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Gallup Pakistan Analysis of Punjab Health and Population Survey (PHPS) 2024–25

Social Protection, Coverage and Hardship

PRESS RELEASE

Gallup Pakistan Analysis of Punjab Health and Population Survey (PHPS) 2024–25

One in Four Punjab Households Took a Loan in the Last Two Years — In Khanewal, More Than Half of All Households Faced a Disaster or Hardship

Islamabad, July 24th, 2026

Nearly a third of Punjab's households experienced some form of disaster or hardship in the past 24 months, and one in four took out a loan to cope — yet the social protection infrastructure meant to absorb these shocks reaches only a fraction of the population. Data from the Punjab Health and Population Survey (PHPS) 2024–25 Baseline Survey Report, covering 24,540 households across 36 districts, shows that while 30.3% of households reported facing disasters or hardship, health insurance coverage through any mechanism — employer plans, private purchase, or government schemes — reaches fewer than 10% of households in total. BISP, the federal government's flagship cash transfer program, covers 17.4% of households provincially, with rural areas at twice the coverage rate of urban. The result is a province where economic shocks are common, borrowing is the dominant coping mechanism, and formal safety nets remain narrowly distributed.

What is the Big Data Analysis Series by Gallup?

Gallup Pakistan's Big Data series was initiated by Bilal I. Gilani, Executive Director of Gallup Pakistan. As he explains: *"Pakistan does not suffer from a lack of data, but from limited accessibility and weak translation of numbers into understanding. Gallup Pakistan bridges this gap by analyzing large, often under-used datasets — from PSLM and Labour Force Surveys to Economic Surveys and National Census data — so these statistics can meaningfully inform policy and public discourse."*

What data points this current edition covers:

This analysis is based on Table 2.5: Percentage of Households Experiencing Disasters/Hardship and Requiring a Loan During the Last 24 Months, Figure 2.3: Percentage of Households Experiencing Disasters/Hardship in the Last 24 Months by District, and Table 2.6: Percentage of Households with Members Receiving Social Protection Support — all drawn from Chapter 2 of the Punjab Health and Population Survey (PHPS) 2024–25 Baseline Survey Report. The data covers 24,540 households across 36 districts of Punjab, surveyed between November 2024 and February 2025, and is disaggregated by rural and urban residence.

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One in Four Punjab Households Took a Loan in the Last Two Years — In Khanewal, More Than Half of All Households Faced a Disaster or Hardship

30.3% of Punjab households reported facing some form of disaster or hardship in the last 24 months — rising to 34.0% in rural areas and 25.1% in urban areas.

30.3%
OF HOUSEHOLDS REPORTED DISASTER OR HARDSHIP IN THE LAST 24 MONTHS

34.0%	25.1%
RURAL AREAS	**URBAN AREAS**
HIGHER HARDSHIP PREVALENCE	LOWER HARDSHIP PREVALENCE

Economic shocks were the most commonly reported hardship, affecting 20.4% of households overall

20.4%
OF HOUSEHOLDS AFFECTED BY ECONOMIC SHOCKS

ECONOMIC SHOCKS BREAKDOWN

22.3%	17.7%
RURAL AREAS	**URBAN** AREAS

COMPARATIVE PREVALENCE

- 8.6% HEALTH ISSUES
- 3.2% FLOODS
- 2.9% AGRICULTURAL SHOCKS

The single most common reason for borrowing was maintaining stable spending. Purchasing food was the second most common reason for borrowing in rural areas.

15.9%
PURCHASING FOOD WAS THE SECOND MOST COMMON REASON FOR BORROWING IN RURAL AREAS

RURAL AREAS (SECOND MOST COMMON)	URBAN AREAS (SECOND MOST COMMON)
15.9%	19.2%
PURCHASING FOOD	STARTING A BUSINESS

BISP covers 17.4% of Punjab households, with rural coverage (22.0%) twice the urban rate (11.0%).

