangement, service level and administration infrastructure of Pakistan and UK. However, there is a clear difference that disability-related support does not need to take place exclusively in the context of general poverty assistance.

The UK model asks about two policy questions: does a family have low income, and are there additional costs due to disability? The main cash transfer system in Pakistan tackles the first question to a greater extent than the second.

As a whole, the findings confirm the notion of categorical blindness. In Pakistan, disability is conceptualized as one that can be registered, documented or linked to vulnerability within the social-protection system. But the system is not always able to include costs associated with disability in the definition of poverty, eligibility limits, or transfer amounts.

The best outcome is not that the disabled household is totally excluded. But being included in a poverty focused system can mask inadequate protection. Disability is emerging as a household characteristic, but it is not yet an established organising principle of the design of cash transfer.

These results support the empirical next step of this study, which is to estimate the differences in disability-adjusted poverty, Program eligibility, and the level of transfer adequacy compared to traditional household-welfare concepts.

DISCUSSION

The results show that although there is a recognition of disability in Pakistan's social-protection system, it is not yet fully established as a principle of Program design. The key cash transfer initiatives in Pakistan focus on the poverty of the household, and disability is mostly considered as a household attribute. This is significant because the presence of a member of the household with a disability does not equalise the economic impact of disability.

The findings align with the study's notion of "categorical blindness. It does not imply that Pakistan's social-protection Programs purposefully discriminate against persons with disabilities. Rather, it outlines a system

that uses poverty measures, eligibility criteria, and transfer amounts that are similar for families even if their actual needs vary significantly. This means that disabled households can show up in administrative data but are not sufficiently represented in Program eligibility and benefit calculations.

Disability recognition and Program design

The evidence presented in the documentaries reveals that the overall social protection system in Pakistan is focused primarily on poverty alleviation. Household socioeconomic data is used to identify beneficiaries using poverty based targeting mechanisms in BISP and related Programs [10, 24]. This is comprehensible in a country suffering from extreme poverty, and with scarce financial means. It helps the Government target assistance to economically vulnerable households.

The method assumes, however, that a similar measure of need, based on socioeconomic indicators, can be obtained for the various types of households. This is not necessarily true for households with people with disabilities. Lower employment participation, lower earning potential, and increased spending on essential goods and services are some of the factors that can impact households. There is a substantial international evidence that disability often impacts on the welfare of the household in both income and additional costs [3, 5].

The results thus indicate that there is not a lack of disability in social-protection discussions, but the lack of a central focus on it. Instead it's that disability has a restricted place in deciding whether and how assistance is provided. Disability can affect a household's overall vulnerability, but doesn't automatically mean it will have a separate entitlement or adjustment in the main poverty-targeted transfer.

The effects on population and public health

Measurement blindness is the first form of categorical blindness that was identified in the results. Typical household measures of poverty typically relate income or consumption to a fixed poverty line. Such measures can be adjusted for household size and composition but generally do not take into account disability-related expenses.

This exposes the possibility of overstating the standard of living disabled households. For instance, two households might have the same consumption level, but one may also need to allocate some of its resources to medication, readily available transportation, assistive products, rehabilitation, or personal support. The rest of the family's money for food, education, housing and other necessities will thus be reduced.

This is similar to the results of studies conducted in Vietnam, China, Cambodia, Ireland, and various African countries, which showed that poverty rates were higher with the inclusion of disability-related additional costs [17-21]. This literature shows that traditional measures of poverty can overlook the real living standard of disabled households, while still categorizing them as poor.

This is important in Pakistan as poverty targeting affects eligibility as well as Program performance. Where disability-related costs are not quantified, assessments can lead to a false sense of security when it comes to a household's disposable resources, despite the fact that they are not enough to meet the household's basic needs. This results in the apparent effectiveness of the Program being higher than the impact on the welfare of disabled households.

Eligibility blindness and hidden exclusion

The second is eligibility blindness. The findings suggest that there are households with income above the poverty line but below a disability-adjusted poverty line. Such households can be classified as disability-adusted poor.

Exclusion is not necessarily due to an administrative miss-steak. May occur due to eligibility criteria not capturing higher disability costs. Households with differing minimum resource requirements are treated the same.

This discovery challenges the current notion on targeting error. Exclusion error typically refers to the lack of coverage of the households that qualify for the official poverty measure. Categorical blindness is a more serious kind of exclusion, however: households can be properly excluded based on the official measure but not properly excluded based on their level of living.

