

Social Safety Nets Programs in Bangladesh: Preparing for Adaption to Demographic Change, Disaster, and Poverty Reduction

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Abstract

From the last two decades, Bangladesh has experienced a rapid decline in birth rate and childhood mortality rate simultaneously. Due to increase in literacy rate, per capita income, more awareness about life, and better nutrition, life expectancy has also increased rapidly in Bangladesh. As a result, the increase in population and life expectancy undeniably has an impact on the demographic profile of the population. As a disaster prone and large populated country with limited resources, a big share of population is still poor and vulnerable. To tackle the situation a large scale social safety net (SSN) programs with grants cash, in-kind or both for targeted people have been implementing by the government and non-government organization. This paper is an attempt to provide an overview of the current SSN program implemented by the government. Considering existing literature and document, this paper identifies three models of SSN transfers: natural shocked-based, extreme poverty-based and age-based transfers model. It concludes that coverage and amount of age-based transfer need to increase at priority basis as the number of elderly increases over the year. It also concludes that for extreme poverty reduction the coverage and amount of benefit as last resort of other two transfer models can be revised.

Keywords: social safety nets, demographic change, vulnerability, elderly, and poverty

1. Introduction

Demographic structure has been changing rapidly not only in developed countries but also in developing countries (Bloom & McKinnon, 2010). Like other developing countries, Bangladesh is passing the second stage of demographic transition where population growth rate is higher than birth rate. Due to increase in per capita income, literature rate, health facilities, and consciousness about life, life expectancy also increases (Jesmin & Ingman, 2011). Thought the per capita income increases to double or more compare to 1990s and 1980s respectively, income inequality still exists in the country (BBS, 2010). For the geographical location, Bangladesh is also a disaster prone country. Every year, lots of people are affected by the natural disaster like flood, cyclone, storm, drought, land erosion, sidre and others (Mirza, 2002). A large share of the rural people are vulnerable especially poor and elderly. As a result, about 31.6 percent people are poor and more than 17.5 percent are hardcore poor (BBS, 2010).

Social Safety Net (SSN) program is widely used as an effective policy tool to tackle the vulnerable and extreme poor people in developed and developing countries. In Sub-Saharan countries, SSN programs are very diverge. In South Africa, age-based transfer was appeared as an internal idea. After that South Africa, Mauritius, Namibia and other African countries introduced this program as non-contributory pension program (Niño-Zarazúa, Barrientos, Hickey, & Hulme, 2012). This policy idea was extended in Europe and other part of the world in 1950s. In 1990s, Zambia, Zimbabwe and other countries started vulnerability and poverty based transfers SSN programs. But in 1980s, the World Bank began to introduce SSN program in Latin American countries when they were suffering from most sever crises like dropping income and growth, increasing inflation and unemployment rate. During the financial crises in Asia, SSN programs started to use national and regional level to tackle the macroeconomic crises. In South Asian countries, assistance came from the family and society after the demographic and natural shocks. For example, private transfers for bottom 20 percent of the people was 13.56, 13.42, and 17.6 percent in 2008 in Pakistan, Sri Lanka, Bangladesh, respectively. Now it became a national, regional as well as international issue. Due to environmental degradation and geographical position, this region is more vulnerable to the natural shocked. From 1990 to 2007 about 682 natural disasters were recorded in this area and about 0.4 million people were killed. In terms of number of incidents, Bangladesh was the worst affected country (Heltberg, 2007).

Bangladesh is the more populated and vulnerable South Asian country. After getting independence in 1971, Bangladesh started its inception with a large number of vulnerable and extreme poor people. Realizing the fact, government introduced SSN program like Vulnerable Group Feeding (VGF) program for extreme poor households. For the first time Bangladesh was affected by a famine in 1974. Gratuitous and Test Relief program were commenced for the effected people. Like other developing countries, demographic structure of Bangladesh started changing rapidly in 1990s. Old age Allowance has come as a policy tool based on protection principle. After that, multiple programs have come out for protection and promotion as a short run as well as long run based on age

criterion.