17.4%
OF PUNJAB HOUSEHOLDS COVERED BY BISP, WITH RURAL COVERAGE TWICE THE URBAN RATE

RURAL AREAS	URBAN AREAS
22.0%	11.0%
BISP COVERAGE	BISP COVERAGE

-- THE LARGEST RURAL-URBAN DIVERGENCE OF ANY SOCIAL PROTECTION PROGRAM --

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Punjab Health and Population Survey (PHPS) 2024–25 Baseline Survey Report, Bureau of Statistics Punjab.

Key Findings:

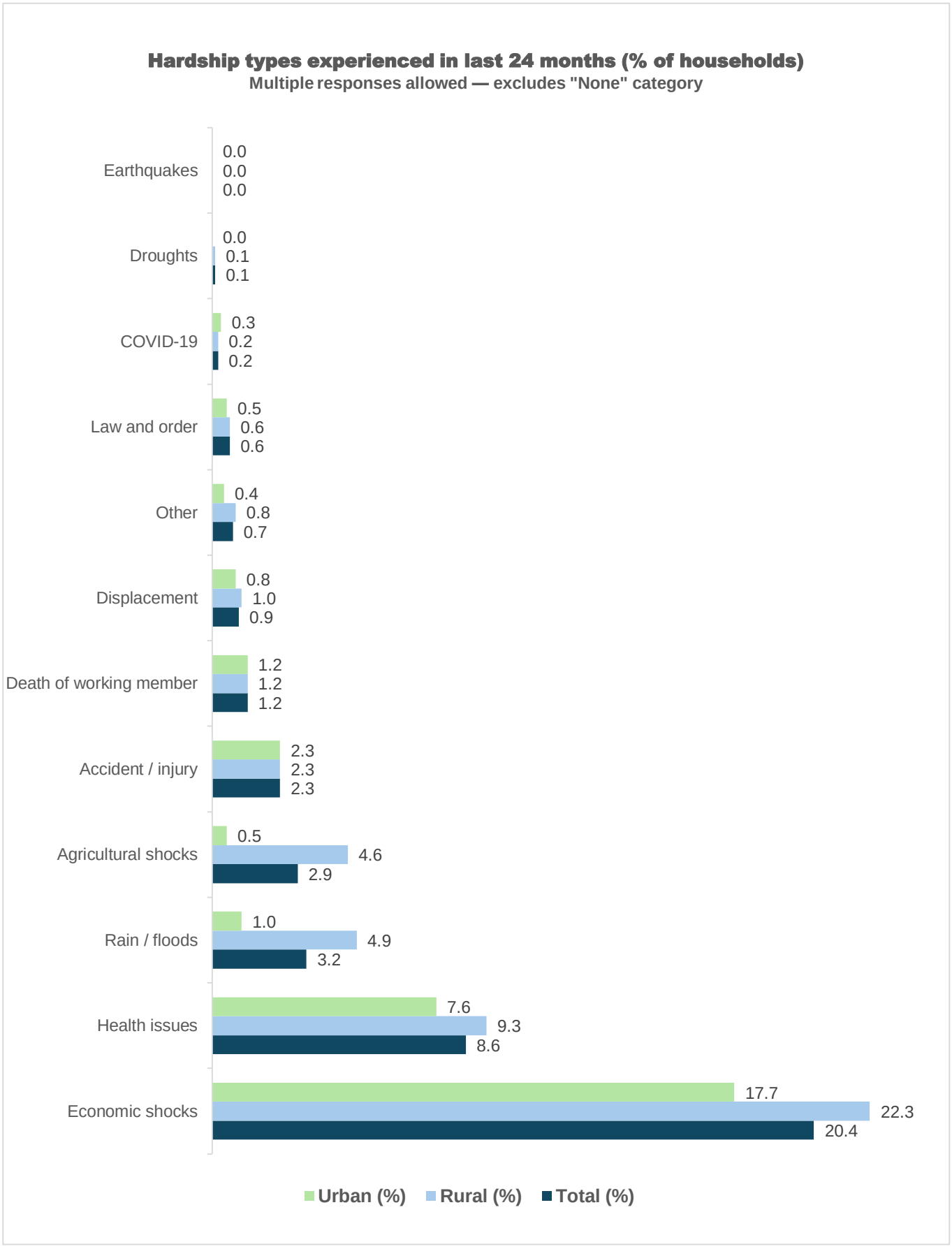
1. 30.3% of Punjab households reported facing some form of disaster or hardship in the last 24 months — rising to 34.0% in rural areas and 25.1% in urban areas.
2. Economic shocks were the most commonly reported hardship, affecting 20.4% of households overall — 22.3% rural and 17.7% urban — making them far more prevalent than health issues (8.6%), floods (3.2%), or agricultural shocks (2.9%).
3. 25.6% of Punjab households took a loan in the last 24 months: 27.9% in rural areas and 22.4% in urban areas — making borrowing the most widespread formal or informal coping mechanism in the province.
4. The single most common reason for borrowing was maintaining stable spending, cited by 28.8% of borrowing households in both rural and urban areas — confirming that loans are primarily used to smooth consumption, not invest.