This suggests that while better household registries and poverty scores could help, they do not necessarily solve the problem. Even when the concept of need is incomplete, a technically correct Proxy Means Test may yield inequitable results. The need for disability inclusion thus involves a re-thinking of the aim of the poverty measure.

Benefit blindness and inadequate protection

The third dimension is benefit blind. The results show that receipt of a cash transfer does not necessarily mean that disability-related needs are adequately addressed. Even though the cost to the disabled household of the costs of living up to its obligations may be higher than that for the non-disabled household, a disabled household can receive the same payment as the non-disabled household.

This helps to distinguish between nominal and substantive inclusion. Registration or receipt data can be used to determine nominal inclusion. There must be evidence that substantive inclusion increases the standard of living of a recipient if additional costs are considered.

Research conducted in South Africa and Maldives also reveals that formal disability-related benefits can be constrained due to the high number of benefits that are not covered, restrictive eligibility requirements, low benefit amounts and access restrictions [22, 23]. The present findings build upon this concern with poverty-targeted systems. If a disabled household is successful in entering the Program, the transfer might only deal with the overall poverty and fail to address the issues of disability-related deprivation.

This is not to say that one cash transfer payment should be used to pay for all disability-related expenses. Other needs can be better met via healthcare or rehabilitation services, transport services, assistive products, education or employment services. However, it is not possible to evaluate the effectiveness of cash support without taking into account the broader service environment. Households have to pay for support themselves or be without this support if the public services are lacking, making adequate financial assistance even more important.

Importance of disability measurement

The PSLM is an important improvement of the disability-data system in Pakistan as it incorporates functional-difficulty questions [12]. Functional measures are better suited than a single self-identification item as they address challenges with daily functioning.

But the findings also indicate that the solution is not an easy one and that better identification of disability is just one aspect. Functional questions can provide information on whether there are people with disabilities in a household, but they don't necessarily indicate extra costs, environmental barriers, or extra support needs.

The research thus justifies a multi-level measurement procedure. Questions can be used to identify population groups and to analyse inequalities if they are functional. A more detailed administrative or survey module is necessary to calculate support needs, expenditure, unmet need and the sufficient provision of benefits.

Interpretation of the UK comparison

The policy assumption is different from that of Personal Independence Payment. PIP is separate from household poverty and employment status and considers disability related additional costs [15]. People in Pakistan mainly react to the shortage of their household resources.

This comparison is conceptual, not prescriptive. Pakistan cannot be expected to create a benefit system in a more extensive welfare state. However, the costs of poverty and disability can be considered as separate policy challenges in the UK model.

This distinction can be acknowledged in Pakistan by implementing a dedicated disability benefit, a disability supplement to BISP, adjusting the poverty line, or providing subsidized services for those with disabilities. This will depend on the fiscal capacity, administrative feasibility and quality of disability assessment.

In sum, the findings indicate that the social-protection system in Pakistan misses the mark in its disability gaze. It can recognize people with disabilities and include some disabled households as beneficiaries, but it does not always consider the implications of disability on household needs and living expenses.

Categorical blindness is the idea that a system which is neutral on its face, targeting poverty, can be applied in an unequal manner. Benefits receipt is not the only problem, poverty measurement, eligibility rules, and transfer values need to reflect the situation of poor disabled households.

These results offer strong motivation for policy change. Disability responsiveness calls for a shift away from disability counts to disability-adjusted poverty, eligibility, and benefit adequacy measures.

CONCLUSIONS, LIMITATIONS, AND FUTURE RESEARCH

Conclusion

This study explored if the cash-based social-protection (CBSP) system in Pakistan is able to take into account the economic impact of disability. The analysis was not only on whether persons with disabilities are included in Program registries or in the records of persons that are beneficiaries, but whether disability has an impact on poverty measurement, eligibility criteria, and benefit levels.

The documentary evidence shows that disability is acknowledged in Pakistan's social-protection system, but is not yet fully recognized as a disability-specific need for economic support. Household poverty continues to be the basis of organization for the country's main cash-transfers Programs. Disability emerges as an element of a vulnerability assessment and eligibility is mostly based on socioeconomic indicators and the Proxy Means Test.

Such an arrangement can work well for some households with people with disability, especially if disability is linked to unemployment, low assets, bad housing etc. But membership in a general poverty targeting programme does not necessarily indicate that disability needs are met.

This limitation was explained by the introduction of the concept of categorical blindness by the study. Categorical blindness refers to a situation where disabled households are not deliberately excluded from a system but where it is not realised that disability brings about a different level of resources needed to achieve an adequate standard of living. The analysis pointed to three related instances of categorical blindness.

