# SOCIAL PROTECTION FOR ELDERLY AS A DEVELOPMENT STRATEGY: THE CASE OF AGEING POPULATION IN RURAL BANGLADESH

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# EXECUTIVE SUMMARY

Since independence in 1971, the government of Bangladesh has been distributing cash and/or food to the vulnerable and the poor through different social safety net programs. Prominent amongst these programs are the Old Age Allowance (OAA) and the Widow Allowance (WA), started in 1997 and 1998, respectively. This study sought to evaluate these programs and to observe the effectiveness of how these programs contribute to and ensure social security for the elderly in Bangladesh. Previous studies have used quantitative methods to research food security, the success of the programs, and to criticize problems of the social safety net programs. Instead, this study uses qualitative research methods to identify real needs of the poorest among the poor older persons, the influence of the programs and the overall improvements in their livelihoods, gaps in the programs' implementation and on the basis of the opinions of the different stakeholders, an overall observation to make further suggestions for the betterment of the policy design.

Interviews and focus groups discussions were conducted with social safety net program stakeholders and with beneficiaries and non-beneficiaries of the Old Age Allowance and Widow Allowance within Kamarkhand Upazila of Shirajgonj District in northern Bangladesh. Based on these conversations, several administrative, fiscal and informational constraints were identified that impact on the successful implementation of the social safety net programs. The Government budget for the social safety net programs is not sufficient to provide allowances for all eligible citizens. This results in the need to undertake a selection process of beneficiaries for OAA and WA. This selection process is prone to corruption and nepotism due to limited numbers of available allowances and the willingness of recipients and elected officials to engage in bribery. Applicants of benefits are sometimes declared ineligible based on erroneous date of birth information encoded on their National ID cards.

Elderly people who are the recipient of the Old Age Allowance (OAA) and Allowances for Widows and Husband's Deserted Destitute Women (AWHDDW) or commonly known as Widow Allowance reported that the benefits are significant in their lives. The regular income supports their ability to purchase medicine and food and helps them to be seen as valued members of family units. It is important to note that, few portion of the beneficiaries of AWHDDW program are elderly women.

Based on the findings in this study, a number of recommendations are suggested. Ideally, the budget for social safety net programs should be increased to provide total coverage. This would remove the need to conduct selection of beneficiaries and the corruption that comes with this process. Until such a time that total coverage is possible, the selection process should be made as objective and transparent as possible. This would need to be supported by the establishment of trusted and authoritative information sources such as digital, searchable databases. Such information would also support more equitable distribution of allowances across the country.

# DEDICATION

**This thesis is dedicated to my beloved family, husband and daughter**

Their love, cooperation, encouragement and patience helped me to complete the endeavour after being diagnosed with cancer during this study.

# DECLARATION

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any University; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text**.**

Signed:
Date: 05 September 2016

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# LIST OF ACRONYMS

| | |
|---|---|
| ADB | Asian Development Bank |
| ARCHES | Association for Renovation Community Health Education Services |
| ASA | Association for Social Advancement |
| ASEAN | The Association of Southeast Asian Nations |
| AUD | Australian Dollar |
| AWHDDW | Allowances for Widows and Husband's Deserted Destitute Women |
| BAAIGM | Bangladesh Association for the Aged and Institute of Geriatric Medicine |
| BBS | Bangladesh Bureau of Statistics |
| BIDS | Bangladesh Institute of Development Studies |
| BRAC | Bangladesh Rural Advancement Committee |
| CBO | Community Based Organization |
| DFID | Department for International Development |
| DoB | Date of Birth |
| DSS | Department of Social Services |
| DU | University of Dhaka |
| ESCAP | Economic and Social Commission for Asia and the Pacific |
| ECARE | Eliciting Change in At-Risk Elders |
| EGS | Employment Guarantee Scheme |
| FAO | Food and Agriculture Organization of United Nations |
| FFW | Food For Work |
| GDP | Gross Domestic Product |
| GoB | Government of Bangladesh |
| HIES | Household Income and Expenditure Surveys |
| IFPRI | International Food Policy Research Institute |

| | |
|---|---|
| IGAs | Income Generating Activities |
| IAGG | International Association of Gerontology and Geriatrics |
| IFA | International Federation on Ageing |
| OCP | One Child per couple Policy |
| ILO | International Labour Organisation |
| M&E | Monitoring and Evaluation |
| MDGs | Millennium Development Goals |
| MIPAA | Madrid International Plan of Action on Ageing |
| MoF | Ministry of Finance |
| MoSW | Ministry of Social Welfare |
| MP | Member of Parliament |
| NFPCSP | National Food Policy Capacity Strengthening Program |
| NGO | Non-governmental organization |
| NID | National Identity |
| NSSS | National Social Security Strategy |
| OAA | Old Age Allowance (Monthly Allowance of Bangladesh) |
| OAP | Old Age Pension (Grant of South Africa) |
| OECD | Organization for Economic Co-operation and Development |
| PKSF | Palli Karma Shohayok Foundation |
| PPP | Public Private Partnership |
| PPRC | Power and Participation Research Centre |
| RMP | Rural Maintenance Program |
| PRSP | Poverty Reduction Strategy Paper |
| SAGE | World Health Organization Study on Global Ageing and Adult Health |
| SDGs | Sustainable Development Goals |
| SNAP | Supplemental Nutrition Assistance Program |
| SSN | Social Safety Nets |
| SSNPs | Social Safety Net Programs |

| | |
|---|---|
| SSO | Social Services Officer |
| UN | United Nations |
| UNESCAP | United Nations Economic and Social Commission for Asia and the Pacific |
| UNDP | United Nations Development Program |
| UNFPA | The United Nations Population Fund |
| Union | The Smallest Administrative Unit of Bangladesh |
| UNO | Upazila Nirbahi Officer (Chief of the Upazila Administration) |
| UNPD | United Nations Population Division |
| UNRISD | United Nations Research Institute for Social Development |
| VGD | Vulnerable Group Development |
| VGF | Vulnerable Group Feeding |
| VIPAA | Vienna International Plan of Action on Ageing |
| VLICs | Very Low Income Countries |
| WA | Widow Allowance |
| WB | World Bank |
| WFP | World Food Program of the United Nations |
| WHO | World Health Organization of the United Nations |

# GLOSSARY

| | |
|---|---|
| **Taka** | Bangladeshi Taka—unit of currency |
| **Upazila or Sub-District** | The Second Administrative Unit of Bangladesh |

# CHAPTAR I
# BACKGROUND & RESEARCH METHODOLOGY

## 1.1 Introduction

Bangladesh is the 8th most populous country in the world with a population of about 150 million (Pradhan & Afrin 2015) and is undergoing through a rapid demographic transition (Hayes & Jones 2015). Life expectancy is increasing while birth rates are on the decline (BBS 2015). The share of the population above the age of 60 is rapidly growing, from 1.9 million (4.4%) in 1951 to 9.4 million (6.6%) in 2007 (Khan 2009). This number is expected to increase to 14.6 million (approximately 9%) by the year 2025, which means by 2025 one in every ten persons will be elderly in Bangladesh. It is also projected that one in every 5 people would be elderly by 2050 in Bangladesh (Kabir et al. 2013). Successful outcomes of various social development initiatives of the 1970s have stimulated unprecedented demographic ageing in Bangladesh. Improvements in water, sanitation and health have reduced child mortality and extended lives from an average lifespan of 46 years between 1970 and 1975 to 69 years in 2011 (Hayes & Jones 2015). Continuation of this trend into the future will see average life expectancy exceeding 76 years in around 25 years from today (UNFPA cited in BBS 2015). Additionally, success in family planning program has influenced a drastic fall in birth rate. Taken together, longer lives and smaller family sizes are causing an age transition at a pace that is above the average for Bangladesh (Kuhn 2001). Demographic change has substantial socio-economic consequences, including pressure to provide adequate coverage of social protection programs and to protect against increased risks of disability and illness that are part of the natural ageing process. However, demographic changes in Bangladesh have occurred without significant or with little socio-economic development (Hayes & Jone 2015).

The 2010 Household Income and Expenditure Survey (HIES) indicates that around 31.6% of the population in Bangladesh lives under the national poverty line (Pradhan et al. 2013, p. 139). Poor elders are the most vulnerable within this group due to reasons such as rural-urban migration, rapid urbanization, increased life expectancy, declining birth rate, the nuclear family concept, lack of social solidarity in the community, individualism, insufficient health service support and other factors. According to Pradhan et al. (2013), the poor elderly in Bangladesh often have insecure and vulnerable livelihoods. Older people face discrimination in the labour market and are often denied access to credit facilities. They have to continue working or begging for their livelihoods.

In response to meeting these challenges like other developing countries, Bangladesh government has been implementing a number of social safety net (SSN) programs since independence, which are mostly called as social protection programs (Pradhan & Afrin 2015). The concept ‘Social Protection’ emerged as an effective response to poverty and vulnerability. National governments of the developing countries around the world have been adopting a number of policies and programs implementing under their Social Protection Schemes (Barrientos & Hulme 2016). The term is

defined as “public actions taken in response to levels of vulnerability, risks and deprivation which are deemed socially unacceptable within a given polity or society” (Conway, de Haan & Norton 2000). In this line the successive governments of Bangladesh have taken number of SSNs targeting different socially vulnerable and deprived segment of population, such as programs for ultra-poor, food assistance programs, support for elderly and destitute women etc. Among such SSNs Old Age Allowance (OAA) and the Widow Allowance (WA) are two important programs that aimed to reduce vulnerability of elderly and widow and deserted and destitute women. Like most of the initiatives, SSNs have their challenges, problems, positive and negative influences and obviously room for improvement or impact maximization.

This qualitative study is an effort to analyse two safety net programs for the elderly people in Bangladesh: the Old Age Allowance (OAA) and the Widow Allowance (WA). The main focus of this study is to identify problems in the implementation of the programs and the effects of the programs on the lives of the beneficiaries as well as deprivation experienced by the eligible non-beneficiaries and finally to suggest policy recommendations for the better implementation and increase the influences of these two programs for elderly people of Bangladesh. The introductory chapter discusses following issues: the demographic features of the elderly in Bangladesh; objectives and research questions of the study; rationale and research methodology of the study and finally a brief overview of the lay-out the study.

## 1.2 Research Problem Statement

**(Ageing, Old Age Poverty and Vulnerability in Bangladesh)**

Bangladesh is predominantly an agricultural country with most of the population living in rural areas. In 2010, 7.95% of the rural population, and 5.84% of the urban population, were elderly (60 and above) (BBS 2011, p 13, 14). The kinship bond is very strong in Bangladesh and extended families are still the majority in rural areas. Bangladesh has a magnificent history of patrilineal, extended family structure (Kuhn 2001) with traditional support or social protection for vulnerable family members, such as the elderly, widowed, distressed and destitute women, people with disability and children. Elderly people receive respect from all, traditionally they look after their grandchildren and grown up children take care of their parents (Uddin et al. 2010).

However, a recent trend shows that nuclear families are on the increase in Bangladesh due to social, economic and demographic changes, family functions in rural and urban areas are rapidly changing. Rapid urbanization and associated migration to cities for better job opportunities, labour force mobility, and increases in non-farming activities have all weakened the traditional joint family structure (Nesa et al. 2013). The average size of households has gradually decreased, as shown by HIES statistics from 2000, 2005 to 2010 (BBS 2010, p 10). The same study (p xix, 9, 10) suggests this decrease in household size has been due to decreases in birth rate and the breakdown of the large family unit. According to the Sample Vital Statistics 2015, the average size of the household has reduced from 4.8 persons in 2003 to 4.4 persons in 2015 (BBS 2016, p 23).

Traditionally, family, kin, community, neighbours and religious guides and organizations remain the main sources of care, service provision and security to a large number of older people in Bangladesh. For example, Muslims maintain their elderly members within the family environment as a part of Islamic obligation. Therefore, the family care system has traditionally been considered the common social support mechanism for the elderly in Bangladesh. However, in recent decades, industrial development, rapid urbanization and migration, activities of females outside the home, an increase in non-farming activities, less community support for older people, lack of infrastructure, insufficient care and social security services and economic reasons are changing the pattern of extended family structures (Kuhn 2001, Nesa et al. 2013). A trend towards a nuclear family structure has broken down the traditional social protections and has resulted in vulnerability, especially for those unable to engage fully in the productive economy (elderly people, children, women and people with disabilities etc.). Moreover, the traditional status and role of seniors has changed nowadays because of the decreasing size of families. Due to the breakdown of the large family unit, elderly parents have to face loneliness and vulnerability and their care is often neglected (Uddin et al. 2010). The breakdown in the traditional family structure has resulted in vulnerability for many families, and old aged people, persons with disability and deserted, widowed

or separated women are the main victims. In many cases, older people have to depend on family support (ILO 2014).

An estimated 43% of older people belong to poor households where they often have the lowest priority in terms of food, money and medical care (Pradhan 2013). Meanwhile, their contribution to the household economy is both direct and indirect, e.g., working in the fields and caring for grandchildren. Limited assets and lack of regular income, however, reduce the ability of older people to cope with crises such as sudden illness or natural disasters. The number of senior citizens as a percentage of the population of Bangladesh has been increasing over the years, as shown in Table 1 below.

**Table 1:** Statistics of elderly people in Bangladesh according to different censuses

| Population by Age | 2011 (%) | 2012 (%) | 2013 (%) | 2014 (%) | 2015 (%) |
|---|---|---|---|---|---|
| 50-59 | 7.7 | 7.8 | 7.3 | 7.9 | 7.8 |
| 60+ | 6.9 | 7.2 | 7.3 | 7.8 | 7.7 |

**Source:** Report on Bangladesh Sample Vital Statistics 2015 (BBS 2016, p xxiii)

HIES 2010 (BBS 2011, p 13) indicates that the percentage of the population aged 50-54 was 3.92%, the 55-59 age group constituted 3.10% of the population and the 60+ age group accounted for 7.39% of the population. Bangladesh will have to face immense hurdles to support its big numbers of elderly people with limited available resources. Policy planning for the social security of an ageing population is an important issue in recent days. There are some basic monthly allowances for the poor, elderly people and a pension system from the government. A report titled 'The Old Age Allowance Programme of Bangladesh: An Evaluation' of Bangladesh Institute of Development Studies (BIDS 2013) states that only 25–30% of the poor and elderly are receiving the allowances and that there is no universal insurance scheme for all citizens or elderly people. Geriatric medical facilities like physiotherapy are absent in Government hospitals. A big numbers of poor, elderly people are not getting support from the health system. Elderly people who suffer from dementia, disabilities and other illnesses are the worst off.

Different social and economic conditions and problems are causing their vulnerability. Lack of income and employment opportunities, food insecurity, isolation, exclusion, loneliness, negligence, absence of treatments for senile diseases and proper health care are very common (Barkat et al. 2013, BIDS 2013, Uddin et al. 2010, p 186). Additionally, lack of social and family support creates issues like loneliness, negligence, psychosocial and cultural complexities etc. that make the elderly people vulnerable. The situation of older women is much worse than older men because of their longer life expectancy and extreme vulnerability due to lack of social and economic supports (ILO

2014, p.19). The Asian Development Bank (ADB) (2012) estimates that one in four women in Bangladesh will be widowed or divorced by the age of 50, and the 2001 census data shows that 91% of older women were widowed or separated, compared with only 9% of older men (HAI, 2009 p. 11). Widowed women are more dependent on family and face worse socio-economic conditions compared to men. Most are heavily dependent on their children, especially older women who are widowed, divorced or abandoned. Many are also affected by the migration of working age children in search of work. A majority (68%) of older women in Bangladesh are widowed, which is much higher than their men counterpart 7% (Miyan 2005). The death of the husband is the start of their descent into almost complete dependency and gradually they lose their rank, prestige and authority along with their livelihood. Usually they begin to live with the families of their married sons and spend their final years completely dependent on the good wishes and sympathy of their sons and daughters-in-law. But they take on more responsibilities in caring for their grandchildren and other household work. Older women also own fewer assets and have less control over family income, and are more willing to endure more chronic disease and disability than their male counterparts. In addition, antagonistic relationships between parents-in-laws and daughters-in-law are a very common feature in this society, which affects care of the older persons, especially for older women.

According to HelpAge International (HAI)[1] (2014), in Bangladesh there is a mistaken assumption that older people are physically inactive, not open to new ideas and unable to participate effectively in economic activities. Furthermore, their capacity for doing creative and socially useful work remains underestimated. When considered and seen as welfare issues, older persons are regarded as a burden on society and passive recipients of care. Lack of public awareness and information about older persons' contributions, circumstances, issues or needs create negative images of ageing. Moreover, widowed, divorced, single or even uprooted older women and men live in severe destitution.

Vulnerabilities associated with older age are becoming more relevant to a larger proportion of the population—something that elevates the issue of ageing to a much higher policy level. Not only is a greater proportion of the population older, and therefore facing greater health risks, reduced earning capacity and social marginalization, but proportionately more people of working age must cope with these vulnerabilities for longer. Catastrophic health events pose a major livelihood risk for younger generations that may impact financially and/or in-kind to the recovery, not to mention the extensive care costs that result. Therefore, policy to address old age risks and vulnerabilities has a multigenerational impact.

[1] HelpAge International, Bangladesh is an International NGO that has been working with and for older people in Bangladesh since 1991.

Bangladesh has not yet achieved goals regarding ageing like securing social and economic protection for all older persons (Miyan 2005). With dramatic changes in climate and demography in recent years, Bangladesh is confronting unprecedented intimidation from disaster and an ageing population. Both occurrences are increasing alarmingly and have become a threat to the country's development. Considering its geography, climate, population, governance, politics and culture, Bangladesh is one of the most disaster-prone, elderly-threatened, and least-developed countries in the world. The cumulative effects of the aforesaid environment affect older persons the most, leading them to distress, vulnerability and helplessness and requiring logical and right-based societal intervention. In order to ensure sustainable development, Bangladesh needs to meet the challenges of both frequent disasters and a rapidly ageing population (Rahman 2002 & Rahman 2010).

The Bangladesh Government has placed the elimination of poverty and inequality at the forefront of its development strategy, especially over the last 10–15 years. Social security is becoming a distinct part of the National Social Welfare Policy (2005) and the National Social Security Strategy (2015) and the time has come to give serious thought to the ever-increasing social security needs of the population (GoB 2015). There are two main safety net programs for older people in Bangladesh: the Old Age Allowance (OAA) and the Widow Allowance (WA), although, not all beneficiaries of the WA are elderly. This present qualitative study examines the perspectives of beneficiaries, non-beneficiaries, and other stakeholders on these programs and the performance of these programs.

## 1.3 Purpose and Objectives of the Study

### 1.3.1 Purpose

The broad purpose of this study was to examine two selected social safety net programs (SSNPs) namely Old Age Allowance (OAA) and the Widow Allowance (WA) for the ageing population of Bangladesh.