5. Purchasing food was the second most common reason for borrowing in rural areas (15.9%), while starting a business was the second most common in urban areas (19.2%) — revealing structurally different borrowing motivations by geography.
6. Hardship rates vary enormously by district: Khanewal (56.0%) and Bahawalnagar (49.0%) are the most affected, while Attock (2.4%) and Rawalpindi (4.6%) are the least — a gap of more than 53 percentage points within the same province.
7. All six districts with hardship rates above 40% are in southern Punjab — Khanewal, Bahawalnagar, Lodhran, Rahim Yar Khan, Layyah, and Multan — confirming a concentrated geographic vulnerability belt.
8. BISP covers 17.4% of Punjab households, with rural coverage (22.0%) twice the urban rate (11.0%) — the largest rural-urban divergence of any social protection program in the dataset.
9. The Sehat Sahulat health insurance program reaches only 5.6% of households, with virtually no difference between rural (5.5%) and urban (5.8%) — meaning a geographic targeting gap that mirrors hardship distribution is not being addressed.
10. Employer-sponsored insurance covers 4.1% of households (3.1% rural, 5.6% urban), and privately purchased insurance covers just 2.4% (1.8% rural, 3.1% urban) — leaving the overwhelming majority of Punjab's households without any form of health insurance coverage.