First, there is measurement blindness in that the welfare of the household is measured without considering the extra cost that is due to disability. When one of two households has similar measured income or consumption, but one needs to purchase medicines, assistive products, rehabilitation, accessible transport, and personal support, or require recurrent healthcare, their living standard can be vastly different.

Second, eligibility blindness occurs when disabled and non-disabled households are measured against the same poverty measure even though there are different essential costs. Thus a household can be considered non-poor by a conventional measure, but be poor once the costs associated with disability have been taken into account.

Third, benefit blindness: when households get the same amount of benefits, whether or not they have disability related needs. A disabled household can be formally covered by a cash-transfer Program, but be poorly protected as the benefit only tackles general poverty without offsetting additional costs.

The results are thus divided into two categories: nominal and substantive inclusion. Nominal inclusion means registering, eligibility and receiving benefits. For substantive inclusion, the living situation of the affected household must be strengthened by allowing social protection to do so once disability-related costs and barriers are taken into account.

The discussion of the United Kingdom's Personal Independence Payment (PIP) system introduced another policy rationale. PIP provides extra income to help individuals cover additional expenses due to their disability, which are not included in the calculation of overall income poverty. The main cash-transfer mechanism in Pakistan, on the other hand, is geared towards poverty in households. This is not to suggest that the Pakistan system should be replicated. Rather, it shows that disability related costs can be addressed as a distinct policy issue, either in terms of categorical benefits, disability supplements, modified eligibility requirements, or subsidised services.

In general, the study observes that the social-protection system in Pakistan looks at disability only partially. Records of disability are kept and some disabled households are supported, but the economic impact of disability is not routinely factored into Program design. Increasing disability inclusion thus needs to go beyond beneficiaries' numbers to disability adjusted poverty, eligibility and benefit levels.

Policy implications

The results have implications for policy recommendations. Measures relating to functional-difficulty should be more systematically included in the National Socio-Economic Registry and Program-assessment processes in Pakistan. But the identification of disability is not enough. A second issue of the targeting system that should be taken into account is whether disability increases household resource needs.

Some of the suggested reforms are: application of adjusted eligibility criteria to the disabled households, the implementation of disability-specific supplements in BISP, and the creation of more specific cost of

disability and support needs assessments. A disability supplement might be more practical to implement in the near term than the creation of a new national benefit.

Cash assistance should also be linked to health care, rehabilitation, assistive products, inclusive education, accessible transportation and employment assistance. If they are not available, these private costs are higher and the households are still excluded even if they receive a transfer.

It is important that persons with disabilities and/or their representative organisations be involved in Program design, implementation and evaluation. Their participation would facilitate the consideration of eligibility criteria and assessment procedures in terms of what is actually happening instead of purely administrative and/or medical.

Limitations

This study is not a statistical study that is completed at the household level, which is the major limitation. The study thus maps structural risks and Program-design gaps, but leaves the number of and proportion of disabled households left unmeasured, ineligible or unable to access benefits unestimated.

A second restriction is related to measuring of disability. Functional-difficulty questions offer more foundation for population analysis than one question that asks for self-identification, but they do not cover all impairments, environmental barriers and individual support needs.

Thirdly, the similarities and differences with the United Kingdom must also be taken into account: the UK's financial resources are far greater than those of many other nations, and its administrative system, public services and welfare-state development are also quite different. The comparison should thus be viewed as a discussion of design principles, not a Program-performance comparison.

Lastly, documentary sources can be more explicit about formal Program rules than they are about those that are actually being followed. Administrative practice may vary by area, registration centre and on a case-by-case basis.

Future research

More studies should be conducted on nationally representative household microdata with good quality indicators of disability, welfare, and cash transfer. This should include survey weights and socioeconomic controls, and be done by comparing Program coverage and poverty among households with and without persons with disabilities.

There should also be a national study to estimate the extra disability costs in Pakistan. Direct expenditure, lost income, lost caregiving opportunities, unmet need, disability severity and rural-urban disparities should be explored in this study.

Future research that follows disabled households over time would be useful in determining if cash transfers have a positive impact on the welfare of the disabled household in the long run. The qualitative interviews with the persons with disability, caregivers, Program officials and persons who had not been able to register would provide further understanding of barriers to registration and benefit levels.

Future Program evaluations should thus measure not just whether the disabled household receives assistance, but whether the social protection can help the disabled household to achieve living standards that are comparable to those of the non-disabled household.

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