The main objective of this paper is to provide an overview of the current SSN programs implemented by the government of Bangladesh. Reviewing existing literature and documents, this paper identifies three models of SSN programs in Bangladesh: first model is based on programs dominating for the affected people by natural shocked, second model is based on targeting vulnerable and extreme poor, and, third model is age-based SSN programs dominating for children and elderly. This paper is organized as follows: following section describes the current demographic feature of Bangladesh. Section 3 discusses models of SSN programs in Bangladesh. Section 4 describes the shocked based model. Then section 5 discusses the extreme poverty based model following with the age-based income transfers model. Section 7 discusses the challenges of current SSN programs. The paper ends with conclusion.

2. Current Demographic Feature in Bangladesh

Demographic structure is going to change rapidly over the world, even in Bangladesh (Bloom & McKinnon, 2010). Figure 1 shows that elderly and age group between 14-64 are increasing but age group below 14 is decreasing rapidly. In 1990, age below 14, age group 14-64, and age 65+ people were 44.4, 52.6, and 3.0 percent. In 2012 these rates increased to 33.6, 61.6 and 4.8 percent respectively. It is projected that these rates will increase to 24.4 67.6, and 8.0 percent respectively. Among the total population, ratio of women people is increasing day by day due to decrease in infant mortality and maternal mortality rate (United Nations, 2003). In age group 14-64 years, about 50.7 percent was female and sex ratio was 109.8 percent in 1981. Due to increase in number and life expectancy of this group of people, ratio of female increased to 55.5, 57.9, 59.8, and 62 percent in 1995, 2000, 2005, and 2010, respectively. It is forecasted that it will be 67.7 percent of the total population in 2030 (IDB, 2012).

On the other hand, age group 65+ people, for male and female, were 3.0 percent of the total population in 1982. It increased to 3.3, 3.6, 4.1, and 4.6 percent in 1995, 2000, 2005, and 2010, respectively. But female rate is increasing more rapidly compare to male rate. Male to female ratio was 123.4 percent in 1981 in age group 65+ years of people. It falls to 111.9, 103.5, 98.6, and 95.6 percent in 1990, 1995, 2000, and 2010, respectively. It is projected that this ratio will fall to 88.5 percent in 2030 (IBD, 2012). This means that among the elderly, number of female people is also increasing gradually. Aged between 14-64 people is increasing rapidly. This group of people is treated active and called labor force of the country. However, most of them will employ in informal sector or remain unemployed or underemployed due to shortage of employment opportunity in formal sector. As a result, they have no plan about livelihood in elderly.

3. Models of Social Safety Nets in Bangladesh

Social Safety Net (SSN) program refers to the non-contributory transfer, cash or in-kind, for vulnerable, extreme poor or targeted group of the people. According to Grosh et al. (2010), SSN programs are meant both to assist those falling into economic suffering and to give assistance to the poor. This term is also applied to a set of social programs that are totally focused on less-advantaged and more vulnerable people. SSN programs are designed to serve people with money, education or treatment facilities (Vivian, 1994). Public SSN programs are established and created by government action through different department officials and staff that must turn those policies into accomplishment. In Bangladesh, there were two types of public SSNs programs namely food rationing and post-disaster relief program in one hand. On the other hand, informal SSNs programs at family and community levels were to tackle the demographic and social shocks like charity, inter generational transfers. These were treated as first and larger assistance for the victim that was possible due to family and social bondage. However, the food rations and post disaster relief started after independence in 1971. After the famine of 1974, first change took place in the program and Food For Work (FFW) came out. At the same time Vulnerable Group Feeding (VGF) program started with targeting poor women in 1975. Over time, SSNs have become a mainstream social and development concern in the country. At the end of 1980s, the subsequent turning point was urban and rural rationing as an anti-poverty program. Two new programs were emerged based on food utilizing women's employment: one Rural Infrastructure Maintenance Program, and another Social Forestry. In addition, in the 1990s, two innovative SSNs programs were unlocked. The first one was conditional cash transfer (CCT) focusing on girls' education for a new goal of human development and social empowerment of women. The second one was an extension of allowance program to cover the elderly and destitute women such as widows and deserted women (Barrientos, Niño-Zarazúa, & Maitrot, 2010).