1. **Khanewal (56%) and Attock (2.4%): Two Punjab Districts, a 53-Point Hardship Gap — Economic Shocks, Not Floods, Are the Leading Driver**

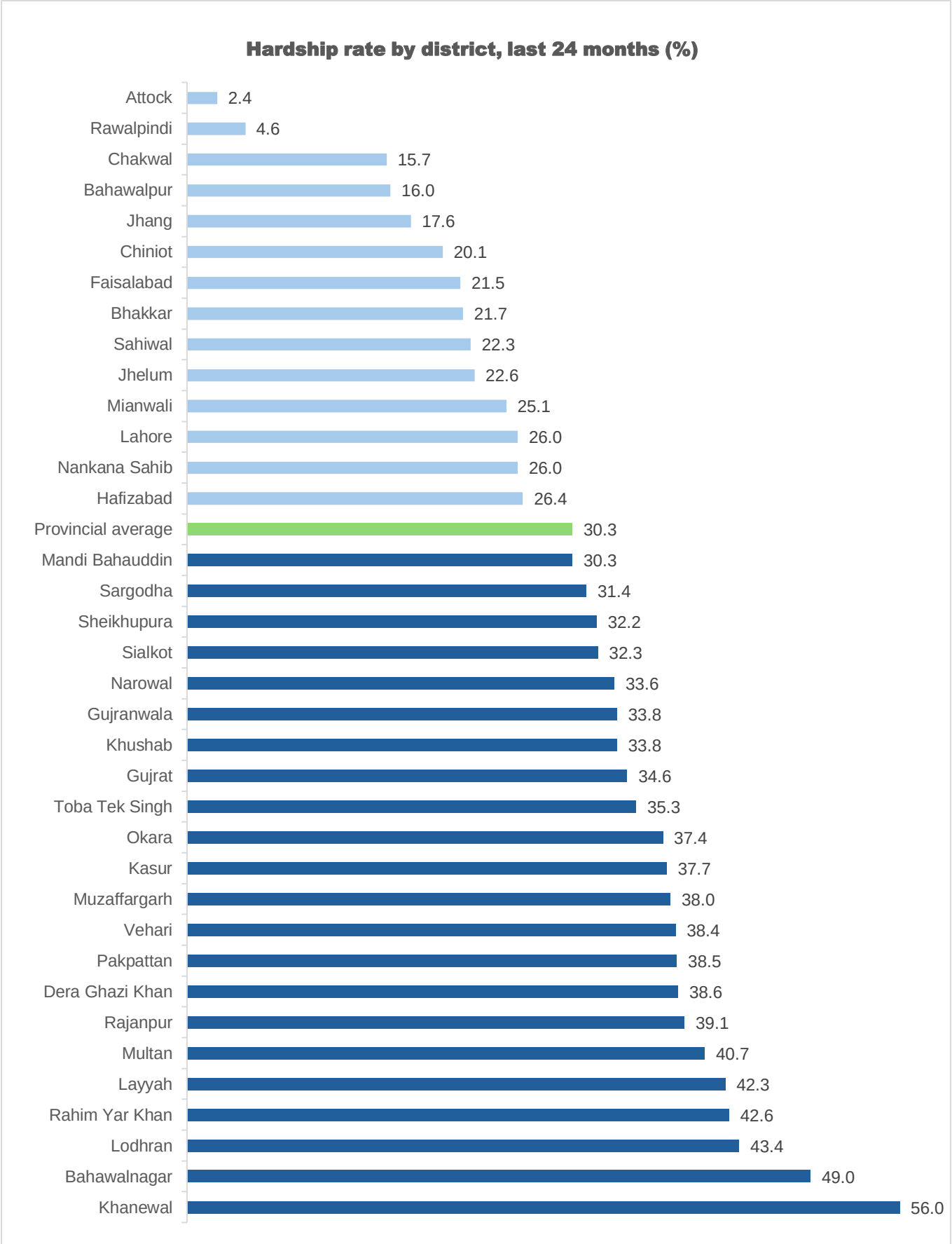
Nearly one in three Punjab households — 30.3% in total, 34.0% in rural areas, and 25.1% in urban areas — reported experiencing some form of disaster or hardship in the past 24 months. The dominant hardship category is not what one might assume from Pakistan's vulnerability discourse around floods and agricultural shocks. Economic shocks are the most commonly reported hardship at 20.4% overall — 22.3% in rural and 17.7% in urban households — accounting for the majority of all reported hardship. Health issues were the second most reported at 8.6% (9.3% rural, 7.6% urban), followed by rain and floods at 3.2% and agricultural shocks at 2.9%. The combined weight of these latter two — traditionally the focus of disaster response frameworks — is less than half the reported incidence of economic shocks alone.

This composition matters analytically. Economic shocks — income loss, price shocks, unemployment — are chronic and diffuse rather than episodic and geographically concentrated. Unlike a flood or earthquake, they do not generate emergency response or insurance claims. Yet they are the most pervasive source of household distress in Punjab by a wide margin, and they are structurally linked to the informal income dependency documented in this survey's income data: when nearly 40% of rural households depend on daily wages and nearly 85% of all households have no permanent formal employment, any interruption to earnings translates immediately into an economic shock. The data therefore implies that much of the hardship being reported under this category is not exceptional — it is the predictable consequence of an income structure with no buffer.