### 1.3.2 Objectives

In line with the broad purpose, the specific objectives of this study were as follows:

- To examine the governmental policies and practices relating to the OAA and the WA (elderly beneficiaries) of Bangladesh with a view to assess the impact of these programs on elderly people's lives;
- To identify the limitations, challenges and gaps of the current system of SSNPs for elderly people;
- And to suggest measures to strengthen the existing policies for securing the ageing situation of rural Bangladesh;

## 1.4 Research Questions

Considering the purpose and objectives, the following major question was addressed in this study:

> How have the SSNPs for the elderly been implemented, and what consequences can be identified for the social security in later age?

On the basis of the above mentioned research question the following sub-questions can be raised:

- How do the beneficiaries of the OAA and the WA get selected and how do they receive benefits from the programs? Is there any wrong targeting (inclusion/exclusion errors) in the selection procedure?
- What are the constraints to implementing SSNPs for elders in Bangladesh? What other considerations, besides the poverty and vulnerability of the beneficiaries, influence the selection process/decision making?
- Are the current SSNPs sufficient to fulfil basic needs and to address vulnerability and insecurity of the elderly? If yes, in what ways do the allowances contribute to changing their socio-economic situation?
- What is the difference in situation between beneficiaries and eligible non-beneficiaries of the program?
- What actions/strategies are needed to strengthen administrative and institutional capacities to run the program successfully?

## 1.5 Rationale of the Study

This present qualitative study examined and analysed the implementation of two SSNPs, the OAA and the WA by collecting the opinions of the beneficiaries and non-beneficiaries of the programs, key informants, and different groups of people in a rural area of Bangladesh. Many recent studies (Ahmed et al. 2013, Ahmed 2007, Masud-All-Kamal & Saha 2014) found that occasionally truly deserving poor are excluded from the programs due to causes like wrong selection of beneficiaries, duplication of lists, and regional disparities of budget distribution. The effectiveness of SSNPs in alleviating chronic poverty throughout Bangladesh is being challenged by administrative complexity, high costs, high rates of leakage, mis-targeting/wrong selection, corruption, manipulation of program funds, low accountability, weak governance, and political influence of representatives and elites (Masud-All-Kamal & Saha 2014, p. 208). Ahmed et al. (2013, p. 98) estimates that 45% of households in rural areas participated in at least one SSNP. Among the targeted households, 22% who receive benefits are in the highest income group in rural Bangladesh.

Very few studies have focused on the strengths and weaknesses or the effectiveness of the SSNPs, especially programs for the elderly. Some NGOs who deal with related SSNPs are trying to analyse the SSNPs in their publications (Rahman 2012 & Choudhury 2013). This study seeks to assess qualitatively the selected SSNPs for elders and also attempts to make suggestions for a

sustainable social protection strategy. The selection of the poorest among the poor, the administrative and institutional capacities to successfully run the program and budget availability are important considerations for a successful social safety net system. Successful functioning of SSNPs can ensure the food and income security for the poor (Ahmed et al. 2013, p. 100). Besides this, social security for an ageing population is an important area for future development strategy. For these reasons, this study examines the present implementation guidelines for the OAA and the WA, collects opinions directly from beneficiaries and from those who are eligible but are non-beneficiaries of the programs, and from key informants and other groups of people. This results in the identification of initiatives that could contribute to reducing system leakage and to improving targeting in order to realize greater benefits from the existing SSNPs for the elderly poor and the measures that should be taken to secure healthy ageing in Bangladesh.

A study like this is significant because ageing is an important issue nowadays and Bangladesh will have to face a lot of hurdles through to the year 2025 with a huge number of elderly people. Policy should be made on the basis of the actual realities and situations facing older persons. Wisdom, experience and skills of active elderly people should be utilized within the mainstream work force to strengthen the development strategy. For these reasons, sound mental and physical condition in later age and secured ageing should be ensured. An emphasis has been given for doing ageing research and qualitative research on ageing issues in many policy documents (BIDS 2013, MOSW, 2012, PMSEIC 2011). For instance, governments and civil societies adopted a “bottom-up” participatory approach and appraisal using qualitative methods of data collection to review the Madrid International Plan of Action on Ageing (MIPAA) (UN 2002); marking the first time this approach had been used to evaluate the execution of a global plan of action at the United Nations. Similarly, the collection and analysis of data related to age in order to observe key gaps for monitoring the execution of the Madrid Plan was one of the policy recommendations at the Economic and Social Commission for Asia and the Pacific (ESCAP) meeting (UNFPA & HAI 2012).

In-depth interviews and focus group discussions (FGDs) enable easier identification of the actual performance of the programs at the grassroots level. Beneficiaries identify problems they face, support they are receiving and the impact of the programs on their lives. Non-beneficiaries share their experience regarding the programs, why they are not getting the benefit from the programs, what more could be contributed for their betterment and so on. Findings of this qualitative research will contribute to the analysis of the performance of the two programs; what the poor elderly people themselves say they need; what the differences are between the situations of the beneficiaries and non-beneficiaries of the programs; what changes they feel from family and society by receiving and not receiving the benefits from the programs; and to find out what is needed for making appropriate policy design for a secure old age in Bangladesh.

Key word searches for phrases such as SSNPs, old age allowance, pension, widow allowance, healthy ageing, and master thesis on social pension did not reveal in-depth studies on the ageing

issue facing Bangladesh from Google, Google Scholar, Flinders Library, Eldis and others. Most results were analytical studies or research on the implementation process of SSNPs and looked at the matter of program leakages. No qualitative studies on the ageing issue and the problems identified by the elderly poor have been identified in the context of Bangladesh. Many local and foreign researchers have analysed and evaluated the SSNPs of Bangladesh and compared them with the programs of other countries as a whole (Ahmed et al.2009, Adato et al. 2006, Barrientos 2009, Alam & Barrientos 2010, Barrientos 2011, Smith & Subbarao 2003, Pradhan et al. 2013, Rahman 2012, Rahman 2014, Sumarto et el. 2002, Clunies-Ross & Huq 2014). The Government of Bangladesh has conducted a performance analysis of the OAA program (BIDS 2013). There are also some official evaluation reports and research reports on social safety net issues by UN organisations, development partners like, ILO, WB, UNRISD, AusAID and national and international NGOs, for example BRAC, HelpAge International, IFPRI, PPRC etc. who are dealing with SSNPs.

Due to time constraints, it was not possible to collect data from every corner of Bangladesh. A remote area of the northern part of Bangladesh was selected with the hope that the qualitative findings will provide a good picture of how the programs work in this area. From the literature review and fieldwork data, this study attempts to pinpoint drawbacks and to formulate sustainable know-how to modify the existing policy, to integrate new ideas and to fill research gaps such as how the allowances contribute to social, economic and psychological support. To the best of my knowledge, there has been no qualitative research on SSNPs for the elderly or healthy ageing from a social science perspective conducted in Bangladesh. This study aims to focus on this issue.

## 1.6 Research Methodology

There are different types of constraints to the implementation of SSNPs in Bangladesh, e.g., limited budget and system leakage for implementing the programs. Success of the programs not only depends on the distribution of allowances but also how programs are designed and implemented. These issues are addressed in this thesis. The impact of the SSNPs on the life of elderly people in Bangladesh, consequences of government policies and programs and how constraints can be overcome to secure old age are all explored. In addition, justifications for the safety nets for the elderly, considering both strengths and weaknesses are examined. In-depth interviews and FGDs with beneficiaries, non-beneficiaries and other stakeholders in one locality were used in order to obtain their perspectives on problems and challenges associated with the OAA and the WA, as well as the advantages that they confer. In-depth interviews with key informants like local government officials, policy makers and researchers, help to get an idea of the activities of the government and guide further suggestions on social security for elderly people. By using FGDs, opinions across different levels of people including beneficiaries and non-beneficiaries were collected thereby giving a range of perspectives on issues relevant to the research question.

### 1.6.1 Methods of Data Collection

This qualitative study was exploratory in nature and the data was collected from field observation. According to the nature and requirements of this exploratory research, the primary data was collected through a purposive sampling method. The processes of data collection and analysis were participatory and descriptive.

'Field observation' refers to the recording of activities during fieldwork. Participant's work and life activities, as well as personal observations and different opinions from others in the field, are captured. By building rapport with the participants and other people, observations of old peoples' perspectives were obtained to develop a picture of their lives and their use of allowances. As a student of Anthropology, I have previous experience conducting field research using Participatory Rural Appraisal method (Berg 2009, Brinkmann 2009, Chamber 1997, Tracy 2013). I have focussed on rapport building with participants and other people. I attempted to be tactful during conversations and collected answers via sensitive questions.

The local Upazila Nirbahi Officer (UNO) or local administrative officer, and the Samajsheba Officer or Social Services Officer (SSO) of the Upazila (Sub-District) supplied a list of names and addresses of beneficiaries, non-beneficiaries, the local Member of Parliament (MP), the Chairman of the Upazila Parishad (council) and other people within government organisations (GO), non-government organisations (NGO), and civil society in the field site. The offices of the UNO and SSO keep all types of information for government works and were a valuable source for identifying participants for interviews and FGDs. Upon my arrival, I personally contacted and conducted an interview with the Secretary of the Ministry of Social Welfare (MoSW) in Bangladesh.

### 1.6.2 Field Site

In order to generate in-depth insights and information, one Union (consisting of a number of villages) within a northern region of Bangladesh was selected. Due to time constraints and lack of budget, it was not possible to select more areas or to do the research on a larger scale. This qualitative study assesses the vulnerable conditions of elderly people (both men and women) in villages within the Jamtoil Union of Kamarkhand Upazila in the Shirajganj District.

I have experience working in the Shirajanj District which is in the Rajshahi Division, in the northern part of Bangladesh. Drought is a critical issue for northern regions of Bangladesh, including Rajshahi Division. Compared to other parts of Bangladesh, the poverty level is high in this region. In Sirajganj 22.7 percent people are extremely poor (living below lower poverty line) and 38.7 percent people are poor who are merely living in upper poverty line (BBS, 2011). Riverbank erosion is very common and a big problem for the District. As an in-depth qualitative research deals with micro level study, it was possible to determine multi-dimensional problems and issues from this area.

### 1.6.3 Sample Size and Sampling Techniques

The study was conducted between 29 September and 27 December, 2015 in the aforementioned site. Information about the participants was collected from local administration offices with the help of an Intermediary. The selection process of participants was made on the basis of age, both genders, the vulnerable as well as the comparatively well-off and finally beneficiaries and eligible non-beneficiaries. Participants were selected by following the purposive sampling method. An attempt was made to interview equally from male and female participants, especially in the case of the OAA. Table 2 elaborates tools used for data collection, types and number of participants etc.

**Table 2:** Different Categories of Respondents

| Research Tool | Respondent Type | Population Pool of Kamarkhand Upazila | No. of Respondents approached | Expected/ Required No. |
|---|---|---|---|---|
| In-depth interviews | Beneficiaries receiving benefits from the two programs | Beneficiaries of Old Age Allowance (OAA)-2937<br>Beneficiaries of Widow Allowance (AWHDDW)-1027 | 30<br>30 | 20<br>(10 persons from each program) |
| In-depth interviews | Non-beneficiaries who are eligible but not getting benefit from either program | Non-Beneficiaries of Old Age Allowance (OAA)-652<br>Non-Beneficiaries of widow allowance (AWHDDW)-325 | 10<br>10 | 10<br>(5 persons from each program) |
| Key Informants' Interviews | Policy makers like the Secretary of the MoSW;<br>other officials such as researchers who are working on social protection issues | 1<br>10 | 1<br>1 | 1<br>1 |
| | Intermediary | 5 | 1 | 1 |
| | Local Member of Parliament, Upazila Chairman, UNO, SO, local activists/NGO personal | 7 | 4 | 4 |

| | | | | |
|---|---|---|---|---|
| FGDs | 1. Beneficiaries of OAA<br>2. Non-beneficiaries of OAA<br>3. All official staff of social services officer<br>4. Local teachers from primary and high schools<br>5. NGO personnel, social workers. | 3964<br>977<br>100<br>100<br>---- | 50 | 40<br>(divided into 5 groups with 5-8 people in each FGD) |

**Source:** Data was collected from respective local government offices, Ministry of Social Welfare (MoSW), the intermediary and personal communications.

### 1.6.4 Data Collection

According to Silverman (2013, p. 54), interviews and FGDs have become predominant tools in qualitative research. In-depth interviews, FGDs and key informant interviews were the primary methods used to collect the data. An interview schedule (Annexure 2) and a list of questions relevant to the two targeted social welfare programs were developed to collect the interviewees' socio-economic and health condition. Another interview schedule was followed for key informants' interviews**.** Both structured and semi-structured questionnaire used for the interviews (Annex II). Different sections related to personal profile, socio-economic condition, safety net programs, social respect and behavioural patterns. A checklist was used to ensure key issues of the programs were covered during FGDs. Secondary data were collected from books, journals, government publications and other sources such as Flinders library, online sources, websites, and government publications of Bangladesh. By using secondary resources, it was possible to identify research gaps and actions needing further development.

Intermediaries were sought from among local elites, retired teachers and government officials who have influence in the local area. Such people are able to provide primary information about the study area, identify poor households and the beneficiaries of the OAA and AWHDDW programs. The Intermediary found was a field level female health worker (government staff) in the local area who dealt with the National Immunization Program for Children of the Ministry of Health in Bangladesh. As her job includes distributing medicine to rural areas, she is well known to all the villagers and children as well as understanding many actual problems in the field. She has to interact with different people and the family members of the children being immunised. Thus, she had good knowledge of the problems facing the elderly and the social welfare programs.

Sheard (2011) argued that accessing experiences, thoughts and opinions is best performed using in-depth interviews. A total of 30 people (20 beneficiaries and 10 non-beneficiaries) across the two safety net programs were extensively interviewed to identify the social, political and economic factors that influence their lives. Participants were asked: how they were selected for the social

welfare programs, what benefits they were receiving, the impacts of the programs on their lives, problems they faced in getting the allowance, how the allowances contribute to change in their socio-economic situation, and what further could be contributed to improve the programs.

Ten participants (5 people from each program) who were not beneficiaries of the programs but who were eligible to receive the allowance were also interviewed. These interviewees were identified with the support of the intermediary and from the official records. A waiting list of poor, elderly people who are eligible to receive the benefits is generally maintained in the office of the SSO in the Upazila. The study attempted to identify why they were excluded from the allowances, how they perceived their needs, and their opinions on the present system including what actions could be undertaken to avoid errors regarding inclusion in and exclusion from the programs. The key informants' interviews were conducted with influential people who were directly involved with the decision making process and implementation of the program such as the local Member of Parliament (MP), the Upazila Chairman, the UNO, the SSO, local activists, and NGO personnel. The Secretary of the MoSW, and three other related high ranking officials and researchers working with social protection issues at the central government level were also interviewed in order to get their views on the sustainability aspects of the programs. As key informants**,** their expert views and opinions supported understanding the current situation and identified suggestions and future policy making issues in this area.

A total of five FGDs were conducted across five different groups of five to eight people per group to understand their experiences and expectations. Each FGD was homogenous in the type of participant so that they were able to express their ideas spontaneously and freely. These FGDs included the official staff of the SSO, teachers from primary and high schools, NGO personnel/social workers, beneficiaries of the OAA and non-beneficiaries of the OAA. For example, teachers from primary and high schools deal with local people as part of their jobs and, as government staff, they are also involved in local development activities and national activities like the conduct of elections directed by the local administration. They also reside in the villages as members of the society, they are well known to the people and they are conversant on the lifestyle of the villagers. People involved in local development activities closely related with the targeted population were consulted in order to get their views on the effectiveness of the programs. Brinkmann (2009) explains that the aim of the focus group is not to identify solutions, but to look upon different points of an issue. Key issues were discussed during key informants' interviews and FGDs to learn, among other things, what are the actual needs of women and men and why; how they perceive their well-being; whether, how and why the allowances have made any difference in their livelihoods; whether cash transfers affect the social or community relations between beneficiaries and non-beneficiaries within communities; and, the causes behind those not receiving benefit from the programs.

Fieldwork was conducted after receiving ethics approvals. Three months of fieldwork, from October until December 2015, were conducted with different phases of data collection and analysis. The first phase began with visiting the different communities in the study area and the collection of primary data (preparation of different lists of information, in-depth interviews, FGDs) with the support of the Intermediary. Tasks included: in-depth interview with a number of participants (beneficiaries and non-beneficiaries) of the two SSNPs for older people; key informants' interviews as experts' opinions from the field to the central level; FGDs with different stakeholders in the field; re-visit to the field and review of the data; and composition of the draft data. Thorough interviews and FGDs were conducted at the field level as well as extensive interviews with policy makers and key informants at the ministry level. Continuous observation and monitoring of the field work environment was conducted. Translation and editing was conducted after the completion of the data collection and the data was presented in descriptive and tabular manners.

### 1.6.5 Ethical Considerations

The necessary measures to protect the rights and wellbeing of the participants in this study were undertaken in accordance with guidelines set by the Australian Code for the Responsible Conduct of Research (2007). Anonymity of informants was ensured by protecting and coding their names and identities in all notes and records. Interviews began by providing basic information regarding the research and making clear that participation is voluntary. Rapport was established with the participants and they were asked questions in indirect ways so that they felt free to speak and give spontaneous answers. Participants were able to withdraw at any time. All documents were kept in the researcher's secured personal computer. Consent to conduct this study was obtained from the relevant CEOs of organisations/NGOs/local government authorities and participants.

### 1.6.6 Limitations of the Study

Time limitation is an important constraint with this type of research. If the timeframe for field work is long, more data can be collected and a wide range of geographical areas can be included. Data from different areas would better represent the entire profile of the country. Variation in problems with the safety net programs across different regions could be identified. Budget is also important for this type of research. Research assistants would be needed to carry out this type of research to collect the data in longer timeframes and across a larger area. Activities related to research work like transcript writing, translating, etc., are also needed.

For the present study, it was not possible to cover all areas of Bangladesh. Only one small unit of a local government was selected for the study. The sample size was also small as the time was limited. Interviews could not be conducted with all beneficiaries and non-beneficiaries of the targeted programs. In-depth interviews with beneficiaries and non-beneficiaries of the WA were restricted to those aged over 60 years old although the AWHDDW program covers widows of any age. Participants related to the widow allowance were identified in a purposive way since this

research focuses on the elderly. There are other SSNPs targeting the elderly that could be researched given enough time, such as the “Honorarium for the Freedom Fighters” and Government employee pension benefits etc.

## 1.7 Outline of the Thesis

The thesis is organized in several chapters. Chapter one discusses the background, research problems and issues, objectives, relevant research questions and the importance of ageing studies, justification of the study and finally a description of the research methodology detailing techniques etc. Chapter two elaborates conceptual framework as well as current international states of social safety net programs for elderly people. In chapter three, historical background and current scenarios of social safety net programs in Bangladesh; policies and initiatives of the government concerning elderly people; and review of the literature concerning the issue in Bangladesh were discussed. Chapter four provides a synthesis of the key findings of the research and review of two social safety net programs of Bangladesh government, namely Old Age Allowance (OAA) and Widow Allowance (WA) in Bangladesh. Finally, chapter five provide and policy suggestions and overall conclusion for better implementation of the programs. The following figure depicts how the chapters are interlinked.