In the 1990s, another big development was the institutionalization of post-disaster food security program which provided long run support instead of short run. After the 1998 flood, Vulnerable Group Feeding (VGF) program came up and became a new basis of SSN programs. Current decade has seen as a multi-dimensional evaluation of the

SSNs programs. Some multi-component programs are Primary Education Stipend Project (PESP), National Nutrition Program (NUP), Rural Employment Opportunities for Public Assets (REOPA), and Employment Guarantee Program for Poorest (EGPP).

Rahman, Choudhury, and Ali (2011) mentioned that there were three dynamic aspect in this method of changes: firstly, political process that means the welfare responsibilities of the poor have come into core point of the government concentration, secondly, an erosion social process of informal SSNs for breaking the joint family system, and thirdly, understanding of development policy makers that SSNs are indispensable to a sustainable poverty eradication policy.

The government is firmly committed to mitigate the miseries of the hard-core poor and the destitute community. Therefore, the government allocates more resources in every year from its non-development budget to implement a number of SSNs programs. The country has taken a variety of SSNs programs such as cash and in kind transfers, and unconditional cash transfers for widows, the disabled, blind, orphans, and the elderly.

SSNs programs can be classified based on age groups such as elderly for protection, young for protection and promotion, and children for human resources development and poverty reduction in long-run. SSNs programs of Bangladesh give special consideration for the vulnerable groups among the poor. These groups include elderly poor people, widowed or deserted women; disable persons, assistance for acid burnt, assistance for lactating mother, and others.

SSN programs in Bangladesh show diverge in structure and scope over the country reflecting variations in demographic characteristics, seasonal, ecological, and social status. To make a specific classification, this paper identifies three models of SSN programs in Bangladesh: first model is based on program dominating for the affected people by natural shocked, second model is based on targeting vulnerable and extreme poor, and, third model is age-based SSN programs dominating for children and elderly. According to models, major programs are presented in Table 1. The oldest model of SSN is shocked-based transfer that is started in early 1970s. Then second model based on extreme vulnerability and poverty is started in 1980s. In late 1990s, age-based transfers model such as old age allowance started like other developing countries.

4. Natural Shocked- based Income Transfer Model

This model refers to the transfer programs, cash or in-kind, for those who are affected by natural shocked such as flood, cyclone, drought, land erosion, and others. As disaster prone country, the country is affected by the natural shocks in different time in a year. As an example, 68 and 11 million people were affected by flood in 1998 and 2007, respectively (Rahman et al., 2011). After the shock, emergency aid and humanitarian response are required. Government has been implementing some SSN programs for shocked affected households in short term and long term basis. In most cases, unconditional benefits are also provided.

The food rations and post disaster relief stated for war affected people after independence in 1971. After the famine of 1974, first change occurred in the program and Food For Work (FFW) came out. After that it becomes an independent and large level program focusing on seasonal poverty. At the same time Vulnerable Group Feeding (VGF) program started with targeting poor women in 1975. The objective of VGF program is to assist those families who are affected by any natural disaster. Assistance is provided in the form of food and basic necessities after the disruption. Under this program, beneficiaries receive 10 kg of food grain per month for subsequent three month of disaster. In 2010-11, about 12.2 million person-month and government spends about \$200 million on this purpose.

Test Relief (TR) is another food transfer program for those who are unskilled poor and unemployed for slack season in the year. They are employed to develop, maintain, and construct rural infrastructure, which requires unskilled laborers. Under this program, employed laborers receive 3.5 kg of food grain per day for maximum thirty days. Total budget allocation for this program was \$120 million in 2010-11.

Gratuitous Relief (GR) program provide livelihood protection with emergency food and other necessities for natural calamities affected people which is short term in nature. Considering the situation, food grain is distributed among the victims with cash in some cases.

Fund for the Welfare of Acid Burnt and Disabled is only for women who are affected by acid violence. Under this project, medical treatment support, training, and assistance for rehabilitation are provided to the targeted women. About 80,000 women are targeted under this project yearly. Climate Victim Rehabilitation Project programs are for climate victim who lost their homestead or last resort. Government makes a house and distribute among them so that they can get a shelter to live.