The district-level data reveals a sharp and geographically concentrated vulnerability gradient. At the extreme high end, Khanewal (56.0%) and Bahawalnagar (49.0%) report that more than 40% — in Khanewal's case more than half — of all households experienced a disaster or hardship in the past two years. Lodhran (43.4%), Rahim Yar Khan (42.6%), Layyah (42.3%), and Multan (40.7%) complete a cluster of six districts where hardship affects more than two in every five households. All six are in southern Punjab. At the opposite end, Attock (2.4%) and Rawalpindi (4.6%) report rates so low they are barely distinguishable from statistical noise — a gap of more than 53 percentage points relative to Khanewal. The north-south divide visible in this data is not simply a gradient: it reflects fundamentally different exposure profiles, with southern Punjab combining higher agricultural risk, lower income diversification, and weaker infrastructure in a way that produces compound vulnerability.



***Source**: Punjab Health and Population Survey (PHPS) 2024–25 Baseline Survey Report, Bureau of Statistics Punjab.*



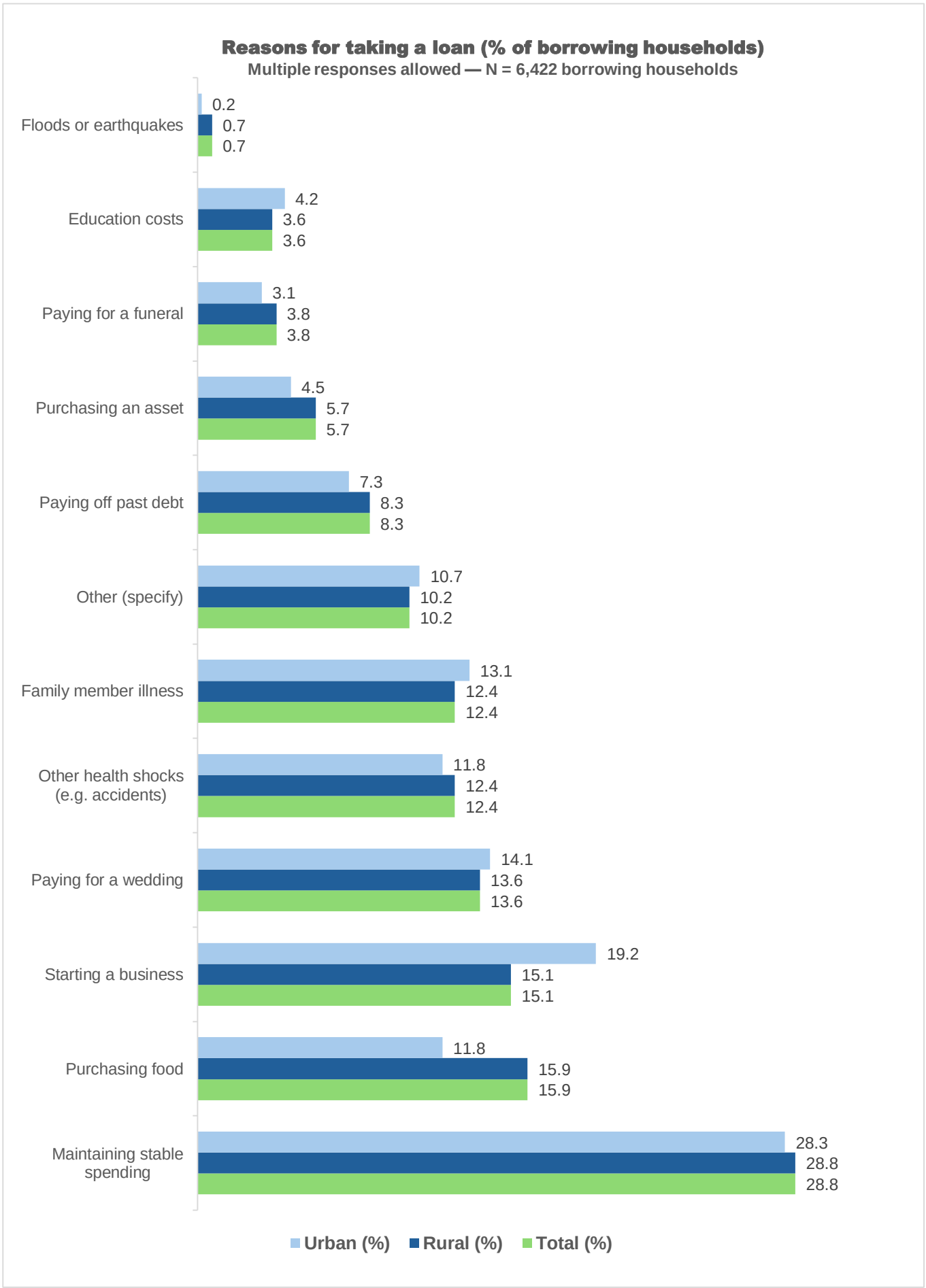
***Source**: Punjab Health and Population Survey (PHPS) 2024–25 Baseline Survey Report, Bureau of Statistics Punjab.*