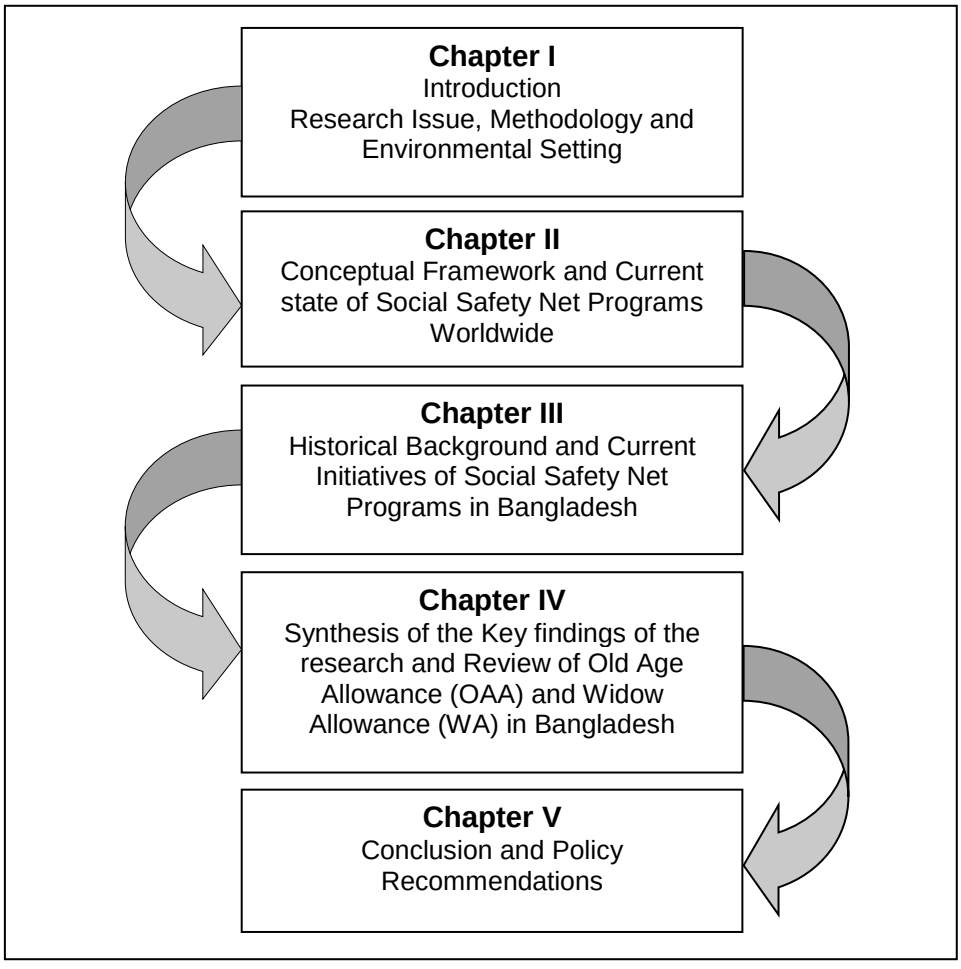


**Figure 1:** Thesis Outline (**Source:** Constructed)

## 1.8 Conclusion

The size of the elderly population in Bangladesh is increasing (BBS 2016), as is the case in other countries of the world. However, there is a lack of strategy, studies, initiatives (MoSW 2012), and policies with regard to elderly people. There is a lack of qualitative study, particularly on safety net programs for older persons, such as the Old Age Allowance and the Widow Allowance in Bangladesh. The main objective of the study is to identify problems in the implementation of these two programs and the contribution these allowances make in the lives of beneficiaries. The deprivation experienced by eligible non-beneficiaries will also help to identify problems with policy implementation.

Data collection was conducted in an Upazila within the northern part of Bangladesh. The sample size of the study was 40 in-depth interviews and five FGDs with different stakeholders including beneficiaries and the eligible but non-beneficiaries. Qualitative research methodologies based on in-depth interviews and FGD techniques contributed to providing deep insights into the problems of the programs and the impact of the programs on the lives of the beneficiaries. The next chapter will discuss the conceptual framework of the social safety net programs and continue the literature review and the studies on SSNPs of other countries.

# CHAPTER II
# CONCEPTUAL FRAMEWORK AND SOCIAL SAFETY NET PROGRAMS FOR AGING POPULATION: INTERNATIONAL SCENARIO

## 2.1 Introduction

Over last few decades, the concept Social Safety Nets (SSN) and Social Protection' have emerged as policy issues in order to address poverty and vulnerability in developing countries (Barrientos 2011). International institutions, particularly, the UN and World Bank etc. played key role in introducing such measures in order to combating poverty and vulnerability of socially disadvantaged people all over the developing world. In this light, there have been a number of policies and actions taken by the international institutions and governments for elderly people. This chapter of the study aims to discuss the conceptual issues of social safety net programs, initiatives and policy measurements related to social protection taken for elderly people worldwide; including analysis of the performance of safety net programs for older people by different scholars.

## 2.2 Social Safety Net Programs and Social Protection

Social safety net or social assistance, programs came into the 'development discourse' during the 1980's in response to the failure of Structural Adjustment Program (SAP) (Giannozzi & Khan 2011). The concept was later popularized in East Asia during the financial crisis of 1990s (Paitoonpong et al. 2008). Vivian (1994) mentioned that in the early 1990s, SSNPs were primarily formulated to serve three objectives: to alleviate poverty, to make adjustment programs more politically acceptable and to facilitate institutional reform. According to the World Bank (2001), safety net refers to non-contributory transfer programs (social assistance) targeted at the poor and the vulnerable. The objective of the SSNPs is to protect the poor from social, economic and natural shocks. In social policy, safety net programs protect the poor from falling into deeper poverty by providing financial support (Grosh 2008, p. 4). According to Grosh (2008**),** a good safety net system should be appropriate, adequate, equitable, cost effective, incentive compatible, sustainable and dynamic. Safety net programs tend to reduce income uncertainty and variability, maintain a minimum standard of living, and distribute income from the rich to the poor (Masud-All-Kamal & Saha 2014, p 198).

The concept of 'social protection' is derived from that of safety nets. Social safety nets (SSN) are identified in the literature as short term buffers/support, while social protections are considered longer term interventions/activities/actions. Holzmann and Jørgensen (2000) consider SSNs to be a subset of social protection where social protections are realized to include labour market intervention, social insurance and SSNs. Social protection, as defined by the United Nations Research Institute for Social Development (UNRISD) (2010), is concerned with preventing, managing, and overcoming situations that adversely affect people's well-being. Therefore, social

protection consists of policies and programs designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risks, and enhancing their capacity to manage economic and social risks, such as unemployment, exclusion, sickness, disability and old age (World Bank 2001). The most common types of social protection are:

- Labour market intervention policies and programs designed to promote employment, the efficient operation of labour markets and the protection of workers.
- Social Insurance that removes risks associated with unemployment, ill health, disability, work-related injury and old age, such as health insurance or unemployment insurance.
- Social assistance when resources, either cash or in-kind, are transferred to vulnerable individuals or households with no other means of adequate support, including single parents, the homeless, or the physically or mentally challenged.

In the western world, the concept of social protection or security follows from the rights based approach, where it is recognized that every citizen is allowed some basic level of utilization and it is the responsibility of the state to supply those basic goods and services. In high-income countries, like the United States, social protection is an institutionalized component of a social agreement between the state and its citizens (Lindert 2004; Alesina & Glaeser 2004). Many developing countries like Mexico, Middle Eastern Countries are adopting social protection strategies within their poverty reduction planning. For example, In the United States, the national food voucher programme, which is now called the Supplemental Nutrition Assistance Program (SNAP) supports about 25 million people. SNAP is the largest voucher programme in the world. Similarly, PROGRESA-Oportunidades in Mexico supported millions of Mexican over the years (Gentilini & Omamo 2009).

The main issue for the emergence of social protection is to eliminate poverty and vulnerability. According to AusAID (2012, p 12), social protection is:

> "Publicly funded initiatives that provide regular and predictable cash or in-kind transfers to individuals, households and communities to reduce poverty and vulnerability and foster resilience and empowerment".

Social assistance, as a component of social protection, addresses poverty most directly (Barrientos 2011, p. 240). According to Coady (2004), effective SSNs are important components of any comprehensive poverty alleviation strategy. According to Food and Agriculture Organization of the United Nations (FAO), a SSN is:

> "Cash or in-kind transfer programs that seek to reduce poverty by redistributing wealth and/or protect households against income shocks. Social safety nets seek to maintain a minimum level of well-being; nutrition or help households manage risks" (Barkat et al. 2013, p. 7).

The World Bank defined SSNs as:

> "Non-contributory transfer programs targeted to the poor and the vulnerable" (WB 2013, page xiii).

The most recent global economic crisis highlighted the importance of good SSNs for reducing poverty and vulnerability (WB 2013). Countries with effective safety net programs used them to respond to the crises, while countries without such programs had to rely on ad-hoc and less-effective responses. The World Bank supports sustainable and affordable safety net programs that protect families from shocks; help ensure that children grow up healthy, well-fed, and stay in school to learn; empower women and girls; and create jobs. Building safety nets is a key component of World Bank's broader 'Social Protection and Labor Strategy' (2012-2022), which aims to help countries move from fragmented programs to social protection systems that seek to expand the coverage, improve resilience, and be more productive through investments in human capital and people's ability to access jobs and opportunity, breaking the cycle of poverty. In contrast, cash or in-kind transfer programs seek to reduce poverty by redistributing wealth and/or protect households against income shocks (World Bank 2012).

SSNPs can be divided into two broad categories: food or cash transfer and job oriented. These programs require four elements of policy design: resource availability, technical efficiency, administrative viability and political commitment. Coady (2004) reviews a number of SSNPs in developing countries. He argues that food based safety net programs (subsidized rationed food[2]) were important in alleviating poverty during the 1960s and 1970s in many developing countries such as Bangladesh, Pakistan, India, Sri Lanka, Egypt and Tunisia. However, increases in food prices in the 1970s and the introduction of structural adjustment programs in the 1980s made this approach ineffective in terms of government expenditure. In addition, 'leakage' to the non-poor and corruption manifested in price-fixing, made food subsidies inefficient.

Coady argues that public works programs began to replace food subsidy programs in the late 1980s and early 1990s in Africa and Asia, including Bangladesh. Road maintenance programs, the Food for Works (FFW) Program in Bangladesh and the Employment Guarantee Scheme (EGS) of Maharashtra State in India are examples of employment and income generating activities for the rural poor. Cash based programs became the most important means of survival for vulnerable people in famine prone countries since the carrying cost is high for food subsidy programs in these circumstances.

[2] Subsidized Rationed Food: low earning people could buy a fixed amount of food at a subsidized price (Caody 2004, p. 13).

Community-based social funds programs followed development projects first started in Bolivia in 1987 and today most countries in Latin America, Africa, Asia and the Middle East have implemented similar programs. Infrastructure development projects of social institutions like schools and health centres are selected by communities for implementation with local resources. Community participation in the decision making process seems to be a good approach for development of the local poor but less effective in reaching the poorest households of the communities (Coady 2004).

Finally, he notes that, due to shortcomings associated with different SSNs, cash transfers to the 'structurally poor' (people in long term poverty) have recently become an important approach in some countries of Latin America, Bangladesh (1997/98) and Turkey. Cash transfer programs can reach the poorest as they are not only poor in terms of level of income and consumption, but also in terms of human capital (i.e., nutrition, health and education) (2004, p. 36).

## 2.3 Social Protection/Safety-Net Programs and Elderly Population

The recent global demographic trend is one of rapid ageing of the world's population and it is an important issue throughout the world today. The United Nations Population Division (UNPD) estimates that the number of older persons (aged 60 years or over) in the world is expected to more than double, from 841 million people in 2013 to more than 2 billion in 2050. Recent data shows that 7.7% of the population of Bangladesh is aged 60 years or over (BBS 2016). The share of the population above the age of 60 is growing at a rapid rate, from 1.9 million (4.4%) in 1951 to 9.4 million (6.6%) in 2007. This number is expected to increase to 14.6 million (approximately 9%) by the year 2025 and 25% by 2050 (AusAid 2012). Those who reach the age of 60 are now expected to live until, or beyond, the age of 75 (BBS 2004). Besides poverty, longevity causes different types of vulnerabilities in later age. Welfare for the elderly is often overlooked in development strategies. Elderly people are often treated as a burden on the family and to society. Social protection measures for them and making use of their contributions (wisdom, experience) to society are also underlined in development policies. Mental support from family and society, treatment facilities for maintaining good health in later age, social protection, active participation or involvement in works and economic strength or independence are the priority needs for an ageing population.

Social protection for elderly people means ensuring rights, dignity and income security in later life. It depends on their access to social services, including health care and long term care. Due to limited access to social services, elderly people and their families often have to face poverty (ILO 2014, p. xiv & p.1). According to Peel, Bartlett & McClure (2004), healthy ageing means quality of life in later age in terms of different aspects such as, physical (access to the treatments related to gerontology) and mental wellness, social security and economic independence. However, there is no unique standard for measuring healthy ageing. This study will not discuss biological aspects of

healthy ageing but rather focus on the effectiveness of two safety net programs for older people in Bangladesh and the difference it makes to their lives.

Older persons face difficulties like fragile health, chronic disease, decreased mobility, sight, hearing, economic insolvency, social isolation, lack of shelter, lack of food and nutrition and so on. They are also often treated as a burden on the family and society. They are more vulnerable to natural calamities and face difficulties to survive. But their wisdom and capacity to work can contribute to the development of society. The situation the elderly finds themselves in has resulted in the initiation of actions both nationally and internationally.

## 2.4 Initiatives Taken for Older Persons – An International Perspective

Over the last 30 years, the United Nations (UN) has emphasized the importance of the global ageing issue. Betterment of individually based welfare and health care programs for older people in developed countries is considered to be the basis for action needed for the welfare of older persons and socio-economic development in developing countries. In order to uplift the present condition of older people, the UN has adopted different actions including: the International Plans of Action on Ageing from Vienna in 1982; the Madrid International Plan of Action on Ageing (MIPAA) in 2002; the Asia-Pacific Intergovernmental Meeting on the Second Review and Appraisal of the MIPAA in 2012; and the UN Millennium Plan Post-2015 (UN 2008, WHO 2015).

The UN declared 1999 to as International Year of Older Persons, with a theme of “a society for All Ages”. As part of the declaration, it outlined four priorities in connection with the wellbeing of old-aged people: development of the life of the person, development of inter-generational relationships, development related to international issues and development of the prevailing situation of the older people. This highlights the importance of raising consciousness, undertaking research and adopting work plans for old aged people (UN 2008, Walker 1999, WHO 2015).

The first World Assembly on Ageing, held in 1982, produced the Vienna Plan (UN 1983). The emphasis of the Vienna Plan was on developed countries where the consequences of an ageing population were already well demonstrated. Subsequently, the UN General Assembly adopted the UN Principles (18 Principles) for Older Persons in 1991 (UN 2008). These Principles urged governments to integrate older persons into their national programs. The Principles, identified as the actions needed for the welfare of older people, are grouped into five areas: independence, participation, care, self-fulfilment and dignity. The Second World Assembly on Ageing, resulting in MIPAA, was organized based upon the Vienna Plan and the UN Principles for Older Persons and population ageing was identified as an emerging issue for developing countries (UN 2002).

Population ageing refers to the social, economic and cultural challenges to individuals, families, societies and the global community (UNFPA and HAI 2012). Population ageing is a significant challenge for the 21st century. MIPAA was developed to cope with this challenge; a work plan in

order to provide security and dignity for older persons. The main directions for adopting MIPAA were to address the challenges of rapid population ageing, to focus on mainstreaming older persons in development, to advance health and well-being into old age, and to assure empowering and supportive environments. There were several issues, objectives and recommendations for each direction. Governments agreed to link the ageing issue with human rights by adopting MIPAA. A total of 239 recommendations were made for action. Its overall objective was to make a "society for all ages" and the broad aim was "to ensure that people everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights" (UNFPA and HAI 2012, p 31). Older women's empowerment and their socio-economic progress were important recommendations in MIPAA. Governments and civil societies adopted a "bottom-up" participatory approach and used qualitative data collection methods for its appraisal and review; this was the first time this approach had been used to evaluate the execution of a global plan of action at the UN. In the MIPAA negotiations, governments supported the policy objectives, but they refused to accept binding commitments. As a result, the agreement has little legal force, even though it sets norms and offers important original policy ideas. Countries such as Bolivia, Tanzania and Bangladesh have made some progresses on this issue, but there is still a long way to go (Susanne & Kugel 2007).

Following MIPAA, the UN Economic and Social Commission for Asia and the Pacific (ESCAP)[3] organized a meeting called 'the Asia-Pacific Intergovernmental Meeting on the Second Review and Appraisal of the Madrid International Plan of Action on Ageing', which was held in Thailand from 10 to 12 September, 2012. The ESCAP Meeting brought together senior officials from 30 countries from Asia and the Pacific. A decade after the adoption of MIPAA, the meeting served as a key regional platform for reviewing achievements in its implementation and remaining challenges. The objectives of the meeting were to review the progress made in the Asia-Pacific region in the implementation of MIPAA; to consider key priorities under each priority direction in MIPAA for the next implementation cycle from 2013 to 2017 in the Asia-Pacific region; and to identify key areas for regional cooperation to further strengthen the implementation of MIPAA (UN 2012).

UNFPA & HAI (2012, p 123) say that the number of older persons in Asia and the Pacific will almost triple by 2050 with one in four persons in the region being 60 years of age or older. Women aged 60 or older will represent the majority (53.5%) of the population in this region. Older persons are at greater risk of poverty and marginalization because family size and structure is changing due to migration, less community support for older persons, lack of infrastructure and inadequate

[3] UNESCAP is the regional development arm of the United Nations and serves as the main economic and social development center for the United Nations in Asia and the Pacific. Its mandate is to foster cooperation among its 53 members and 9 associate members. ESCAP provides the strategic regional link between global and country-level programs and issues. It supports Governments of the ESCAP region in consolidating regional positions and advocates regional approaches to meeting unique Asian and Pacific socioeconomic challenges in a globalizing the world. The ESCAP secretariat is located in Bangkok.

care services and social security systems. These causes are weakening informal social support systems. The Bangkok Statement, the output from the UNESCAP Meeting, calls for the preparation and adaptation of policies on ageing in the Asia-Pacific region. Key recommendations include strengthening social protection systems and adapting health-care systems in response to the needs for geriatric care of older persons. The meeting also highlighted positive contributions made by older persons to their families, communities and society. Violence and abuse against older persons is considered to be an under-reported issue that has received little attention by the participating States. Incidences of abuse and neglect against elderly people are increasing in many countries (UN 2012). Through evaluation of an Elder Abuse Intervention Program within the USA, named Eliciting Change in At-Risk Elders (ECARE), Mariam et al. (2015, p. 20) opined that elderly abuse and neglect are significantly increasing in the USA. They reported that 13.5% of over 60 year olds complained of abuse against them. Social media (Facebook, News 24 2014) is enabling the dissemination of news about violence against older persons in Asian countries like India, Bangladesh, and Pakistan.