5. Extreme Poverty-based Income Transfer Model

As the government of Bangladesh is constitutionally committed to eradicate extreme poverty, SSN programs are offered to the vulnerable people of the country to progress their living pattern by eliminating hunger and poverty. SSNs programs are introduced to make a safeguard for vulnerable people against poverty and hunger. Moreover, focusing on extreme poverty and food security, the government has been implementing a number of programs since 1980s. These can be trace as extreme poverty-based income transfer model. This type of model is also found in Sub-Saharan countries like Angola, Ethiopia, Liberia, Rwanda, Somalia (Niño-Zarazúa et al., 2012).

After the famine of 1974, first program was Food For Work (FFW) for vulnerable women. This program provides in-kind transfers to improve the economic and social condition of destitute rural women. But in 1988, a complementary package consisting of health and nutritional education, literacy training, savings are introduced. The main objectives of this program are to create food wage employment and to provide income to the rural poor in the slack season when unemployment rate increases in the rural area. Under this program about 3.13 million people were benefited in 2010 (Barrientos et al., 2010).

To provide facilities for the poorest rural women and their family to overcome food insecurity and their low economic and social condition, Vulnerable Group Development (VGD) program started in 1975. The VGD selection committee selects women for two years cycle from the destitute and very poor who are physically and mentally sound. To be selected for the program, a household should meet at least four of the following criteria: severe food insecurity, no land or less than 0.15 acres of land, very poor housing conditions, extremely low and irregular daily family income or casual labour, and headed by a woman and has no mature male income earner. In 1988, a complementary development package was included consisting health and nutrition, literacy training, saving, and training on income generating activities. In 2011 about 0.75 million rural women were benefited from this program.

Employment Generation Program was introduced in 2008 by the Caretaker Government. The main objective of this program was to provide benefits to the hard core poor people who are unemployed. Under this program, selected person are employed for a 100 day cycle based on BDT100 per day. Then in 2009 ruling government has modified the program with provision for 60 days employment in the winter slack period and 40 days employment in the summer slack period (Barrientos et al., 2010). With this change, the program has been renamed with Employment Guarantee Program for the Poorest. From the beginning, this program is implemented with the help of World Bank. In 2011 the wage rate was increased to BDT 120 and total allocation was about \$125million.

Honorarium for Injured Freedom Fighters is for the injured, disable freedom fighters. Under this program freedom fighters receive cash, treatment facilities, and other services. Every year about 8000 freedom fighters receive this benefit (Rahman et al., 2011). The government set up some orphanage for children who lost their parents and have no guardian to build their future. For this, government allocate budget every year named Grants for Orphan Students in Orphanages. Under this program, orphans get shelter in orphanage and they are provided education and other facilities (Rahman et al., 2011).

Maternity Allowance for the Poor Lactating Mothers is a new addition to the list of SSN programs in Bangladesh. Under this program, three anti-natal care, cost associated with safe delivery, one post natal care within six weeks of delivery, services for obstetric are provided to poor pregnant mothers (Rahman et al., 2011). The benefits are given in three steps such as BDT 500 as transport cost to clinic, BDT 500 for referral district hospital, BDT 500 for gift items, and BDT 2000 as cash. In a year, only 100,000 mothers get this benefit supported by WB, UNFPA, and WHO.

Strengthening Household Ability for Responding to Development Opportunity (SOUHARDO) program is for the poor household living in areas of char, haors (wetland) and coastal areas. The objective of the program is to provide nutrition, food security, capacity building for poor households. This program is implemented with the help of USAID and CARE. Under this program, around 74,000 households receive benefits in 2010. Open Market Sale (OMS) is one of the large subsidies program for extreme poor. Through this program, poor people can buy food grain and other goods at low piece. For this program government allocated budget for OMS in 2010-11 was about \$1387 million (MOF, 2011; Rahman et al., 2011).

6. Age-based Income Transfer Model

Age-based SSN program started as non-contributory pension scheme for elderly in South Africa in the late 1920s. After 1950s, this program extended in Europe and other part of the world for older people who are left without family members or working age. Now old age pension and child allowance become an effective policy response to tackle the elderly and family with children in poverty (Niño-Zarazúa et al., 2012).