2. One in Three Borrowing Households Borrowed Just to Maintain Stable Spending — Rural Punjab Borrows for Food, Urban Punjab Borrows to Start a Business

One in four Punjab households — 25.6% overall, 27.9% rural, 22.4% urban — took out a loan in the past 24 months. This is a striking figure on its own, but it becomes more so when read against the hardship data: 30.3% of households experienced hardship and 25.6% took a loan, suggesting a close relationship between shock exposure and borrowing. The directionality is not one-to-one — not every hardship leads to a loan and not every loan is a distress response — but the overlap is structurally significant given the near-absence of formal insurance as an alternative shock absorption mechanism.

The reasons households gave for borrowing reveal that the dominant use of credit in Punjab is consumptive rather than productive. Maintaining stable spending was cited by 28.8% of borrowing households — identical in rural and urban areas — making it the single most common loan purpose. Purchasing food was cited by 15.9% of rural borrowers and 11.8% of urban borrowers. Health shocks were cited by 12.4% across both geographies. Combined, these three consumption-related reasons account for the loan purposes of more than half of all borrowing households. This is credit used to prevent a fall in living standards, not to build assets or generate income — a pattern characteristic of households with no savings buffer and no insurance.

The urban-rural contrast in loan purposes is revealing in what it says about the different economic structures of the two populations. In rural areas, starting a business was cited by 15.1% of borrowers — identical to the total figure — while in urban areas this rises to 19.2%, making it the second most common urban loan purpose after maintaining stable spending. Urban borrowers are somewhat more likely to borrow for productive purposes, which is consistent with urban Punjab's greater economic diversity and access to markets. Rural borrowers, by contrast, are more likely to borrow for food and consumption stabilisation. The implication is that rural credit markets, to the extent they exist, are being used primarily to prevent destitution rather than to generate income — a fundamentally different function than productive investment, and one that carries higher risk of debt accumulation.