The main policy recommendations in the UNESCAP meeting were to initiate a universal social protection system, to support elderly people in participating in the development process, to organize their community associations in order to identify their welfare needs, to create age friendly environments, to develop housing, public facilities and infrastructure, to give attention to the elderly affected by HIV and AIDS, to ensure support for them during disasters and emergencies, to give attention to gender discrimination in ageing, to strengthen private and public partnerships and to collect and analyse data related to age in order to observe key gaps in monitoring the execution of MIPAA (UN 2012).

Many member countries have achieved progress on social protection systems and care for older people as discussed in the report of the UNFPA & HAI (2012). For example, in Thailand, a basic universal social pension of 300 Thai Bhat (THB) for persons over 60 years of age was started in 2009. This pension was increased to THB 500 (USD 16) in 2011. An Elderly Fund was also formed to provide economic support to elderly groups and the activities organized by them.

The Government of China started a new pension system for its rural population in 2009 and urban dwellers in 2011. Policy initiatives like promotion of home-based and community-based care services were adapted to uplift the care support of older persons in China. The establishment of comprehensive care and social service systems for older persons is considered a national priority in the 12th Five-Year Plan (2011–2015) of China (UNFPA & HAI 2012).

The Government of Australia formulated its first National Male Health Policy (2010) in order to improve the health care system for all older males. Men retired from the workforce are considered to be able to contribute to the younger generation through friendship, skill-sharing, mentoring and father and grandfather roles. “Men’s Sheds” (community meeting places for men) were advanced

through the Australian Government Shed Development Program in order to address social isolation of older men. Manual skills training, presentations on male health issues, information sharing on employment, well-being and community activities are the main activities of the Shed Program and many elderly Australian men participate in the activities (UNFPA & HAI 2012).

In 2012, 185 member States (later endorsed by the G20 and the UN) adopted the 'Social Protection Floors Recommendation' (No.202), which was a great achievement for ensuring a social protection strategy for older persons (ILO 2014, p. 1). The Recommendation included access to basic health care and income security to ensure a secure life for elderly men and women.

The 193 member States of the UN met at the World Summit on Sustainable Development held in New York, USA from 25–27 September, 2015 in order to agree on new global goals and to adopt the Plan Post-2015 for the sustainable development of humanity and of the planet. The poor and the vulnerable, like people with disabilities, children, women, and older people, have received little attention in development activities in spite of the successes and achievements of the Millennium Development Goals (MDGs). Commitments for the lives of older people were absent from the MDGs and the targets.

The UN Millennium Plan Post-2015 Development Agenda replaced the MDGs and is considered to be the framework to guide global development efforts for the next 15 years, also known as Agenda 2030. The needs of older people will be included in the new agenda and reflected in the 17 Sustainable Development Goals (SDGs). Goal 3 is a declaration to ensure healthy lives and promote well-being for all ages. Goal 5 is related to the achievement of gender equality and empowerment of all women and girls. However, there is no goal, similar to Goal 5, on achieving sustainable healthy ageing issues in the Plan Post-2015. The Agenda should include a separate goal that seeks to include elderly people in mainstream development programs, to involve older persons in income generating activities (IGAs), to share their experiences and wisdom for the development of the youth, to regenerate their work activities, to ensure their participation in community development activities, to secure their healthy ageing, to make sustainable social protection policies for them and so on.

The 69th World Health Assembly confirmed a strategy for 2016–2020 that was decided at the World Health Assembly of 2014. The strategy provides a framework to achieve the vision that all people can live long and healthy lives by 2020; and establishes evidence and partnerships necessary to support a Decade of Healthy Ageing from 2020 to 2030. Specifically, the strategy emphasises five strategic objectives: every country will make a commitment to take action on healthy ageing; develop age-friendly environments; align health systems to the needs of older populations; develop sustainable and equitable systems for providing long-term care (home, communities, institutions); and improve measurement, monitoring and research on healthy ageing (WHO 2015b).

Besides the UN, the World Health Organisation (WHO) and leading NGOs such as the International Federation on Ageing (IFA), HelpAge International and International Association of Gerontology and Geriatrics (IAGG) are working for ageing populations.

HelpAge International (HAI) [4] declared a strategy 2020 with a number of objectives to ensure a dignified old age: ensure the rights of older women and men, income through sustainable and resilient livelihoods, decent and appropriate work, adequate social protection, the best possible health and care, freedom from all forms of discrimination, violence and abuse.

Activists in 40 countries are taking part in Age Demands Action for Rights campaign of HelpAge International to call for a UN convention on the rights of older people on World Elder Abuse Awareness Day, celebrated last on 15 June, 2014. To mark this day, HelpAge International reveals research that highlights violence against older people as a global issue. A review of 18 research surveys covering 15 countries over the last seven years showed that 11–83% of older people reported being subjected to a variety of types of abuse and violence (HAI 2014).

Elderly people are included in the Association of South East Asian Nations (ASEAN)[5] Strategic Framework for Social Welfare and Development (2011–2015) as one of its four priorities (ASEAN 2012, Chia 2013). Five thematic areas identified in the framework at the sub-regional level are: social pensions, promoting active and healthy ageing and community care, a self-care approach to health, older people's associations, and strengthening policy and programming.

## 2.5 Policy for Elderly People: International Trends

Social safety net policies and programs, especially for older persons, of some developing and developed countries are discussed in this section in order to understand policy making contexts. The comparison of the policies will help to understand and gain insights from those experiences.

China is facing many difficulties with its massive number of older persons. Of the total population of China, 12% was aged 60 and over in 2008 (Zhuqing 2012). According to a Chinese Government White Paper (IFSC, 2004), 20% of the population will be over 60 by 2025 and 30% by 2050. China is projected to have only 14% of the world's population but will have 21% of the world's elderly by 2050 (Poston & Duan 2000). The government of China has already taken security measures to

[4] HelpAge International was established in 1983 with a vision of 'a world in which all older people can lead dignified, healthy and secure lives'. It is a rights-based international NGO that helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives. It works in 75 countries with more than 103 affiliates and 180 other partners across the globe. In South Asia it is working in Bangladesh, Pakistan, Nepal, Sri Lanka, India, and Afghanistan (Source: Website of HelpAge International).

[5] Association of Southeast Asian Nations (ASEAN) was formed on 8 August 1967. Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam are the Member States of the Association. The ASEAN Secretariat is situated in Jakarta, Indonesia (Source: Website of ASEAN).

ensure social protection for older persons. In urban areas, they have taken actions such as: expanding the coverage of old age insurance, increasing the pension funds for government agencies and public institutions through pilot projects, raising insurance schemes by joint premium payments (annuity) from enterprises and employees (IFSC 2004). Other actions include encouraging provincial governments to give emphasis to raising their input into social security, establish a national social security fund in 2000, and implementing labour security projects for a floating labour force known as the 'golden social security project', in 2003. In rural areas, China started an old age insurance system in the 1990s. The concept was that the premiums must be paid by individuals but the government provides subsidies under government policies. In 2004, the central and local governments jointly started a reward for households who follow the one child family planning policy. Each person of the couple receives 600 yuan (AUD 120) per year until death. The government of China also started a rural cooperative medical service system in 2002 (IFSC 2004). Following Confucianism, family bonds and intergenerational co-residence is traditional in China (Chen & Silverstein 2000). It is common that grandparents look after their grandchildren. However, with its one child policy, China is facing problems. China established the One Child per couple Policy (OCP) in 1979. Causes like rapid economic growth, urbanisation, accelerated social mobility, decreasing fertility rate, and increasing life expectancy have created vulnerability for older persons and they are becoming increasingly neglected. Traditionally the oldest son and his spouse were responsible for the care of parents in China. Older persons who have no sons face problems under OCP (Zhang & Goza 2006). Family structure is changing from extended to nuclear (Zeng 1991 cited in Zhang & Goza2006). In August 1996, the government of China passed the Protection of the Rights and Interests of the Elderly law (Russo 2013). The law requires *"family members who live separately from the elderly to visit them often"* otherwise they have to face a fine or jail. There were huge protests and criticism against this law (Russo 2013).

India enacted a law in 2008 known as 'the Unorganized Workers' Social Security Act'. Under this law, the central government of India shall formulate and implement social protections or welfare schemes like old age protection. Additionally, the State governments shall formulate and implement suitable welfare schemes like old age homes, provident funds, employment injury benefits, housing, and funeral assistance for all the workers within the unorganized sector in India. The central and state governments, as well as employers, can contribute to the welfare schemes for the unorganized labour force mentioned in the law. This can ensure security for the aged poor. A labourer can easily receive a pension after his/her retirement. There are ten social security schemes for the unorganized workers like 'Indira Gandhi National Old Age Pension Scheme', 'Pension to Master Craft Persons', 'Rashtriya Swasthya Bima Yojana' or national health insurance and so on (Ghai 2007, Paltasingh & Tyagi 2015, Mann 2010). The Government of Bangladesh has a similar focus on this issue. Social insurance systems for the protection of the vulnerable like old age, disability, unemployment and maternity are one of the priority challenges mentioned in Bangladesh's National Social Security Strategy (Planning Commission 2015).

Kenya's government provides support in existing social protection development strategies for all older persons (here, adults above 65 years of age) of both formal and informal sectors, corporations and individuals (Mathiu & Mathiu 2012). Mathiu & Mathiu (2012) indicate that budgetary provisions and gradual expansion of cash transfer programs may have some significance in poverty reduction, but these programs are based on political conditions and the economic strength of the country. They also recommend that the private sector's role in emerging social insurance schemes will ensure old age security. Premium based social protection investment models for young adults will secure their later age and will reduce the dependency on public resources in the future. They conclude that there is a need for evidence-based policy dialogue and research for analysing and evaluating existing programs.

Social insurance and employee social funds play an important role in developed countries (Hulme, Hanlon & Barrientos 2012). Australia's population will increase to around 38 million by 2060, an increase of approximately 15 million from 2012 (Productivity Commission 2013). The Australian government initiated 'The National Strategy for an Ageing Australia' in 1999, 'The National Strategy for an Ageing Australia: attitude, lifestyle and community support' in 2000 and 'Blueprint for an Ageing Australia' in 2014 (PerCapita 2014). Aged care, nursing homes, and Medicare card systems ensure security in later age for senior citizens (Productivity Commission 2013). Traditionally, Australian society and its family culture are similar to Asian countries like Bangladesh. Family, friends and neighbours are the informal carers of older persons. However, older people are facing old age alone due to a number of causes including women having a greater life expectancy than men and later age divorce. Some older persons like to remain in their homes and experience social isolation (Commonwealth of Australia 2001). Loneliness and low income levels have had a bad effect on their health. The Positive Ageing Task Force on healthy ageing suggests priority areas for policy such as community attitudes; health and well-being; work and community participation; sustainable resourcing; inclusive communities, appropriate care and support; and research and information. Symposia, conferences and multi-disciplinary research will provide the information to identify action areas in order to achieve these goals. Thus, ensuring security in every aspect of healthy ageing is a crucial area for a country like Australia.

In addition to developed countries, developing countries have emphasised SSNPs over the last few decades. Review SSN policies and programs of different developing and low-income countries provides insights into the strengths and weaknesses of the safety net programs. Barrientos (2009) discussed policy design, implementation process, challenges and opportunities for social pensions in low income countries like Bolivia, Lesotho and Bangladesh. According to him, policy design of social pensions in low-income countries is well structured but there are large knowledge gaps regarding the incidence and impact of the program. Beneficiaries in Bangladesh and Lesotho who are eligible for benefit from one program cannot receive benefits from other programs. In Bolivia, beneficiaries can also enjoy their pension facilities. Allowances are distributed annually in Bolivia,

quarterly in Bangladesh and monthly in Lesotho. Barrientos finds that community selection processes increase the power of local elites in Bangladesh, which is also found in the BIDS (2013) study. He also finds that many low income countries are not able to collect revenues properly. Due to this revenue shortfall, universal coverage of social pension is difficult to achieve. The aim of the social pension (Bono Solidario or BONOSOL) in Bolivia is to ensure political support for privatisation programs; in Bangladesh the social pension was designed in the Five Year Plans; and, in Lesotho it was a presidential initiative. Barrientos added that poverty and social pensions in old age are given less priority in policies and the reasons for introducing the schemes in these countries are highly country specific. He suggested that comprehensive social assistance programs, including for poor older persons, could reduce poverty as a whole. He argues that social assistance programs have expanded rapidly in the last decade and a half in developing countries like Brazil, Ethiopia, Mexico, India, and Indonesia (Barrientos 2009).

In another study, Barrientos (2011) elaborated on the idea of social protection and its contribution to eliminating poverty and vulnerability. He notes that social insurance, as a component of social protection, is a declining trend in policy planning in developing countries over the last two decades. The main cause for the stagnation of social insurance coverage in developing countries is labour market liberalisation and globalisation. This was significant in Latin America, China, South Asia and sub-Saharan Africa. Despite this, Thailand recently initiated a 30 Thai Bhat basic health insurance and India initiated the Unorganized Sector Workers Social Security Scheme Bill for workers in the informal sector as a basic social insurance scheme. Barrientos observed that social assistance programs have extended rapidly over the last 15 years in many developing countries like China, South Africa, Brazil, and India. Evaluations showed that social assistance programs have reduced poverty and uplifted human development. In the later part of his article, Barrientos discussed program design and objectives. The main challenges for extending programs in developing countries are: budget constraints and capacity limitations such as the capacity to study, measure and analyse poverty and vulnerability; the capacity to design and implement appropriate policies; and the capacity to deliver and evaluate social protection programs. He also argues that other sources of capital mobilisation will be needed (due to limitations of payroll taxes) for sustainability and extension of the social protection programs. For the successful implementation of social protection, poverty researchers, policy analysts, political scientists, financial experts, program managers, information systems analysts and developers, accountants and field officers should be involved. Policy makers, research institutes or international organisations of developing countries have not given priority to this issue. Barrientos finds that in many developing countries the government has developed networks to implement the programs through ‘departments’. In the case of Bangladesh, the Department of Social Services under the Ministry of Social Welfare (MoSW) is responsible for the implementation of the programs and for evaluating the performance of the program (MoSW 2014). The Government of Bangladesh depends on its own research institution, BIDS, for the purpose of evaluating the OAA program (BIDS 2013). Finally, Barrientos

concluded that the global economic recession in 2008 introduced new scope for the extension of social protection and that this is of immense importance within developing countries but it is not yet secured.

Adato, Carter and May (2006) showed that in the province of KwaZulu-Natal, South Africa, friends or relatives in better-off households tend to have more effective networks for those who are vulnerable. A community's wealthier people generally provide support to the poor, and this is very common in Bangladeshi culture and society. For structurally poor households trying to improve their situation, a one-time influx of cash from a retrenchment package or savings does not support long term structural changes in terms of livelihood earning potential, and they are likely to be found back in poverty in the future. Similar to the Old Age Pension grant of Africa, the OAA of Bangladesh is more than an immediate and external source of financial capital, providing access to a stable and secure income stream.

In another article, Adato & Haddad (2002) opined that public works programs in South Africa have dealt with multiple objectives such as job creation, poverty reduction, infrastructure development as well as job training and community capacity building. They used mixed method research for examining poverty, targeting seven programs containing 101 public works projects in the Western Cape province of South Africa. The main focus is how the projects targeted districts and how the projects targeted the poorest people within communities. In South Africa, poverty data is available, administrative capacity is relatively strong, and political commitment to provide resources exists. However, due to an unequal distribution of budget across districts based on poverty rates, benefits do not reach the poorest in South Africa. They also found that there are no labour intensive public works projects in some districts that have a high level of poverty and unemployment, while there are four or more projects in some districts with low poverty rates. They suggested, on this basis, that the departments at the provincial level should review and strengthen monitoring systems; use poverty, infrastructure and unemployment maps (using existing data) at the district levels in order to monitor the impacts of the projects on the poor; and strengthen the cross-checking of programs between districts in order to assess actual target resources. Finally, Adato and Haddad discussed community based selection process of workers. Though nepotism is a risk, there are several advantages to the community based selection process. For example, local people have better knowledge of the actual needy, they are aware of other community priorities, and they can play a role in decision making in the event of local conflict. However, mechanisms of community participation should be transparent, accountable and open to all in order to avoid bias or irregularities. The research findings by Adato and Haddad in South Africa are very useful when applied to this study. In Bangladesh there is also: a lack of statistical and digital data for accurate targeting; regional disparity in distribution of SSNPs budget and nepotism caused by community based selection; administrative systems that should be strengthened to monitor and assess the actual demands and actions for the poor; and, community based selection process that should be

held accountable. In their study, Adato and Haddad talked about job creation for the unemployed, but did not mention anything about how older persons can be included in the main workforce and income generating activities by organising proper training.

In Indonesia, the government initiated and extended several new SSNPs after the economic crisis of 1997 to cope with the spread of hunger, malnutrition, poverty, unemployment and children dropping out of school, (Sumarto, Suryahadi & Widyanti 2002). The central government launched these programs with a view to giving a special focus on rapid disbursement, direct financing to beneficiaries, transparency and accountability and encouraging participation of society in monitoring the implementation of the programs. According to the authors, mis-targeting, low coverage, exclusion and inclusion errors and missing data are problems resulting from leakage within all programs. Effectiveness differs from program to program and region to region in Indonesia. The 'sale of subsidised rice' program is one of the highest coverage programs while; on the other hand, the 'upper secondary school scholarship program' has the lowest coverage. They concluded from their findings that the system should be designed for natural calamities in addition to social, economic and political crises. An up-to-date database of beneficiaries should be maintained to avoid mis-targeting and low coverage. Pressure from communities and favouritism is one of the main causes of program leakage. To avoid this, public awareness has to be built on why the needy and the poor should be given priority for the program.