In Bangladesh, age-based allowances have been in practice to transfer income to poor households with older people or children since mid 1990s. Old Age Allowance program targets those who are 65+ years old having less than yearly

income of BDT 3000 (below \$50) and have no work regularly or in the formal sector. Under this program, ten elderly people are selected from each Union for the benefit transfer. About 4.8 percent people are elderly of total population (IDB, 2012). According to this estimation, about 7.5 million are elderly people. Only 2.5 million elderly receive Old Age Allowance benefit at BDT 300 per month in 2011(MOF, 2012). As the beneficiary is selected 50 percent from male and 50 percent from female, only 1.25 million elderly female receive old age allowance which is 40 percent of total old female and 16 percent of total elderly.

Another program is Allowances for the Widowed, Deserted and Destitute Women (AWDDW) which started in 1998. The widowed, deserted, and destitute women are more helpless in Bangladesh. In social context, a woman's marital status is important for her survival and safety. Once her husband is died or she is separated from her husband, her economic condition becomes uncertain in most cases. In fact these groups of women have to readjust the entire basis of her life and work. It is estimated that more than 6 million women are widowed in Bangladesh (Iqbal, Khan, Tahsina, & Dialogue, 2008). Among them, around one million women get this benefit in a year (MOF, 2011).

For the poor family with children, there are two programs: Primary Education Stipend Program (PESP) and Female Secondary School Assistance Program (FSSAP). Previously known as Food for Education project has been replaced in 2002 by the cash-based PESP. It is country wide programs covering about 7.8 million students of primary level. This is for male and female children who are from poor family. This program provides a cash transfer to families that keep children in primary education. The households can received benefits Taka 100 for one children and Taka 125 for two or more children as long as the children attend 85 percent of school days, and obtain at least 40 percent marks in the annual examinations(Barrientos et al., 2010).

Another program for female student is FSSAP. The main object of this program is to increase the number of female students in the secondary school, to control under age marriage, and to reduce poverty rate through human development. Every female student get fixed stipend per month and they need not pay any tuition or examination fee. However, every female student must fulfill some condition to get benefit such as meeting attendance in the school regularly, up to the marks in the examination and marriage criteria. About 5 million female students receive benefit from this program every year (Barrientos et al., 2010; MOF, 2012).

7. Challenges of Current SSN programs

Government of Bangladesh has taken large and various in nature SSNs programs. Rahman et al. (2011) mentioned that currently government is implementing 84 programs but nearly 97 percent of budget allocation spends on about 30 programs. The government expends on SSNs program 13.32, 15.22, 14.75 and 13.79 as percentage of its budget in FY 2007-07, 2009-10, 2010-11, 2011-12 and 2.14, 2.52, 2.64, and 2.51 percent of GDP respectively (MOF, 2012). Since expenditure on SSN programs has protection and promotion effect, it is negatively associated with poverty rate (Devereux, 2002; Pradhan et al., 2011; Slater, 2011). Figure 2 shows that poverty rate falls as government spends more on SSN as percent of budget in Bangladesh. Therefore, the government gives out resources more every year from its non-development budget to implement a number of SSNs programs. While continuing with the on-going programs, the government also adopts new programs that would contribute to the welfare of the poor and also the deprived community.

As the government is in the main stream of SSN programs, it has to deal with several challenges. Challenges are balancing on model wise coverage and financing. Demographic projection shows a rapid increase in elderly people. The growth rate of elderly people from 2000 to 2030 will be more than 200 percent (Jesmin & Ingman, 2011). As the traditional joint family support for the elderly is deteriorating rapidly, more support for elderly from the government are required. Though the allowance for elderly started in 1990s, coverage and transfers amount is still inadequate. From every Union, 10 elderly are selected for the old age allowance where male and female is selected equally. It is targeted only for those who are extremely poor and destitute older person.

In the national level there is no data base that can provide the actual number of eligible person for SSN benefit. But it is estimated that only 10 percent of the poor receive benefits (Morshed, 2009). According to BBS (2010), only 24 percent of poor receive at least one SSN program benefit in a year. In some cases, one household receives more than one program benefits at a time (Ahmed, 2005). Amount of benefit per beneficiaries lies between BDT300 (\$4) to BDT350 (\$3.5) per month. With this amount, beneficiary can buy six kg of rice or four kg of wheat. It can be mentioned that monthly benefit covers about 27 to 32 percent of the Food Poverty Line (FPL) and about 70 percent of per capita GDP, yearly (Pradhan et al., 2012).