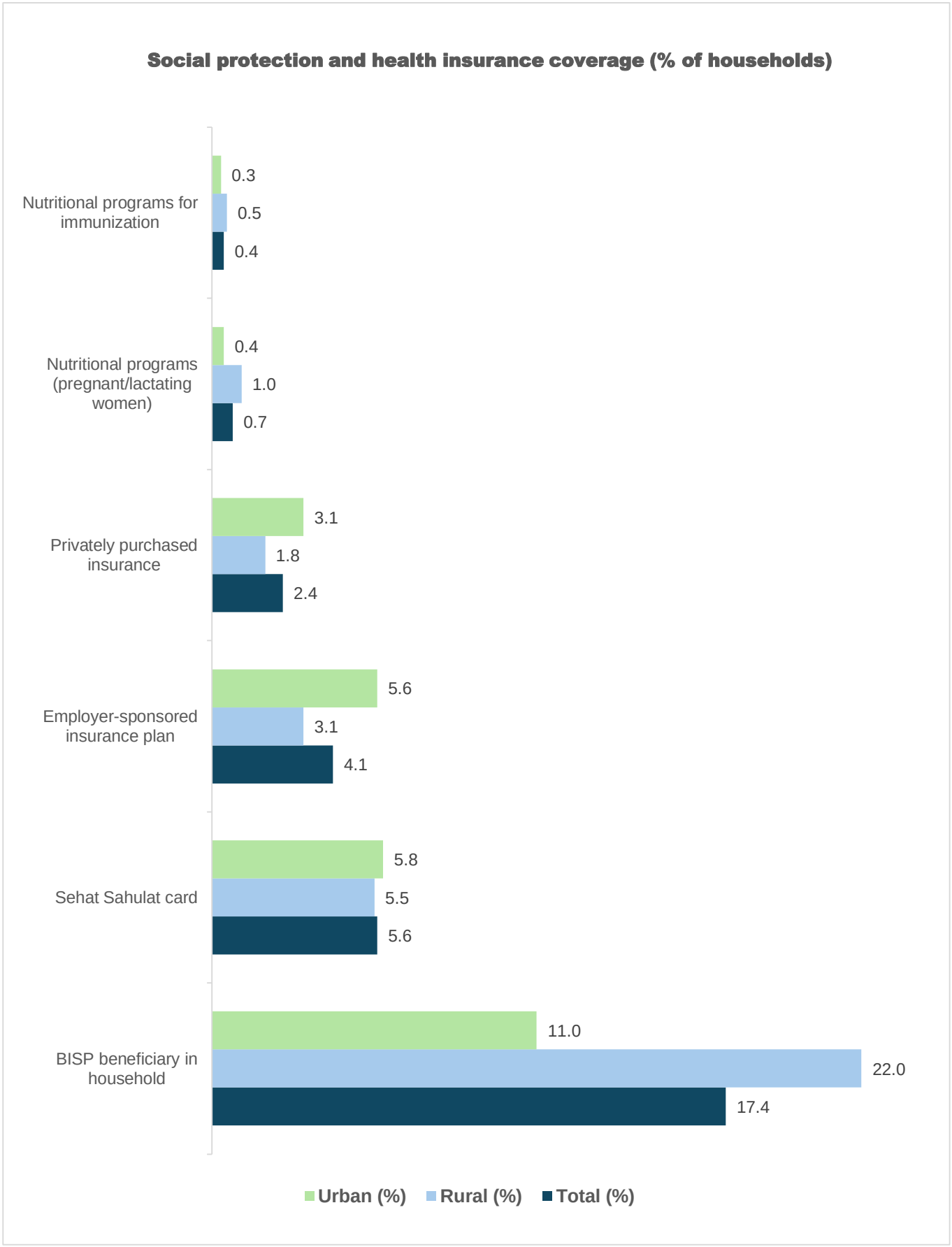
***Source**: Punjab Health and Population Survey (PHPS) 2024–25 Baseline Survey Report, Bureau of Statistics Punjab.*

3. BISP Reaches 22% of Rural Households but Only 11% of Urban Ones — While Sehat Sahulat Covers Just 5.6% Regardless of Where You Live

Against the backdrop of widespread hardship and pervasive informal borrowing, Punjab's social protection coverage figures are stark. BISP — the federal government's unconditional cash transfer program, launched in 2008 and targeted at the poorest households — is the most widely reaching program in the dataset, covering 17.4% of all Punjab households. Its rural coverage at 22.0% is double its urban coverage at 11.0%, which is broadly consistent with its poverty-targeting mandate given that rural poverty in Punjab is higher than urban. This rural premium is the largest rural-urban divergence of any social protection program in the dataset and is the one instance in the social protection data where rural households are meaningfully better covered than urban.