## 2.6 Community Targeting in Uzbekistan

Uzbekistan became an independent state in 1991 after the collapse of the Soviet Union. The Government of Uzbekistan re-designed its social welfare system after independence and focused on a social protection system for the vulnerable. Pre-Soviet Mahalla institutions were involved in activities for economic efficiency, social order and political stability. A Mahalla refers to local self-government institutions for citizens, and are involved with targeting social welfare benefits and preservation of social order. Mahalla is now the main agency of government to implement social welfare programs and to maintain social peace. The Government of Uzbekistan enacted the 'Mahalla Law' in 1999 following the 'Law on Institutions of Self-government of Citizens' of 1993 and violation of a decision made by a Mahalla is a punishable offence under these laws. Mahalla based selection processes for social welfare programs (means testing) seem effective within Uzbekistan. There are guidelines regarding selection criteria for beneficiaries of SSNPs from the Ministry of Labour and Social Protection, but Mahallas exercise power in targeting beneficiaries for both cash and in-kind benefits of social assistance programs on the basis of their local knowledge of needy families (Urinboyev 2011). Urinboyev (2011) reported that many western researchers highlight negative impacts of legal interventions by Mahallas. He added that due to budget constraints, the Uzbek Government publicised the Mahalla as an effective institution for accurate targeting. Referring to several studies Urinboyev (2011) addressed suspicions of corruption and nepotism elicited by others. Later, he criticized that the aim of the self-governance of Mahalla is not

implementing properly. Regardless, Mahalla enjoys legal power in the selection process of the beneficiaries of SSNPs.

Sodikova (2011) discussed that there is a lack of social research on ageing issues such as social problems faced by the elderly, their status in their family, and their relationship with others in developed and developing countries. Sodikova provides an example about a policy taken by the Uzbekistan Government. The elderly are provided with jobs to cope with their social problems by 'Mahalla'[6]. A small Mahalla generally consists of 50–60 houses with larger Mahalla consisting of 700–800 houses. A Mahalla is headed by the 'Aksakal', or elected leader, who is considered to be a wise, tactful and enterprising senior citizen and respected by all. This system is established by law and now-a-days there are around ten thousand Mahallas in Uzbekistan. The Government set a specific condition on the leaders in order to ensure interactions with the elderly and other members of society as well as securing their jobs. Aksakal's role in the Mahalla is like the father of a family. In the Mahalla and Aksakal's Council systems, Aksakal and Counselors (Aksakal's deputies) provide jobs for older people and, in this way, unemployment problems among the older persons is reduced and social interaction and adaptation within society by elderly people is established. Other members of society, especially the young, receive benefit from the older persons by their sharing of experience, knowledge and wisdom.

The Union Parishad[7] system of Bangladesh is quite different from the Mahalla system of Uzbekistan, although there are similarities in the functioning and operating of SSNPs. The Union Parishad chairman and members are elected representatives for the smallest local government unit within Bangladesh and most of the SSNPs are implemented by them. The Aksakal and council members in Uzbekistan are selected by the local people and nominated by the Government and they select the beneficiaries of the SSNPs. Bangladesh can learn from the system in Uzbekistan for the public selection process and the integration of older persons in income generating activities.

In conclusion, besides budget constraints, community based selection processes face problems such as nepotism and lack of data on the actual needy in implementing SSNPs in developing countries, as discussed by Barrientos (2009), Adato &Haddad (2002), and Sumarto, Suryahadi & Widyanti (2002). Barrientos (2011) identified the main challenges, other than budget constraints, for expanding safety net programs in developing countries are: capacity to study and analyse poverty; capacity to design and implement the appropriate policies; and capacity to evaluate the safety net programs. Monitoring systems and digital databases, mentioned by Adato and Haddad (2002) and Sumarto, Suryahadi and Widyanti (2002), should be launched immediately in order to

[6] 'Makhalla' or 'Mahalla' refers to a form of social unit in a socio-territorial area where different age groups and socio-cultural people live as neighbours (Sodikova 2011).

[7] Union Councils (or Union Parishads or Rural Council or Unions) are the smallest rural administrative and local government units in Bangladesh. A Union Council consists of a chairman and twelve members including three members exclusively reserved for women (**Source:** Rahman & Ahmed, 2015).

better support SSNP implementation in Bangladesh. Chapter 2 of this thesis describes problems with the regional distribution of SSNP benefits in Bangladesh as a result of similar findings in a different context by Adato and Haddad (2002). There has been criticism of the functioning of the Union Parishad from different scholars and the Uzbek Mahalla system offers interesting features that could be adopted. These issues are analysed in respect to the OAA and AWHDDW SSNPs in Bangladesh.

## 2.7 Policy Questions of SSNPs

Barrientos and Nino-Zarazua (2011) in their report for the Chronic Poverty Research Centre (CPRC) described that more than 860 million people in the world are covered under social protection programs. A World Bank report titled 'Conditional cash transfers: reducing present and future poverty' by Fiszbein & Schady (2009) mentioned that social assistance programs have been spreading rapidly in over 30 countries of Asia, Africa and Latin America. Bangladesh, Indonesia and Turkey have initiated large-scale programs. The report discussed and compared social protection programs of Asian countries, such as Bangladesh, India, and China, African countries, such as South Africa and Ethiopia, and Latin American countries such as Mexico, Argentina, Brazil, and Chile. According to the report, social transfer in developing countries has two functions: it ensures basic levels of consumption and it eliminates chronic and intergenerational poverty.

Barrientos and Nino-Zarazua (2011) discussed three policy questions related to social assistance programs:

- Is chronic poverty addressed by program objectives such as reducing poverty, access to education, access to health care and nutrition and promoting human development interventions?
- Are the benefits of the programs properly reaching poor households through effective implementation of the program?
- Are the chronically poor receiving social assistance program benefits in the form of nutrition, health and schooling?

Addressing the first policy question, Barrientos and Nino-Zarazua identified Mexico's human development program Progresa-Oportunidades, related to the enrolment of children in primary education with the objective of reducing chronic poverty. Also targeting reduction in chronic poverty are Latin America's largest transfer programs: Brazil's Bolsa Familia; Colombia's Familiasen Accion; and, Ecuador's Bono de Desarrollo Humano. Additionally, they identified microcredit program of BRAC in Bangladesh helps to rebuild and strengthen the productive capacity of ultra-poor households. The main conclusion from the first policy question is that the programs are designed to rebuild the productive capacity of households in terms of human capital investment and to secure and/or establish physical assets for those who are facing longer term poverty.

Addressing the second policy question, the report shows means tests (categorical and geographical methods of identification along with community based selection) and proxy means tests (effective targeting of households on the basis of income or wealth) are methods used for the selection of beneficiaries in most developing countries. In some cases, social pensions reduced chronic poverty. For example, only 20% of older persons in South Africa are suffering from chronic poverty. On the other hand, they give an example of the Primary Education Stipend Project in Bangladesh which follows 'means tests' and 'proxy means tests' methods for selecting the beneficiaries. Around 47% of beneficiaries are identified as non-poor and misuse of resources by elite groups causes inclusion errors ( 2005 cited in Barrientos & Nino-Zarazua 2011). The study indicated that for the duration of transfer there is no principle to guide policy. Households that are facing chronic poverty may need longer periods of assistance and programs like old age and disability pensions or schooling related programs may need long term assistance. They conclude that targeting of social assistance programs aims to reduce chronic poverty although it depends on programs and country specific situations.

Addressing the third policy question, related to nutrition, health and schooling, Barrientos and Nino-Zarazua (2011) mentioned that the future earning capacity of a person depends on his/her childhood nutritional condition. By giving examples of transfer programs in Mexico, Columbia, South Africa, Ethiopia, India and Bangladesh, they have shown that income transfer, food consumption and improvements in child nutrition are interrelated. Malnourishment declined from 97% to 27% after integrated poverty reduction programs were initiated in Bangladesh. The authors identified that securing good health for the mother and children is a necessity for better growth of future generations and that proper utilisation of health care support affects morbidity rates. Similarly, support programs for education increased school enrolments in some countries including in Chile, Bangladesh and Columbia. According to them, social transfer can be a way to strengthen asset protection and asset promotion of the chronically poor. They concluded that social transfers can contribute to building human capital as well as protecting and promoting physical assets. As a whole, the main aim of social assistance programs is to eradicate chronic poverty.

Correspondingly, Smith and Subbarao (2003, p 1) reported on the role of safety net transfers in very low income countries[8] (VLICs) where absolute poverty and lack of fund transfers is very common. According to them, some of the possible roles for safety nets are to decrease the poverty gap, to arrange programs for all, and to protect against major shocks. The authors identified three main constraints for the successful implementation of social transfers:

[8] According to Smith and Subbarao (2003), common characteristics of Very Low Income Countries (VLICs) are: they have very low average incomes, they are generally not on a growth path that would significantly reduce poverty in the near future, they have very limited resources to fund transfers to the poor, they are often in the early stages of transition out of subsistence agriculture.

a) information constraints (lack of accurate data about the actual beneficiaries);
b) administrative constraints (to target the beneficiary); and
c) fiscal constraints (affordability of designing the program and providing benefits).

They cited examples of public safety net programs in very low income countries like Mozambique, India and Malawi.

They provided an example from Malawi to demonstrate the first constraint. In Malawi, due to the absence of land registration, it was difficult to target actual poor to distribute free fertilizer on the basis of landholdings. In the economic crisis of 1997, the Government of Indonesia used family-planning program data on household characteristics for social transfer programs. From the experiences in Malawi and Indonesia, it can be inferred from Smith and Subbarao (2003) that digital data on poor older persons is badly needed for fair beneficiary selection during crises or when implementing programs.

With regard to the second constraint, Smith and Subbarao (2003) noted that community targeting used in some low income countries, like India (Rajasthan state), Uzbekistan, Armenia and Bangladesh, have the potential for reductions in inclusion and exclusion errors when selecting beneficiaries. Community targeting refers to the selection of beneficiaries of the programs by the local community and its leaders. Sometimes politicians and local government leaders put pressure on the selection of the targeted poor, which greatly influences the decision making process. That is why misuse of community targeting is considered an administrative constraint. In Bangladesh there is also a lack of transparency and political pressure in the selection procedures of the beneficiaries. Problems like nepotism, political interference and the influence of social elite create difficulties or barriers in the decision making process and causes inclusion/exclusion errors (Barkat et al. 2013). One solution is offered by the example of Rajasthan, India, in the 1970s where communities were forced to select the beneficiaries publicly. As a result, the program in targeting the poorest was successful. Later the program collapsed due to erosion of political support. Community targeting in Uzbekistan, as described in section 2.5 also provides an interesting point of comparison.

On the third constraint, Smith and Subbarao (2003) opined that fiscal constraints, like budget affordability, is the biggest barrier because total public spending is very low in low income countries and emphasis is given to other areas like education, communication development, and water supply, amongst others. The Government of Bangladesh is spending 2% of its GDP and 12% of its national budget across all SSNPs that will be addressed in the next chapter.

Smith and Subbarao (2003) also mention that cash transfers are more politically acceptable in low income countries. Moreover, according to Smith and Subbarao (2003, p. 26), family and community support counts as informal social protection in all societies. Smith and Subbarao's research gives some examples of leakage within public safety net programs in very low income

countries. In Mozambique, 30% of non-poor persons received benefit from one of the biggest nutritional programs. Drawing on the experience in Mozambique, this study will observe whether there are any cases of leakage in the form of non-poor being selected for SSNPs in Bangladesh. This is likely since the BIDS study (2013) in Bangladesh showed inclusion errors were between 11% and 21%. This study will attempt to focus on how the inclusion/exclusion errors happened and the effects or consequences of wrong targeting. In addition, this is guided by the three constraints impacting successful social transfers as mentioned by Smith and Subbarao (2003).

Hanlon J (2004) presented three overlapping impacts of cash transfer in low income countries: direct elimination of poverty; support to the poor in fulfilling their basic needs and, thereby, stimulating the local economy; and investment into savings and wise use of money. In this way, cash transfers are practical at alleviating poverty and promoting development. Similarly, Hulme, Hanlon & Barrientos (2012) described that cash transfers are important to stimulate economic growth in three ways: the poor can invest the allowance money and earn more; by increasing expenditure the local economy can be stimulated; and this positive impact of local economic growth results in promoting the national economic growth. They also described that cash transfers are directly contributing to the betterment of the condition of the poor in aspects of nutrition, health and education. By using the allowance, the poor can buy food, medicine and school attendance can increase due to provision of school meals or cash grants. According to Hulme, Hanlon, & Barrientos (2012), cash transfers increase the productive capacity of the poor as their labour power is an asset.

With this background as guidance, this study will make use of the last two questions from Barrientos and Nino-Zarazua (2011) in analysing the performance of the two safety net programs for older persons in Bangladesh. This analysis requires identifying the implementation process, the selection process of the beneficiaries, how the programs operate according to policy guidelines and other consequences.

## 2.8 Conclusion

This chapter began by describing UN action for the ageing population over the last 30 years and policies in some developed and developing countries are identified in this regard and similarities are noted. The problems and importance of SSNPs in different countries has been discussed by different scholars with many examples of the implementation of safety net programs. The role of safety net programs, constraints for successful implementation of the programs in low income countries (Smith & Subbarao 2003), policy design, implementation process, challenges and opportunities for social transfer programs in developing countries (Barrientos 2009) are discussed in detail in the latter part of the chapter. Budget limitations, the capacity to design and implement appropriate policies to measure poverty and vulnerability and the capacity to evaluate programs are the main challenges for extending the programs in developing countries (Barrientos 2011).

Weaknesses of the programs such as lack of transparent data, community based selection process, lack of open selection procedure, inclusion/exclusion errors, nepotism, low coverage and lack of skill development and employment opportunities for active older persons are major findings related to safety net programs discussed in different studies (Barrientos 2009), (Adato & Haddad 2002), (Sumarto, Suryahadi & Widyanti 2002), (Barrientos 2011) and (Sodikova 2011). The next chapter presents an overview of Social Safety Net Programs for Ageing Population in Bangladesh.

# CHAPTER III
# SOCIAL SAFETY NET PROGRAMS FOR AGEING POPULATION IN BANGLADESH: AN OVERVIEW

## 3.1 Introduction

Social safety net programs (SSNPs) are one of the strongest features of a Welfare State. SSNPs have graduated to become a mainstream social and developmental concern for Bangladesh. This study is related to elderly people as described in Chapter 1, two safety net programs targeted at this population, namely, the Old Age Allowance (OAA) and Allowances to the Husband Deserted Destitute Women and the Widow (AWHDDW). Chapter 1 also described the demographic features of the elderly in Bangladesh, the research aims and research methodology of this study.

The main aim of this chapter is to review available literature on the concept and background of SSNPs for the vulnerable, social protection strategies, policies and programs, especially for older people of Bangladesh. This chapter also reviews the historical backgrounds of SSNPs of Bangladesh, budget allocation, nature of the budget distribution of the OAA and the AWHDDW programs for elderly people, regional disparity in the distribution of the SSNP budget, laws related to elderly people and the National Social Security Strategy (Planning Commission 2015). Reports from the Bangladesh Institute of Development Studies (BIDS) on the performance of the OAA and evaluation by the Ministry of Social Welfare (MoSW) in Bangladesh and the literature on safety net programs, including for elderly people, are discussed in this chapter.

## 3.2 Social Safety Net Programs in Bangladesh: An Overview (1971-2015)

In Bangladesh, SSNs had historically been associated with natural shocks (causing disruption in production) and structurally determined poverty. Additionally, non-government agencies had significant roles to play in the past. After the Independence of Bangladesh in 1971, and until the famine of 1974, large scale relief and rehabilitation programs were undertaken with the support of foreign aid (Clunies-Ross & Huq 2014, p. 141). From the 1974 famine to floods in the 1980s, safety net programs were based only on public works and other food aid programs supported by different foreign agencies. Since the famine in 1974, the Bangladesh Government initiated different SSNPs for the vulnerable including Five Year Plans and regular expansion of their budgets. There were only a few programs until the mid-1990s, and most of them were designed for income support, but from the second half of the 1990s, new program types have been initiated almost every year. The government started to initiate different food based programs that addressed poverty in the lifecycle of the poor like school stipend programs such as Food for Education. Cash based programs, like allowances for the elderly (1998), people with disabilities and widows, were the major initiatives of late 1990s. To reduce unemployment, the government introduced a number of food based initiatives such as, the Vulnerable Group Feeding (VGF) program (1974), the Food for Works

(FFW) program (1975), Rural Maintenance Program (RMP), Vulnerable Group Development (VGD) in late 1980s, and the 100-days Employment Generation Program. Foreign food assistance was replaced with food transfers from local taxes in the mid-2000s with geographic targeting like the 'Monga' affected areas ('Monga' is different type of famine that exists for few months in the year due to lack of agricultural production and unemployment in the northern part of Bangladesh). Launched initially in 1972, SSNPs impact 11.6% of the population and 30% of the poor (World Bank, 2008). The budget allocation for SSNs increased from 1.3% of GDP in 1998 to 2.3% in 2011 (Planning Commission 2015, p.xix). Both NGOs and the government initiated small social security schemes during this period.

Since the prolonged flooding of Bangladesh in 1998, different safety net programs have been created as either directly commissioned by external partners or in partnership with government organisations (GOs), non-government organisations (NGOs) or international agencies. Housing projects like 'Guchho Gram' and 'Asrayan Prokolpo' and food relief programs like 'Food for Work' are some of the initiatives for ensuring safeguards for the vulnerable (Planning Commission 2015). Due to the price hike of food during 2007-08, concepts of safeguards significantly shifted from past norms. The crisis did call for urgent attention to the needy with relief in kind during the late 2000s. Two types of support occurred in this period:

1. Open Market Sale (OMS) distributed in areas with high densities of poor people helped keep prices affordable for some urban poor.
2. Cash for employment and cash transfers under other SSNPs helped the beneficiary groups.

SSNPs in Bangladesh are based on cash or food support programs or micro finance. Allowances (a fixed and small amount of money) are distributed among the beneficiaries of the SSNPs on a monthly basis. The government of Bangladesh is operating nearly 145 SSNPs by 23 Ministries/Divisions and spending 306.4 billion Bangladeshi Taka (Tk) which is equivalent to 2.02% of GDP in FY2014/15 (Planning Commission 2015, p.7). The HIES (2010) estimated 11 SSNPs existed in 2005 while 30 SSNPs were estimated to exist in 2010. The most recent data of the BBS (2010, p 129) estimated that 32% of the population of Bangladesh are poor and 18% of the population are extremely poor. There was a significant role of donors in various programs operated by NGOs and they operated a range of social services including social transfer.

The most recent data of BBS (2010, P 129) suggests that, 25% of poor eligible households are receiving benefits from SSNPs that was 13% in 2005. Moreover, 64% of poor households are still not included in any SSNPs, even though the budget and coverage of the SSNPs have increased over time (Planning Commission 2015, p. xix). There are different types of programs such as cash transfer programs, food security programs and social empowerment programs (Ministry of Finance 2014). In relation to SSNPs targeting the elderly, expenditure for the pension of retired government

employees is the largest social protection scheme in Bangladesh, although it generally pays high benefits to a few people. The government spends 24% of the total SSNP budget on the pension scheme for retired government employees. The OAA program, started in the 1997/98 fiscal year, has reached 2.4 million people and accounts for 3.9% of the total SSNP budget (Planning Commission 2015, p.9). The Honorarium for Insolvent Freedom Fighters, who are also older people, accounts for 1.6% of total SSNP budget, and the AWHDDW, started in the 1998/99 fiscal year, makes up 1.4% of total SSNP budget, although not all beneficiaries are elderly.