The existing SSN program covers only a fraction of vulnerable and poor. Undertaking detailed simulations with varying fiscal capacity, Pal et al. (2005) show that about 1, 2, and 2-3 percent of GDP could be sufficient to cover basic pension, child benefit, and health provision, respectively. But in Bangladesh, only around 2.5 percent of GDP

spends on all SSN programs. It is still less than the required amount. About 31.5 and 17.6 percent people is poor and hard core poor, respectively. And about 20 percent people are affected by natural shocks yearly. People staying just above the poverty line are added with poor newly due to inflation. As a result a large part of poor and vulnerable people remain out of shade of SSN programs.

8. Conclusion

In this paper, three models of SSN have been identified in Bangladesh: age-based vulnerability transfers, extreme poverty-based transfers, and shocked-based transfer model. Age-based vulnerability transfers model describes a group of programs that focuses on children and elderly. Extreme poverty-based transfers present a group of programs targeting vulnerable and extreme poor. Shocked-based transfer model refers those programs that are only for affected people by natural shocked. Shocked-based transfer and extreme poverty-based transfer models were in place in 1970s. Age-based transfer model started implementing in 1990s.

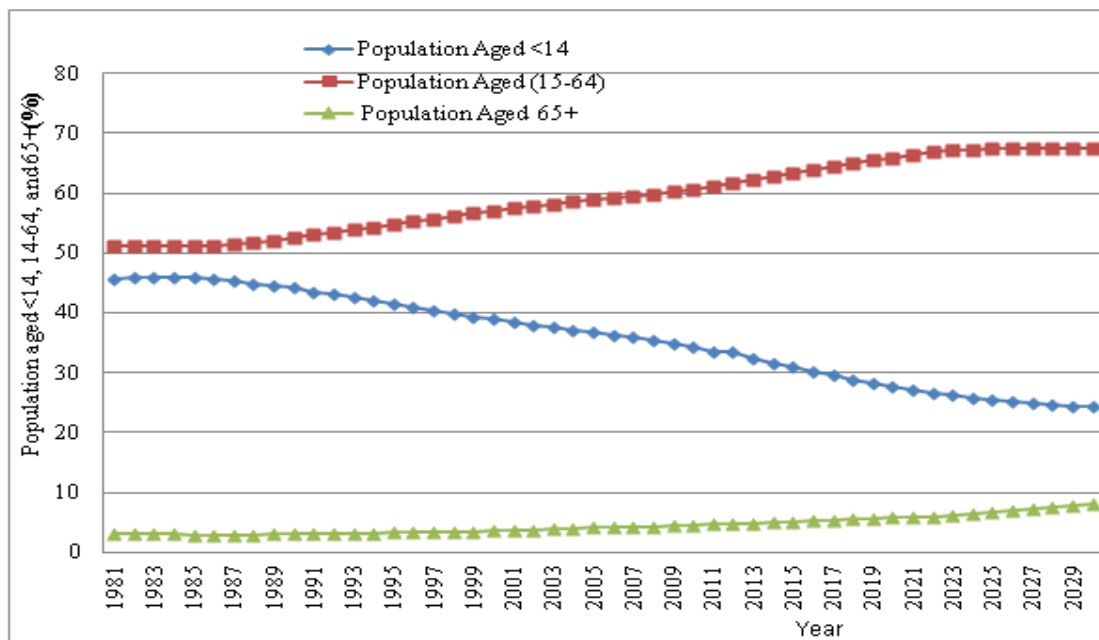
Three areas are identified as key policy area of SSN programs. First, little attention has been paid on aged-based vulnerability especially elderly. So, more attention should be paid on age-based vulnerability to increase the coverage and financial support. It can be mentioned as an example; government of Maldives has started Old Age Basic Pension Plan replacing Old Age Allowance. Under this plan all people who are 65 or more years will receive cash thorough the bank account if he/she apply for the benefit. Second, coverage and amount of benefit for extreme poverty and shocked based transfer is limited and very little respectively. In terms of money, it is below \$4. Third, total allocation for SSN programs is below the required amount.