Beyond BISP, coverage drops sharply. The Sehat Sahulat Program — the Punjab government's health insurance card providing free or subsidised healthcare to underprivileged families — reaches only 5.6% of households, with virtually identical rural (5.5%) and urban (5.8%) coverage. The near-perfect geographic uniformity of Sehat Sahulat coverage is analytically significant precisely because it is uniform where the hardship data is not: rural and southern Punjab districts face substantially higher disaster and hardship exposure, yet the program that most directly addresses health-related financial risk reaches them at the same rate as the relatively more protected urban and northern districts. Nutritional programs for pregnant and lactating women reached only 0.7% of households, and immunisation-linked nutritional programs reached 0.4%.

The combined picture of health insurance coverage — across Sehat Sahulat (5.6%), employer plans (4.1%), and private insurance (2.4%) — is that the vast majority of Punjab's households have no health insurance of any kind. Even with overlap between these categories accounted for, the ceiling on total any-insurance coverage is in the low single-digit to low-teen percentage range. This means that for the overwhelming majority of Punjab households, health expenses must be met out of pocket. The survey's finding that health shocks were a primary loan purpose for 12.4% of borrowing households is the direct consequence: in the absence of insurance, illness and medical emergencies translate into debt. For households already dependent on daily wages and without savings, this pathway from health shock to debt to poverty is not a risk — it is the expected outcome.



***Source**: Punjab Health and Population Survey (PHPS) 2024–25 Baseline Survey Report, Bureau of Statistics Punjab.*

4. Where Hardship Is Highest — Khanewal, Bahawalnagar, Lodhran — Formal Protection Remains Weakest

Reading the hardship and social protection data together reveals a structural mismatch that is the central policy finding of this chapter. The districts with the highest hardship exposure — Khanewal, Bahawalnagar, Lodhran, Rahim Yar Khan, Layyah, Multan — are concentrated in southern Punjab. The social protection programs that exist — BISP, Sehat Sahulat, nutritional programs — are either geographically uniform (Sehat Sahulat at 5.5% rural vs. 5.8% urban) or poverty-targeted but still only reaching a minority (BISP at 22.0% rural). There is no data in this chapter suggesting that the southern Punjab districts with the highest hardship rates have correspondingly higher social protection coverage that offsets their exposure.

The informality of borrowing as the primary coping mechanism — combined with the low reach of all formal insurance and social assistance programs — implies that Punjab's households are largely self-insuring against shocks through debt. This is a fragile and regressive mechanism: it works only as long as a household can find a lender, the loan is affordable, and the shock is not recurrent. In southern Punjab districts where more than 40% of households report hardship in a 24-month window, these conditions are precisely the ones most likely to fail. Repeated shocks, repeated borrowing, and debt accumulation create a spiral that formal safety nets are designed to interrupt — but at current coverage levels, they are not interrupting it at scale.

The data in PHPS Chapter 2 therefore frames a specific and quantifiable problem: a province where 30.3% of households experience shocks, 25.6% borrow to cope, and fewer than 6% have health insurance. Closing that protection gap — whether through expanding Sehat Sahulat's reach in high-hardship southern districts, deepening BISP coverage in areas where poverty and shock exposure coincide, or building other insurance products for the informal-economy majority — is the actionable inference that this data supports.

Wish to Contribute to Gallup Big Data Analysis?

Gallup Pakistan is looking for collaboration with researchers to expand the Big Data Analysis project. If you have any ideas, please write to Bilal I Gilani, Project Director, Big Data Analysis at Gallup Pakistan.

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