### 3.2.1 SSNP Budget and Regional Disparity

According to Grosh (2008, p. 45), most developing countries spend 1–2% of GDP on SSNPs. GDP spending for safety nets is related to the average income and existence of the democracy in the developing countries. Since 1990, democratically elected governments have ruled Bangladesh. Budget allocations of safety nets have been consistent. Many writers like Pradhan et al. (2013, Jahan Ahmed & Zohura (2014) have focused on the issue that an increase in monetary allotment has not decreased the poverty ratio over the last few decades in Bangladesh. Similarly, in South Africa, according to Adato and Haddad (2002), benefits did not reach the poorest, even though there is strong administrative capacity and political commitment, due to unequal distribution of the safety net programs across different districts based on poverty rate. In the case of Bangladesh, this issue has had been important in terms of political commitments based on targeting for the general election. Political parties made commitments for the poor in their political manifestos. Some programs are applicable in special circumstances. But, the situation always changes, for example when another political party comes to power. The situation was worse when a non-political caretaker government was in power (2007/2008) in Bangladesh. During that time, the budget allocation for SSNPs decreased to approximately USD 695.18 million (Pradhan et al. 2013, p. 142). Rahman (2014), in his article, mentioned that the Bangladesh government spent USD 2,450 million, 13.32% of its annual budget and 2.14% of real GDP, in 2007/2008. The World Food Program (WFP) and other agencies, in general, spent twice as much as the Government.

Table 3 shows that the government of Bangladesh has been decreasing budget allocations to SSNPs in recent years, even though it is confirming its commitments to establishing a comprehensive social protection strategy.

**Table 3:** The distribution of budget for SSNPs over different years

| Fiscal Year | % of Total Budget | % of GDP |
|---|---|---|
| 2009-10 | 15.22 | 2.52 |
| 2010-11 | 14.75 | 2.50 |
| 2011-12 | 13.79 | 2.51 |
| 2012-13 | 11.87 | 2.18 |
| 2013-14 | 11.40 | 2.13 |
| 2014-15 | 12.28 | 2.30 |
| 2015-16 | 12.72 | 2.19 |

**Source:** Ministry of Finance, Govt. of Bangladesh.

The safety net budget represented 2.30% of the nation's GDP for 2014–15. As the table shows the percentage of budget and GDP allocation is more or less stable over last six fiscal years, but the trend is declining. For 2015, allocation was 2.30% of GDP and 12.28% of total budget. But, it declines to 2.19% of GDP in 2016, even though the percentage of budget allocation increases a little to 12.72%. With the return of democracy in Bangladesh in the 2009/2010 fiscal year, allocations of government expenditure to safety net programs increased, even though the data in the table shows that budget allocations reduced in the subsequent fiscal years again.

Using examples and data of SSNPs, Masud-All-Kamal and Saha (2014) quantitatively analysed that the Government of Bangladesh has been increasing the budget for SSNPs every year, but this has not played a significant role in eliminating chronic poverty. This social policy addresses only ex post shocks rather than ex ante characteristics and cannot improve the condition of vulnerability. For removing ex ante risks, the Government should increase budget allocation and design new SSNPs. The authors also state that the effectiveness of the programs are being challenged by issues such as administrative complications, high rates of leakage, mis-targeting of beneficiaries, corruption, manipulation of program funds, low accountability, weak governance, and elite and political capture. Effective actions to managing these long-standing and well-documented challenges might include: increasing the number of participants from the chronically poor and vulnerable; proper listing of eligible poor; arranging training for local government officials with regard to allocation of beneficiaries; prioritising extreme poverty; avoiding allocations based on population coverage; and expanding the benefits of the program for the vulnerable of the most remote areas. Finally, they conclude that while universal coverage might help in reducing poverty, it is not equitable in developing countries like Bangladesh with a lack of resources and a high rate of poverty and suggested redesigning the programs and ensuring accountability, transparency and participation of all as the utmost importance for successful SSNPs. Masud-All-Kamal and Saha (2014) highlighted many important problems related to SSNPs as a whole, but they did not make suggestions for policy design. At the same time, they did not analyse the performance of the safety net programs targeting the elderly.

### 3.2.2 Regional Disparity of Budget Allocation of SSNPs in the Research Area

Ahmed, Jahan and Zohura (2014) discussed the issue of regional disparity of budget allocation of SSNPs. Administrative units in Bangladesh are formed in seven Divisions consisting of 64 Districts. The study area of this thesis is in Shirajganj District of Rajshahi Division. This Division is one of the poorest and driest regions in Bangladesh. Famine, like Monga, is very common in this area. Table 4 shows the regional disparity in the allocation of SSNPs in Bangladesh.

**Table 4:** Regional Poverty and Households Receiving SSNPs in the Divisions of Bangladesh

| Division | Survey year 2005 | | Survey year 2010 | |
|---|---|---|---|---|
| | Households in receipt of SSNPs (%) | Poverty rate among households in receipt of SSNPs (%) | Households in receipt of SSNPs (%) | Poverty rate among households in receipt of SSNPs (%) |
| National | 13.06 | 25.1 | 24.57 | 17.6 |
| Barisal | 13.34 | 35.6 | 34.43 | 26.7 |
| Chittagong | 11.05 | 16.1 | 19.99 | 13.1 |
| Dhaka | 14.33 | 19.9 | 18.87 | 15.6 |
| Khulna | 9.51 | 31.6 | 37.30 | 15.4 |
| Rajshahi | 12.35 | 34.5 | 20.66 | 21.6 (Former)<br>16.8 (New) |
| Rangpur | New Division formed in 2010 from Rajshahi Division | | 33.65 | 30.1 |
| Sylhet | 22.42 | 20.8 | 23.51 | 20.7 |

**Source:** Household Income and Expenditure Survey (HIES) 2005 & 2010, BBS 2010 and 2011.

Table 4 shows that a large number of households in the Barisal, Khulna, newly formed Rangpur, and Sylhet divisions are receiving SSNP benefits (2010). Rangpur division has the highest poverty rate amongst households receiving benefits. In contrast, a large number of households in Sylhet and Khulna division are receiving benefits with a comparatively lower poverty rate. The allocation and poverty rate were similar across survey years 2005 and 2010 for Sylhet division. That means allocation for the safety net programs for households in the Sylhet division has increased (since population has increased over that time period).

Masud-All-Kamal and Saha (2014) present interesting data from HIES 2005 regarding regional disparity of the SSNPs in Bangladesh. They highlight that:

> "…though Barisal and Rajshahi divisions had the highest incidence of poverty, these two divisions did not have a correspondingly higher number of social protection beneficiaries. Rather, the Sylhet division, with the second lowest poverty incidence, had the highest proportion of social protection recipients" (p. 204).

With regard to the OAA and the AWHDDW programs, Table 5 below shows budgetary allocations, number of beneficiaries, and monthly allowance.

**Table 5:** Budget Allocation, Coverage and the Amount Distributed for OAA and AWHDDW

| Program | 2014-15 Fiscal Year | | | 2015-16 Fiscal Year | | | |
|---|---|---|---|---|---|---|---|
| | Budget (Million Tk) | Percentage of Beneficiaries | Monthly Allowance (Taka) | Budget (Million Tk) | No. of Beneficiaries (Million) | Percentage of Beneficiaries | Monthly Allowance (Taka) |
| OAA | 13,068.0 | 27.23 | 400/= | 14,400 | 3.00 | 30.00 | 400/= |
| AWHDDW | 4857.6 | 10.12 | 400/= | 5343.40 | 1.113 | 11.13 | 400/= |

**Source:** Social Welfare Office, Kamarkhand Upazila, Shirajganj District, Bangladesh, dated 20/10/15.

Table 5 shows that budget allocation and number of beneficiaries have increased from 2014/2015 to 2015/2016, although the amount of the allowances has remained steady. Moreover, in the 2015/16 Fiscal Year, the percentage of beneficiaries was 30% for the OAA and 11% for the AWHDDW. Due to low coverage, regional disparity and other constraints, the elderly poor in actual poverty prone areas might not be benefiting from the programs.

## 3.3 Government Policies for Older Persons

According to Friedlander, social welfare is *'the organized system of social services and institutions, designed to aid'* (cited in Thompson 2015, p.16). He explains that the concept of social welfare has a broad perspective and covers ideas of social work, public welfare, different actions and plans.

According to Thompson (2015), there are five main areas in social policy: income maintenance, housing, education, health and personal social services. A number of policies apply in each area, including support designed to improve the social problems and welfare of the people. For him policy in 'personal social services' are further classified into three areas: child care, community care and criminal justice. The main focus of the community care policy is to arrange organizational support for vulnerable people like the sick, infirm, and disability affected.

Bangladesh, like other countries, faces the challenges of rapidly growing numbers of older people and the vulnerabilities they face. Feelings of losing status in the family and society, reduced income, insecurity and deprivation in later life often lead to depression. Action programs are needed in order to reduce their vulnerabilities and bring them into mainstream social life as active, productive, healthy and dignified members of society (HAI 2014).

Besides safety net programs for poor older people, recently the government of Bangladesh has realised that there should be laws for the social protection and welfare of elderly people. Dialogues held with members of civil societies and NGOs have contributed to identifying problems and

actions needed to address them. Finally, the Bangladesh government produced two laws, the Parents Maintenance Bill in 2013 and the National Elderly Policy in 2013, to protect older peoples' right to health and social care, employment, pensions and protection from violence.

### 3.3.1 Constitutional Provisions

The Constitution of Bangladesh emphasizes the role of the State in reducing poverty. For example, Article 15(a) says:

> "It shall be a fundamental responsibility of the state to attain the basic necessities of life, including food, clothing, shelter, education and medical care."

The Constitution of Bangladesh incorporates terms such as 'rights to social security' and 'social justice' and says that the State shall provide public assistance in cases of deserving relief arising from poverty, unemployment, illness or disablement, or widowhood, or orphan hood or in old age, or in other such cases (Articles 15 [c]). The Constitution promises that Bangladesh shall adopt effective measures to remove social and economic inequality and to ensure the fair distribution of wealth among citizens, and of opportunities in order to attain a uniform level of economic development throughout the Republic (Articles 19 [2]).

Social security is becoming a distinct part of the National Social Welfare Policy 2006 of Bangladesh and the time has come to give serious thought to the ever-increasing social security needs of the vulnerable population. Social protection for the vulnerable is one of the strategies mentioned in the second national Poverty Reduction Strategy Paper (PRSP) released in 2005 (Ministry of Finance, p. 232).

### 3.3.2 National Elderly Policy-2013 of Bangladesh

The Bangladesh government implemented the 'National Elderly Policy, 2013' on 11 February 2014. According to this policy, the government declared the elderly (aged over 60 years) as 'senior citizens'. The goal of the policy is to ensure the secured social life for the elderly by eliminating poverty, supporting active participation in work, achieving respectful status and maintaining good physical condition. The major objectives of the policy are to include the elderly in all other policies, including: health policy; to develop social protection laws for them; to survey and research updated information regarding ageing issues within the country; to ensure housing facilities; to give them priority in disaster rehabilitation programs; to include ageing issues in education and training curricula in order to build awareness of the matter; to eliminate all sorts of inequality for elderly women and the physically challenged; and, to initiate policy to increase intergenerational communication and solidarity. Priority actions identified in the policy include establishing day care centres and old age homes, providing identification cards, supporting funeral activities for poor elderly, gradual introduction of universal, non-contributory pension schemes, integrating geriatric care and associated medical topics in medical education, and establishing a geriatric department in

every medical hospital. Finally, the government has a plan to create a 'Special Welfare Fund' with the support of GOs, NGOs and volunteer organizations.

### 3.3.3 Parents Maintenance Bill-2013 of Bangladesh

The Parliament of Bangladesh enacted the 'Parents Maintenance Bill' in 2013. It is now mandatory for adult children, even if absent, to take care of and maintain their parents and grandparents. If the parents live separately, their adult children are required to visit regularly and make a salary payment to their parents. This is a beneficial law for the elderly of Bangladesh. Violation of the law is counted as a punishable offence with a fine or three months' imprisonment for non-payment. The offence is cognizable, bail able and compoundable in the Magistrate's Court.

## 3.4 SSNPs for the elderly: OAA and WA/AWHDDW

The present study deals with two cash transfer programs: the OAA, or *'Boishka Bhata'*, introduced first in the 1997/98 fiscal year; and 'Allowances to Widows and Husband's Deserted Destitute Women (AWHDDW)', or more commonly known as 'Widow Allowance'/*'Bidhoba Bhata'*, started in the 1998/99 fiscal year.

Besides the Civil Service Pension, all safety net programs of Bangladesh are based on a strong commitment to target the "extreme poor". All safety net programs follow the same targeting mechanism, which is a selection procedure performed by local administration using criteria provided by central government policy. Moreover, these programs are mainly implemented in rural areas. While 30% of rural households receive social protection benefits, coverage in urban areas is only 9% (BBS 2011).

### 3.4.1 Old Age Allowance

The proportion of the population of Bangladesh classified as elderly is increasing day by day due to modern medical treatment facilities and longevity. Traditionally, seniors receive respect from others within society. Wisdom, knowledge and skills of the elderly can contribute to the social and economic development of the country.

Poverty and different types of vulnerabilities in old age is becoming a social challenge for societies. As elsewhere, the Bangladesh Government has initiated measures to ensure social security for senior citizens. Based from this situation and in view of the constitutional obligation, the Government of Bangladesh started the OAA in fiscal year 1997/98 with implementation under the Ministry of Social Welfare (MoSW) within the Department of Social Services (DSS). According to the government, the main objectives are as follows:

- To ensure socio-economic development and social security for the elderly;
- To increase the dignity of elderly within family and community;
- To strengthen mental health through grants to the elderly;
- To provide Medicare and increased nutritional support.

The poor elderly and landless (classified as owners of less than 0.05 acres land) wo/men are the top priority as beneficiaries of the program. The age limit for men is 65 and 62 for women. Widowed, divorced, and/or deserted women receive priority in the selection process. A person is not able to receive more than one allowance at a time. The Union[9] and Upazila Committees are the authorities for finalizing the selection of the beneficiaries. Municipalities of different categories[10] have separate committees for selection procedures. Lists of the beneficiaries, including waiting lists of ten men and ten women from each Ward, of the program are maintained in the local offices. Allowances are distributed through bank accounts held by different Government banks.

Table 6 below shows the distribution of the OAA since its introduction in the 1998/99 fiscal year. The monthly allowance was increased in 2015/16 to Tk 400 from Tk 300 in the 2014/15 fiscal year. The allowance has increased over the years while the coverage of the safety net programs has remained relatively constant at 25–30%. The Australian Dollar budget provided in the table uses a conversion rate per the year of disbursement.

**Table 6:** Allowance distribution of the OAA program

| Fiscal year | Number of Beneficiaries | Monthly allowance Per-head (Tk) | Total Allocation (Tk) (millions) | Total Allocation (AUD) (millions) |
|---|---|---|---|---|
| 1998-99 | 403110 | 100 | 40.3 | 1.2 |
| 1999-00 | 413190 | 100 | 40.3 | 1.4 |
| 2000-01 | 415170 | 100 | 250.0 | 8.6 |
| 2001-02 | 415170 | 100 | 250.0 | 7.7 |
| 2002-03 | 500390 | 125 | 398.7 | 9.0 |
| 2003-04 | 999998 | 150 | 900.0 | 19.4 |
| 2004-05 | 1315000 | 165 | 1188.0 | 24.5 |
| 2005-06 | 1500000 | 180 | 1350.0 | 24.8 |
| 2006-07 | 1600000 | 200 | 1560.0 | 26.0 |
| 2007-08 | 1700000 | 220 | 1980.0 | 41.0 |
| 2008-09 | 2000000 | 250 | 2700.0 | 43.6 |
| 2009-10 | 2250000 | 300 | 3312.0 | 45.8 |
| 2010-11 | 2475000 | 300 | 3312.0 | 39.7 |
| 2011-12 | 2475000 | 300 | 3312.0 | 39.7 |
| 2012-13 | 2475000 | 300 | 3312.0 | 48.0 |
| 2013-14 | 2722500 | 300 | 3643.2 | 57.2 |
| 2014-15 | 2722500 | 400 | 4857.6 | 87.1 |

**Source:** Personal e-mail correspondence and money conversion following Purchasing Power Parity (PPP)

[9] Bangladesh has three tiers of local governments: District, Upazila and Union. Districts, known as Zilla, consist of a number of Upazilas, An Upazila, the second level government unit in Bangladesh, consists of a number of Unions, and a Union is the smallest local government unit of Bangladesh consisting of a number of villages.

[10] Besides City Corporations, Municipalities in Bangladesh are categorized into three categories according to their revenue earnings.

### 3.4.2 Allowances to Widows and Husband's Deserted Destitute Women (AWHDDW)

Poverty and vulnerability very often threaten women's lives. To address this, the Government of Bangladesh started the allowance for widows and the deserted in 1998. The program began within the Ministry of Social Welfare but was subsequently shifted to the Ministry of Women and Children Affairs. However, in fiscal year 2010/11, it was shifted back to the MoSW. Presently, the MoSW is the implementing Ministry for this program. According to the AWHDDW implementation guidelines, the main objectives are as follows:

- To ensure socio-economic development and social security for the Widow and Husband's Deserted Destitute Women;
- To increase the dignity of the Widow and Husband's Deserted Destitute Women within family and community;
- To strengthen mental health through grants to the Widow and Husband's Deserted Destitute Women;
- To provide Medicare and increased nutritional support.

The poor elderly, disabled and landless (owners of less than 0.05 acres of land) women are the top priority beneficiaries of the program. The allowance is distributed through bank accounts within different Government banks. The Union Committee and Upazila Committee are the authority for finalizing the selection of beneficiaries. Municipalities of different categories have separate committees for selection procedures. Lists of the beneficiaries, including the waiting list for the program, are maintained in the local offices.

Table 7 below shows the distribution of the AWHDDW from its beginning in 1998/99 through to 2014/15. Recently, the monthly allowance was increased from Tk 300 to Tk 400. As with below table, the Australian Dollar budget provided in below uses a conversion rate per the year of disbursement.