To stabilize aggregate domestic demand after disaster, SSN transfers can play an important role that brings the sustainable economic development for the country. National priority should be to reduce poverty and to provide resources and services for the targeted people. Providing benefits and services will assist the people who are vulnerable, destitute, homeless, and at risk economically or socially. Since high inequality persists in economy, budget allocation need to increase imposing tax on rich. Through this process, equality can be also achieved.

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Figure

1: Share of Population in Different Age Groups (%)

Source: IDB available at www.census.gov/population/international/data/idb/informationGateway.php

Table1. Models of Social Safety Nets Programs in Bangladesh

Model	Program's name	Target group	Number of beneficiaries	Nature of benefit
Model 1: Shocked-based Transfer	Vulnerable Group Feeding	Disaster affected	7.5 million	Food
	Test Relief	Disaster affected	5 million	Food
	Gratuitous Relief	Disaster affected	6.5 million	Food
	Fund for the Welfare of Acid Burnt and Disabled	Victims by the acid violence	NA	Cash Plus
	Climate Victim Rehabilitation Project (Gucchagram)	Landless Families	10650 landless families by 2012	Homestead plot
Model 2: Extreme Poverty-based Transfers	Food for Work Program	Destitute rural women	3.13 million	Food Plus
	Vulnerable Group Development	Widowed or married with disable husband	0.75 million	Food Plus
	Employment Generation Program	Rural poor unemployed	NA	Income transfers
	Honorarium for Injured Freedom Fighters	Poor Injured Freedom Fighters	8000	Income transfers
	Grants for Orphan Students in Orphanages	Orphan Students	0.006 million	Income transfers Plus
	Maternal Health Voucher Scheme	Poor Rural Mother	0.1 million	Income transfers plus
	SOUHARDO	Poor people of Wetlands and coastal areas	74,000 households	Food Plus
	Open Market Sales	Poor people	NA	Subsidies food
Model 3: Age-based Vulnerability Transfers	Old Age Allowance	60+ poor Elderly	2 million	Income transfers
	Allowance s for Widowed, Deserted and Destitute Women	Widow, Deserted and Destitute women	1 million	Income transfers
	Secondary Education Stipend	Female student in rural area	3 million	Income transfers Plus
	Primary Education stipend	Primary student in rural area	6 million	Income transfers Plus

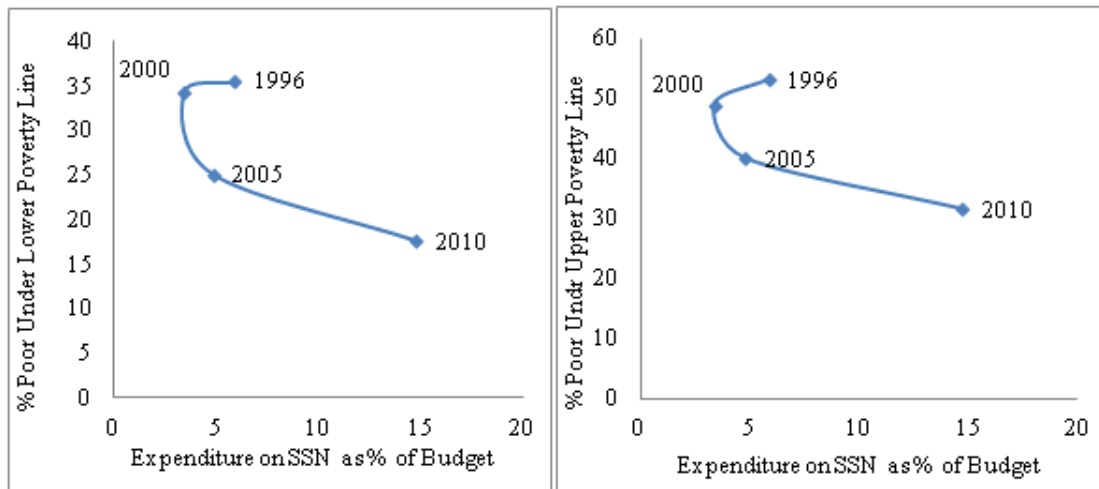


Figure2: Relation between Poverty Rates and Expenditure on SSN as % of Budget

Source: Poverty data is various survey data conducted by BBS in 1995, 2000, 2005 and 2010. Expenditure on SSN is from various issues of Bangladesh Economic Review published by Ministry of Finance.