**Table 7:** Allowance distribution of the AWHDDW program

| Fiscal year | Number of Beneficiaries | Per head per month Allowance | Total Allocation (Tk) (millions) | Total Allocation (AUD) (millions) |
|---|---|---|---|---|
| 1998-99 | 403110 | 100 | 40.3 | 0.6 |
| 1999-00 | 403110 | 100 | 40.3 | 0.6 |
| 2000-01 | 207585 | 100 | 250.0 | 3.8 |
| 2001-02 | 207585 | 100 | 250.0 | 3.8 |
| 2002-03 | 265802 | 125 | 398.7 | 6.1 |
| 2003-04 | 500000 | 150 | 900.0 | 13.7 |
| 2004-05 | 600000 | 165 | 1188.0 | 18.1 |
| 2005-06 | 625000 | 180 | 1350.0 | 20.6 |
| 2006-07 | 650000 | 200 | 1560.0 | 23.8 |
| 2007-08 | 750000 | 220 | 1980.0 | 30.2 |
| 2008-09 | 900000 | 250 | 2700.0 | 41.1 |
| 2009-10 | 920000 | 300 | 3312.0 | 50.4 |
| 2010-11 | 920000 | 300 | 3312.0 | 50.4 |
| 2011-12 | 920000 | 300 | 3312.0 | 50.4 |
| 2012-13 | 920000 | 300 | 3312.0 | 50.4 |
| 2013-14 | 1012000 | 300 | 3643.2 | 55.5 |
| 2014-15 | 1012000 | 400 | 4857.6 | 74.0 |

**Source:** Personal e-mail correspondence and money conversion following Purchasing Power Parity (PPP).

Table 8 below summarises the guidelines for the process of selection of beneficiaries in both SSNP programs.

**Table 8:** Selection criteria according to the implementation guidelines for OAA and AWHDDW

| Criteria | OAA | AWHDDW |
|---|---|---|
| Eligibility | For men not less than 65 years, for women not less than 62 years. Priority should be given to the oldest citizen. | Widowed, abandoned, divorced, or otherwise separated from or not living with their husbands.<br>Oldest person from among the applicants receives preference. |
| Yearly average income of the applicant | Not exceeding Tk. 10,000 (AUD 152) | Not exceeding Tk. 12,000 (AUD 182) |
| Ownership of land property | Landless persons will get priority. In this context, a person is defined landless if the land other than homestead amounts to 0.05 acres or less. | Landless people will get priority. In this context a person is defined landless if the land other than homestead amounts to 0.05 acres or less. |
| Priority | Those least physically able, those suffering from physical or mental illnesses or disabilities. | Elderly, physically disabled, completely physically incapable and sick will get utmost priority |
| Socio-economic condition | Priority for:<br>• older freedom fighters<br>• the destitute<br>• refugees<br>• landless<br>• widows/widowers<br>• divorced<br>• childless<br>• separated from family | Priority for the following women:<br>• Economically distressed families, asset less, migrated and landless<br>• Persons separated from family.<br>• Distressed, landless and having two children below 16 years. |
| Other | • Priority for those who spend a high proportion of their income on food, healthcare, shelter and other expenses. Those who spend all their earnings on food should be given priority.<br>• Birth registration/National ID number is mandatory to receive the allowance. Concerned committee selects the applicants. | Birth registration/National ID number is mandatory to receive the allowance. Concerned committee selects the applicants. |
| Exclusion criteria | The following are to be excluded:<br>• government employees and family members and pension allowance beneficiaries<br>• VGD cardholders<br>• recipients of any regular government allowances<br>• recipients of regular assistance from any non-government agency or social welfare institution<br>• residents of city corporations<br>• day labourers, domestic servants and professional beggars | The following are to be excluded:<br>• government or non-government employees<br>• recipients of pension allowances<br>• VGD cardholders<br>• recipients of other government allowances<br>• recipients of regular assistance from any other nongovernmental or social welfare institute<br>• women who have remarried |

**Source:** BRAC Research Monograph (2008) modified with current implementation guidelines and personal official correspondence with the Ministry of Social Welfare, Bangladesh.

This study focuses on the effectiveness of the OAA and the AWHDDW for the elderly in Bangladesh. The OAA program is targeted at women aged 62 and men aged 65. While the widow allowance is not restricted to the elderly, they are prioritised, although, most beneficiaries within the study area are young widows aged under 60. Currently, each allowance pays Tk 400 per month. However, this amount is not enough to meet all basic needs. In most cases, this does not cover medicine costs for the elderly. According to the BIDS study (2013), only 25–30% of eligible, poor, older persons are receiving benefits from the OAA.

There are several committees for selecting the beneficiaries or vulnerable people from the grassroots level to the Ministry level. Since allowances are government funded, budget constraints restrict the ability for the allowance to be increased each year. Also, there are lapses and gaps between the intent of the SSNPs and their implementation. There is not yet any successful program for a secure old age in Bangladesh nor any social protection strategies for all elderly people within society. Bangladesh needs to develop a policy for its ageing population.

## 3.5 National Social Security Strategy (NSSS 2015)

The Government of Bangladesh (2015) has recently initiated the National Social Security Strategy in collaboration with the UNDP. The results of the NSSS rely on its successful implementation. For this activity, the Government needs to identify the ground realities and policy challenges for Bangladesh.

A project within Bangladesh started in 2013 named “Strengthening Social Protection Systems for the Poor” was funded by UKAid through the Department for International Development (DFID). The Australian Government’s Department of Foreign Affairs and Trade (DFAT) provided technical assistance funding for this project. The focus of this social development framework in Bangladesh is to develop a range of policies and programs. Social protection strategy is a core element along with strategies for poverty reduction, education, women and gender empowerment, health, nutrition and population, and environmental protection and climate change management. Human development can be achieved by expanding the opportunity and coverage and by making better program design. From this base, the Bangladesh Government (2015) initiated National Social Security Strategy.

Reducing poverty and inequality and improving human development are goals outlined Vision 2021, the Perspective Plan 2010-2021 and the Sixth Five Year Plan FY11-FY15. Coverage and the budget allocation of the safety net programs increased over the last decade in Bangladesh, but around 64% of poor households are still excluded from the benefits of social protection programs (National Social Protection Strategy, 3rd draft 2014). Currently, 145 programs are being run by different Ministries under the social protection schemes funded through the budget. Poverty rates in Bangladesh declined from 48.9% in 2000 to 40% in 2005 but it was still 31.5% in 2010 (National

Social Protection Strategy, 3rd draft 2014, HIES 2010). Shortcomings of the social protection system in Bangladesh identified in the strategy includes a small SSN budget and low average benefit per individual, 82% of beneficiaries are actually poor while 18% of beneficiaries are classified as non-poor. Some 24.5% of households benefitted from at least one of the 30 social protection programs covered in the HIES 2010. In addition, while a small proportion of people with disabilities, older persons and children aged 0–4 years are covered under social protection benefits, the social protection system focuses only on the rural poor and the rural economy. Due to labour migration and changing patterns of the urban economy, the social protection system needs to be redesigned for the changing economy and social dynamics. Lack of effective monitoring and evaluation (M&E) is another shortcoming of the present social protection system mentioned in the strategy paper (National Social Protection Strategy, 3rd draft 2014).

Recently, this National Social Protection Strategy has been approved by the Cabinet and renamed as the "National Social Security Strategy (NSSS) of Bangladesh" (Planning Commission 2015).

The long-term vision in the strategy for fixing social security is as follows:

> "Build an inclusive Social Security System for all deserving Bangladeshis that effectively tackles and prevents poverty and inequality and contributes to broader human development, employment and economic growth" (National Social Protection Strategy, 3rd draft 2014, p xiv & GOB 2015, p. xxi).

The government is committed to achieving this vision within five years by realizing the following goals:

> "Reform the National Social Security System by ensuring more efficient and effective use of resources, strengthening delivery systems and progress towards a more inclusive form of Social Security that effectively tackles lifecycle risks, prioritising the poorest and most vulnerable members of society" (GOB 2015, p.xxi).

The priority challenges for the next five years identified in the NSSS document (Planning Commission 2015) are to develop a universal approach for all; to expand the coverage of the programs for the most vulnerable, like children, older persons and people with disabilities. It also seeks to initiate a social insurance system for the protection of the vulnerable like old aged, disabled, unemployed and pregnant; to expand the coverage among urban poor; to support an effective disaster response system; to strengthen Management Information Systems; and to build awareness among the beneficiaries and motivate all influential contributors.

A comprehensive pension system for the elderly is one of the five core life cycle programs suggested by NSSS (Planning Commission 2015). The Government Service Pension and OAA for senior citizens who are aged 60 years and above will be financed by the government budget. In addition, the Government provides old age pensions to around 400,000 retired government

employees. A National Social Insurance Scheme (NSIS) will be introduced and will make it obligatory for private sector employers to arrange a contributory pension for all their employees. Private Voluntary Pension (PVP) will also be facilitated, open to all citizens of all occupations. NSIS and PVP will be financed through employer and employee contributions.

## 3.6 Research on Safety Net Programs in Bangladesh

There is a lack of studies on the formulation of sustainable social safety net policy, especially for elderly people in Bangladesh. A number of scholars in Bangladesh and elsewhere have studied and analysed SSNPs. However, it is evident that there is a lack of qualitative studies, particularly on elderly issues.

Ahmed, Jahan & Zohura (2014) discussed SSNPs in India, Indonesia, the Philippines and Bangladesh. They explained that India has given emphasis to creating employment opportunities and providing health care for poor people. Indonesia has ensured price subsidies for rice and fuel, conditional cash transfers and free health care (Jamkesmas). The Philippines' SSN strategy (in 2007) is centred on targeting assistance through a conditional cash transfer program called 4Ps (Pantawid Pamilyang Pilipino Programme) and health insurance. They argue that all countries have emphasised health care. In Bangladesh, health programs have emphasised nutritional protection of mothers and children and community health care. Only 3.4% of the total allocation for safety nets is aimed at health care services in Bangladesh (Ahmed, Jahan & Zohura 2014).

In a recent study Pradhan, Mohd & Sulaiman (2013) examined whether higher budget allocations for SSNs is linked to poverty reduction. The study shows, through analysis of statistical data, that higher budget allocations have been associated with decreases in poverty rates during recent decades in Bangladesh. However, as a disaster prone country, different types of vulnerabilities are creating new types of poverty in Bangladesh. Pradhan et al opined that improvement in social indicators, like infant mortality rate, life expectancy, literacy rate and per capita income, remain a vital problem for the people at the bottom of hierarchy. Finally, they concluded with the suggestion that besides SSNs, economic enlargement programs and policies have a larger prospect to contribute to poverty reduction.

Rahman (2012) explained that many people in Bangladesh have to face vulnerability due to natural disasters such as flood, cyclone, and river erosion. Poor and non-poor people in rural areas who are fully dependent on agriculture are affected by these disasters. After these shocks, these people face severe food insecurity due to reduced production. Rahman (2012 and 2014) also focuses on the effects of SSNPs on calorie consumption within poor households in Bangladesh. He argues that SSNPs play a vital role to protect the vulnerable from food insecurity. In his later study he

analysed quantitatively the data of the HIES[11] (BBS 2010) and concluded that SSNPs have a high impact on calorie consumption of the target group (Rahman 2014, p.14). He further suggested continuation of the SSNPs as effective tools for alleviating food insecurity with strong grounds to increase the budget allocation. The BIDS evaluation study also indicated that food and health related support is the top priorities of poor, older persons.

According to the National Food Policy Capacity Strengthening Program (Barkat et al. 2013) study, the challenges of implementing SSNPs in Bangladesh are targeting of beneficiaries along with coverage issues, leakages, and disparity in regional distribution. Abul Barkat and others conducted this study, supported by the NFPCSP of Bangladesh, in order to analyse the targeting errors in safety net programs. They conducted a survey of 3,594 households of beneficiaries and eligible non-beneficiaries, analysed the data of HIES 2010, reviewed recent studies and consulted with experts. Out of 145 SSNPs, HIES dealt with 30 major SSNPs in the 2010 survey (Barkat et al. 2013, p. 175). Approximately 60% of the safety net budget was spent on these 30 SSNPs. The study identified political and personal nepotism, bribery and improper prioritizations as causes for targeting errors. They suggested that ethical and strong political commitment, updated and accurate databases with clear definitions of what is meant by poor, and systematic monitoring can reduce these errors.

Masud-All-Kamal & Saha (p 9) discussed the adverse effect of the community selection process like corruption, nepotism etc. also noted in others' works (Adato & Haddad 2002, Barrientos & Nino-Zarazua 2011). Besides, they suggested that a community based selection process is important to strengthen social capital and community organisations and may increase the effectiveness of SSNPs.

Uddin et al. (2010) conducted 'Status of elderly people of Bangladesh: Health perspective' survey in three districts of Bangladesh namely Mymensingh, Noakhali and Sylhet (300 interviews, 100 from each district). The objective of the study was to make suggestions for ensuring the betterment of elderly people and the policies and programs for them. Their findings showed (p 185) that the number of older persons in good health declined while longevity increased (Chapter 1, p 4). Attitudes towards gender influence the health status of the elderly and the health condition of females was more severe than males (p 184). They made suggestions aimed at improving their health such as ensuring economic solvency for older persons, social engagement to provide sound mental and physical health, establish separate wards or units in hospitals, participation in development programs and policies for addressing their minimum needs, increased budget allocation for combating diseases related to gerontology.

[11] The Bangladesh Bureau of Statistics (BBS) has been conducting the HIES, a cross section survey, on Bangladeshi households every five years since 1991 with the financial support from the World Bank.

The Government of Bangladesh recently launched accounts (requiring as little as Tk 10) for beneficiaries of some SSNPs, especially the OAA program. This has made it easier for the poor to become beneficiaries of the SSNPs. However, selection of beneficiaries is not straightforward. The beneficiaries of the programs are initially selected by local government representatives. There is similarity between the systems of Bangladesh and Indonesia regarding concepts such as the participation of society in the performance of the program (Sumarto et al. 2002); but this can sometimes cause favouritism and bias. Maintaining a digital database of the beneficiaries or targeted people, as is done in Indonesia (Sumarto et al. 2002), can ensure transparency in the selection procedures of beneficiaries in the country.

Searches for studies on the impacts of the OAA and AWHDDW on the lives of the beneficiaries in different sources like Google Scholar, Flinders Library online, SAGE, ELDIS, and Science Direct did not yield large numbers of studies on this issue. However, some literature of relevance was found.

Begum & Wesumperuma (2013) described that social assistance, like the OAA, strengthens the relationship between children and older persons. They also discussed that regularly receiving an allowance has an important impact to eliminate loneliness, insecurity, social deprivation and neglect from the children of the older persons. Receiving an allowance is of great importance to older women as they generally have less control over property and household income in Bangladesh. Begum & Wesumperuma (2013) also showed that the poor can buy food and access health care easily due to access to allowance.

In his 'Impact of old age allowance among rural aged: An empirical investigation' survey Choudhary (2013) conducted interviews with 344 respondents who were receiving the OAA in Godagari Upazila of Rajshahi district in Bangladesh. According to their statistics, only 4.7% of male respondents and 2.9% of female respondents were in a satisfactory position with their families before receiving the allowance whereas after receiving the OAA, this increased to 59.3% of males and 60% of females (p 265-266). The results of their study also showed that the OAA program has an influence on the increase in acceptance of elderly people by their families, though it is not statistically significant (Choudhary 2013).

A study titled 'Impact of old age allowance on health-related quality of life among elderly persons in Bangladesh' by Rana & Ahmed (n.d) showed that regular financial support brought a positive change as this assistance allows the poor to regularly have some cash in hand. The beneficiaries can gain diverse benefits with this small amount of money in the households where they reside. Furthermore, the allowance has a great importance for elderly people as the money can be used for health care, food and clothes. Sometimes they spend the allowance for other purposes such as children’s education, food or clothes in the extended family where the older persons reside. This

contribution to the family may increase the acceptance, emotional support and care of the older people.

Pradhan & Afrin (2015) researched safety net programs for women of different ages in Bangladesh. The study revealed 24.5% of surveyed households received at least one SSN benefit, in line with the national average for all programs (HIES 2010). Further, they discussed that in the social context of Bangladesh, females are always dependent on a male counterpart: a child on her father; after marriage, a wife on her husband; and, in later age, a widow on her sons or children. They showed that the beneficiaries of the ADDWHH allowance are not just widows or elderly widows (p 154). According to the study, only 1.25 million elderly women are receiving the OAA, which is 40% of all elderly women. A beneficiary can buy 6 or 7 kg rice with the allowance (p 154). According to Mannan (2010), allowances from the OAA and the AWHDDW not only reduce poverty for the beneficiaries but also restore some sense of traditional values and a reduction in loneliness. The small, but regular, transfer of money provided by the OAA and the AWHDDW allowances increased the income of the beneficiaries by 74% and 88%, respectively (p 154).

### 3.6.1 Promise and Performance of SSN Programs: Research Evidence

Besides formulating rules and laws, the Government of Bangladesh initiated an evaluation study of OAA by autonomous research institute the Bangladesh Institute of Development Studies (BIDS). They interviewed 2400 beneficiaries of the program across seven Divisions (administrative areas) and used quantitative as well as qualitative methods such as FGDs of beneficiaries and non-beneficiaries. The BIDS study reported that 26–27% of total eligible beneficiaries of the OAA program are currently receiving the benefits of the program. The AWHDDW program is a safety net program accessible by elderly women and 3.4% of eligible women in rural areas and 2.2% of eligible women in urban areas are receiving the allowance. Nearly 1% of older persons in rural areas and 2% in urban areas receive benefits from a pension/retirement benefit. Public sector employees, who represent 10% of the work force, enjoy pension benefits. Moreover, there are other safety net programs for poor older persons like Vulnerable Group Development (VGD), honorarium for freedom fighters, allowance for disabled persons and financial assistance/grants from NGOs (BIDS 2013).

According to the BIDS (2013) study of 'The Old Age Allowance Programme of Bangladesh: An Evaluation', the government currently expends around 0.13% of GDP for the OAA, which provides cover for 35% of older men and 30% of older women. If the government wants to implement universal coverage under the program, it will require a threefold increase in the budget, equivalent to 0.4% of GDP. The study noted that if the government wants to increase the allowance from Tk 300 to Tk 500, as a percentage of GDP the OAA needs to increase from 0.13% to 0.23%, a manageable cost for the government (BIDS 2013). Currently, the Government has increased the allowance to Tk 400. The government spent 2.30% of total GDP and 12.28% of its total budget on

SSNPs in fiscal year 2014/15 (MoF 2014). Moreover, there is a long-established debate on how social policy should be designed to eliminate poverty and inequality. There are contradictory opinions among social scientists over whether safety net programs should only be for the chronically poor to eliminate poverty and inequality or all citizens as basic needs (Masud-All-Kamal & Saha 2014).

The same BIDS (2013) evaluation study reported inclusion and exclusion errors, nepotism/favouritism in selection processes, corruption and abuse of power by the selectors (elected representatives), who are mainly local political elites. The study found that: health care services and food assistance are the priority needs for poor older persons; most people opined that age eligibility for receiving the allowance should be reduced to 60 years of age; the current amount of the allowance should be increased; in case of the death of the beneficiary, his/her eligible partner should receive the allowance next; and the inclusion error rate is between 11 and 12%. The statistical data of the study showed that around 40% of sons supporting their parents are either living with them or providing regular assistance. The research reported in this thesis verifies these issues. The BIDS study suggested that for ensuring fair selection, actions like physical verification (visits to homes of the candidates by the responsible authority) and 'open selection in front of all' should be taken, information should be disseminated properly among all so that anyone can file a complaint against any misappropriate action. The study recommended that for fragile older persons, the allowance could be distributed through mobile phones, the number of social workers at field level should be adequate and vehicles or transport facilities should be provided to perform their activity.

Based on the above analysis of the related research and studies it is evident that- there is a lack of qualitative studies on the performance of the safety net programs for older persons in Bangladesh. This study attempts to observe/verify problems in the implementation process of the programs and the impacts of the programs on the beneficiaries' lives by using qualitative analysis and attempts to make suggestions for the further development of the programs. The main focus of this study is to identify the drawbacks of the programs and policies and the actual actions needed for ensuring social protection for older persons in aspects of social life by examining the position and vulnerability of older persons and addressing vulnerability and insecurity of the older persons. The present study adds ideas such as: problems existing in the implementation process can be eliminated by establishing monitoring and evaluation systems at every stage of programs' implementation; conducting open selection process (publicly) by a committee formed by different government officials, public representatives and members of the civil society; launching a database on the basis of poverty and priorities; and, correcting policies like members of a family not being able to receive benefits from several programs. This thesis differs from the BIDS study since it uses qualitative data, although the study area of this thesis does not cover all over Bangladesh like the BIDS study.

## 3.7 Conclusion

This chapter described the historical background of safety net programs in Bangladesh, its budget and the budget distribution. After its Independence, the Bangladesh Governments emphasised social protection programs for the poor vulnerable, mostly dependent on foreign aid. The programs shifted after the famine of 1974 to being based on public works and food based programs with the support of donors. Nowadays, 25–30% of poor are covered by the SSNPs mainly based on a national budget of 2.5% of GDP. The Government provides a standard budget allocation for the SSNPs, while unequal distribution of budget across regions according to poverty and other causes affect the successful implementation of the programs.

The main aim of the present qualitative study is to analyse the effectiveness of SSNPs for older persons: the OAA and the AWHDDW. Increasing the budget allocation to ensure 100% coverage by SSNPs for the poor is challenging. The Bangladesh Government has emphasised the 'National Social Insurance Scheme (NSIS)' and 'Private Voluntary Pension (PVP)' and these are priority challenges mentioned in the NSSS (Planning Commission 2015). From the BIDS study and other research, it is clear that there is corruption, nepotism, and inclusion/exclusion errors in the community based targeting system. The study suggested that actions like physical verification (visits to homes of the candidates by the responsible authority) and 'open selection in front of all' should be taken, information should be disseminated properly among all so that everyone can file a complaint against any misappropriate action. Digital databases of eligible poor according to poverty and priority should be launched for better selection and elimination of corruption. This way of selection of the beneficiaries could ensure a fair selection process.

Different national and international NGOs and organizations are working in Bangladesh for the social welfare of older people; among these most notable are Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM), Palli Karma Shohayok Foundation (PKSF), HelpAge International (HAI), Sir William Beveridge Foundation, Ageing Resource Center and Forum for the Rights of the Elderly, Bangladesh. Besides the government, private organizations can take action for the elderly people such as community based geriatric medical treatment facilities, parks for exercise, gaming, gathering with local people, community based work activities like IGAs (Income Generating Activities).

To analyse the performance of the programs mentioned according to the policies, to find out the strengths and weaknesses of the programs and to look into the areas needed to be discussed more was the main focus of this thesis. I attempted to discuss how the literature of Bangladesh is useful for the present study in this chapter.

This study attempts to focus on the issues raised in the literature to fill research gaps pertaining to the social protection of the elderly of Bangladesh ('the country specific reason' discussed by Barrientos 2009). This research includes the evaluation of the OAA and AWHDDW programs, the

impacts of the programs on older persons' lives, and the social relationship of the elderly with their children. Other questions to be addressed include how the allowances support older persons in maintaining their living standard and what they buy with it. The importance of the programs for securing health care and food intake for eligible non-beneficiaries of the programs will also be addressed in detail in the next chapter.

# CHAPTER IV
# OLD AGE ALLOWANCE AND WIDOW ALLOWANCE IN BANGLADESH: RESEARCH FINDINGS

"A mother can take care of TEN children BUT sometimes ten children can't take care of a MOTHER!"
(English saying; **Source:** Unknown)

## 4.1 Introduction

According to Creswell, interpreting or finding meaning in data is the last procedure of data analysis (2003, p.191). The field work for this research was undertaken from October to December 2015. During this period, 37 In-depth Interviews and five focus group discussions (FGDs) were conducted. The interviews were held with beneficiaries and eligible but non-beneficiaries of the two social safety net programs (SSNPs) for the elderly of Bangladesh: the Old Age Allowance (OAA) and the Allowance for Widows and Husband's Deserted Destitute Women (AWHDDW). Also interviewed were the Secretary of the Ministry of Social Welfare, the Intermediary that assisted in the field, a researcher, a local MP, and the Chairman, chief executive (Upazila Nirbahi Officer (UNO)) and social services officer of the Upazila in which the field work was conducted. Five FGDs were conducted with groups containing: beneficiaries OAA, eligible but non-beneficiaries of the OAA, local teachers, NGO personnel, and staff of the local Social Welfare Office. This chapter presents a summary of the data gathered and the analysis with respect to the research questions raised.

The two objectives for this research were (1) to evaluate the OAA and AWHDDW for older persons in terms of the impact of the programs on their lives and, (2) to identify limitations or problems with the programs in order to make suggestions about how they can better support healthy ageing. The research question of the study is: 'How have the safety net programs for the elderly been implemented, and what consequences can be identified for the social security in later age?'

From the objectives and the research question, a further five specific questions were developed. The first three questions relate to the targeting of the beneficiaries via the selection procedure, constraints for the implementation of the programs and the contribution of the programs to the lives of the beneficiaries in being able to change their socio-economic circumstances. The fourth question aimed at comparing the situations of beneficiaries and eligible non-beneficiaries and how their receipt or non-receipt of benefits influences their lives. The fifth question was to identify the actions/ strategies needed to strengthen administrative and institutional capacities to successfully run the program.

On the basis of the central research question, this research is divided into two themes for analysis:

- Theme 1: Process of selection of the beneficiaries and Implementation of the SSNPs.
- Theme 2: Impacts of the allowance on the individual's life and well-being.

This chapter is organised around these two themes with Section 4.2 covering Theme 1 and Section 4.3 discussing Theme 2. Each theme is divided into several sub-themes. Field data, including direct quotes from participants, is used to explain the problems identified, how the problems manifest and the causes behind those problems.

On the basis of these findings, suggestions are made for strengthening administrative and institutional capacities to successfully run the programs.

## 4.2 Process of Selection of the beneficiaries and Implementation of the SSNPs

During the in-depth interviews and FGDs, a number of issues emerged including in relation to the selection procedure of the beneficiaries of the SSNPs; causes for inclusion/exclusion errors; and, constraints in the program implementation. These three topics are discussed in subsections below.

To better understand these issues it is important to first gain an understanding of the administrative system in Bangladesh. The administrative system in Bangladesh consists of: local government and central government. The local government institutions are divided into different tiers: Union Parishad (council), Upazila Parishad, Zila Parishad, municipalities and city corporations. Union Parishad consist of a number of villages, Upazila Parishad consist of a number of Unions and Zila Parishad consist of a number of Upazilas. In Bangladesh, most development activities, including social welfare programs, are implemented by the Union Parishad[12]. According to the "Local Government (Union Parishad) Law, 2009" of Bangladesh, the Union Parishad consists of an elected chairman, nine Ward members (who can be male or female) and three female members. The three seats on the council dedicated for female members are elected from three groupings of three wards each within the nine wards of the Union. Each Ward contains small number (two or three) villages, depending on population and area (Rahman & Ahmed 2015).

The study was conducted in Kamarkhand Upazila in Shirajganj District. This Upazila consists of four Unions: Jamtoil, Roydoulatpur, Jhaoil and Vadraghat. Jamtoil Union has 21 villages, Roydoulatpur Union has 22 villages, Jhaoil Union has 21 villages and Vadraghat Union has 20 villages.

According to the Secretary of the Ministry of Social Welfare (MoSW), in FY 2015/16, there were three million beneficiaries of the OAA and 11.5 million beneficiaries of the AWHDDW across

[12] There are similarities of function between 'Union Parishad' of Bangladesh and 'Aksakal' Council of Uzbekistan, as described in Chapter 3.

Bangladesh[13]. According to official records of the Kamarkhand Upazila social services office, the Upazila had a population of 150,000 people. There were no statistics within the Upazila on the number of elderly within the region. The number of the beneficiaries of the OAA program in the Upazila was 2937 and the number of beneficiaries of the AWHDDW program was 1027. The social services officer advised an approximately equal ratio of elderly men and women receiving OAA benefits. This is not part of the program's policy but is officially followed in the Upazila. This explains why a widow is rarely selected as an OAA beneficiary on the death of a husband that was receiving the OAA; choosing a woman would skew the male/female balance. However, this is not a strict rule as a case was found of a lady receiving the OAA benefit after the death of her husband. The scenario of the widow allowance is quite different from the OAA. Most of recipients of AWHDDW benefit are younger than 60 years of age. According to the social services office[14], in Kamarkhand Upazila less than 10% of the beneficiaries of the AWHDDW were aged over 60 years. Additionally, more than 60% of poor older persons were receiving benefits in the study area.

Table 9 presents the numbers of beneficiaries of the OAA and AWHDDW programs during FY 2014/15 across the four Unions of Kamarkhand Upazila. Also shown is a projection of the number of new beneficiaries for each Union in FY 2015/16.

**Table 9:** The number of the beneficiaries of the OAA and the AWHDDW in FY 2014/15 and the projection for FY 2015/16

| Name of Union | OAA | | AWHDDW | |
|---|---|---|---|---|
| | Beneficiaries 2014/15 | Projected new beneficiaries 2015/16 | Beneficiaries 2014/15 | Projected new beneficiaries 2015/16 |
| Jamtoil | 809 | 122 | 255 | 30 |
| Roydoulatpur | 707 | 107 | 256 | 30 |
| Jhaoil | 786 | 119 | 255 | 30 |
| Vadraghat | 635 | 97 | 261 | 30 |
| Total | 2937 | 445 | 1027 | 120 |

**Source:** Official record collected during interviews with the Social Services Officer in his office, dated 14/12/2015.

The social services officer explained that they will distribute the projected number of new beneficiaries for the next financial year evenly across the Wards in a Union. For example, in the Jamtoil Union, it is projected that there will be 122 new OAA recipients in FY 2015/16). These 122 recipients will be evenly selected across the nine Wards of the Union meaning an extra 13 or 14 OAA recipients per Ward. The number of new beneficiaries varies year to year according to decisions from the central government on the advice of the Union Committee. No exact figure was available on the number of eligible non-beneficiaries in the Upazila as the most recent census conducted by the Bangladesh Bureau of Statistics (BBS) did not have this data.

[13] Personal interview with Mr. Tariq-Ul-Isam, Secretary of the Ministry of Social Welfare, Bangladesh
[14] Data collected from the office personally

### 4.2.1 Selection process of the beneficiaries

The selection process of the beneficiaries of the SSNPs within the Upazila was revealed through interviews and FGDs. Figure 2 depicts the selection process through different committees within the Upazila.

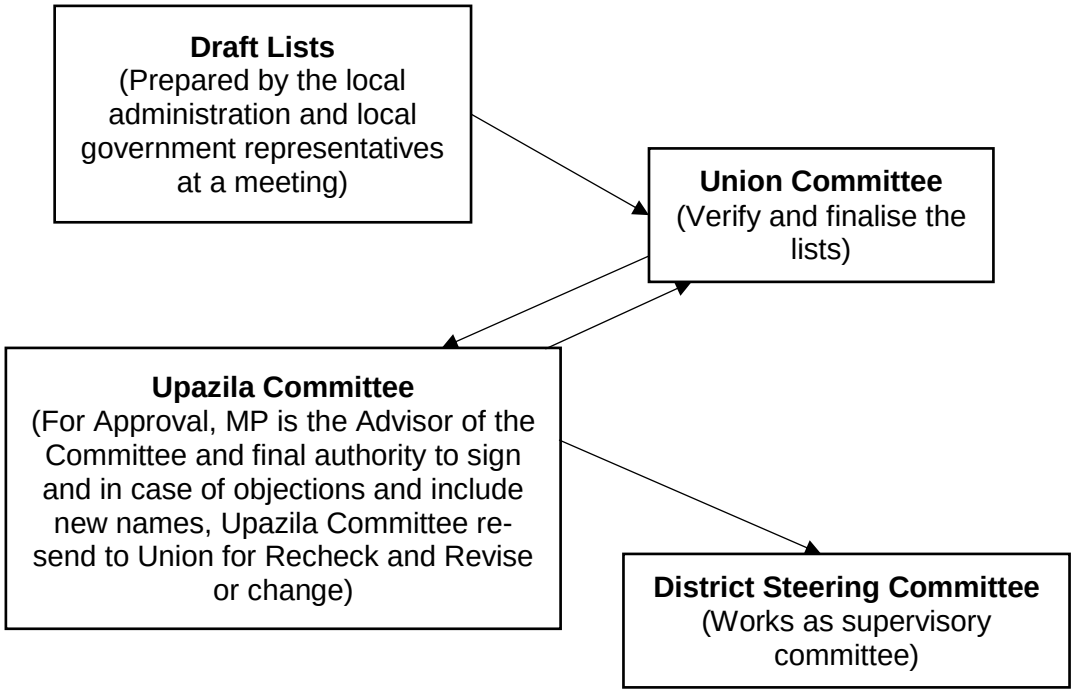


**Figure 2:** The process of selection of beneficiaries through different committees

Local administration and social welfare officers along with representatives from the Union and the Upazila meet to prepare a draft list of names for the SSNP benefits. This draft lists are passed to the Union Committee that is tasked with verifying the eligibility of names on the list as well as to try to identify anyone needier in the local area. The output of this process is a list of names that is generally considered to be final, but requires approval by the Upazila Committee. In some cases, for the reason of inclusion and exclusion of names, the Upazila Committee may return the list back to the Union Committee for correction. Once the Upazila Committee has approved the list, it is sent to the District Committee that acts primarily as a supervising authority. This process is as reported in interviews with the Upazila Chairman, the Upazila Nirbahi Officer (UNO), or chief executive, and the Upazila social services officer. In the subsection below, each step is discussed in more detail based on information gained from the interviews and FGDs.

#### 4.2.1.1 Step 1: Preparation of Draft List

The UNO of Kamarkhand Upazila explained that the identification of beneficiaries of the OAA and AWHDDW programs begins with the Upazila administration arranging a “miking” in every Ward. “Miking” refers to an announcement, made with microphone at common places within a Ward, informing residents of the date of a meeting for collecting the names of the eligible for SSNPs. The UNO explained that a date is fixed for collecting the names and details of poor older persons at a

place within each Union. People aged over 60 are asked to attend the meeting on the scheduled date. Generally, the meeting is held in a common place like a local school, college or madrasa[15] in the Union so that people can easily attend. The UNO, the Social Services Officer, the Union Chairman, and the Members of the Wards are present during the meeting when the names are listed. As local government representatives, they know most of the villagers and it is easier to verify the authenticity of the information they are giving to the local officials. With the permission of the local administration, direct observation was made of a selection meeting at a local school in Kamarkhand Upazila. Staff of the local Social Services Offices maintains a Registrar Book for recording name of the participants, father/spouse name, address, age according to National ID (NID), NID number and so on. The list is prepared after announcements and people have been heard in the presence of local administration and local government members.

During the interviews with the local officials and the Upazila Chairman, information related to the recording of names and details of beneficiaries and non-beneficiaries was collected. The UNO and Social Services Officer of Kamarkhand Upazila provided information regarding the system of keeping records. Firstly, they collect the information and make lists of people eligible for the OAA and/or the AWHDDW. The allocation of allowances for the current fiscal year may be increased slightly from stated levels. As such, the number of eligible people placed on the list usually exceeds the number of declared allowances. In addition to gathering names at the meeting, local Union Members also collect names of eligible people by visiting those who could not attend. In addition, people may visit the local UNO or Social Services Office to submit their application for consideration in the program.

The hand written names and details are later transcribed into a computer document. Local administration sends these names to the Union Committee for verifying the information and inclusion of the names of people known to be in a vulnerable condition but not yet listed. There are selection criteria in the SSNP implementation manuals for deciding who makes it on to the list and who does not. However, in reality there are many poor in the villages who can meet all criteria. In this case, the Ward members have the power to make the choice as to who is included.

During the FGD with local teachers from primary and high schools, many of them appreciate the present way of collecting names in the presence of officials. At the same time, they also indicated that the lists change when it is revised by the Union Parishad, mainly by Ward Members. One teacher suggested that, “selection for the beneficiaries can be done by other parties like teachers”. Most of the teachers suggested that, “it would be better if the government officials and local government representatives collect the eligible names by going door to door to collect the data

[15] Traditional schools where people go to learn about the religion of Islam, along with grammar and literature, mathematics, logic, and, in some cases, natural science are studied in madrasahs.
(**Source:** Encyclopedia Britannica).

first-hand". Then poor people need not to petition members for selection as a beneficiary. In this regard, it is important to mention one non-beneficiary of the OAA who said:

> "… three years ago I heard about the allowance for the first time. I visited the current member at that time; he clearly said to me that without money he won't make me the allowance card. I visited another member and he said the allowance was finished and that he'd give me the money when the Government resends the allowance ... I don't keep visiting the "Vote house"[16] or meeting the Chairman or Member to ask about the allowance. To be honest, I feel embarrassed to talk about this. …"[17].

Many participants of the FGDs opined that a digital database is needed for a systematic selection process, within the Upazila or District level, on the basis of poverty and priority. An objective selection process would reduce the cases of people running after the political representatives to be added to the list. The SSO, the UNO and two key informants emphasized that if there were a digital database nationwide containing the eligible poor according to poverty and priorities, problems like corruption, inclusion/exclusion errors, and favouritism could possibly be eliminated in most cases.

This suggestion of a digital database is supported by other research. Sumarto, Suryahadi & Widyanti (2002) discussed that during the economic recession in 1997, the Government of Indonesia used information from a database to target the poor for special safety net programs created to address the crisis. Similarly, Adato and Haddad (2002) suggested that by using existing poverty data and district infrastructure and unemployment maps, the Provincial departments are able to review and strengthen monitoring systems of projects aimed at the poor and strengthen cross-checking of programs between districts in order to assess actual target resources.

#### 4.2.1.2 Step 2: Upazila Administration sends the List to the Union Committee

The SSO sends the list to the Union Committee[18] for further verification of whether the people listed are actual vulnerable or not. If not, the list needs to be updated to include the most vulnerable possibly including some that were not able to attend the meeting.

The SSO described that an attempt is made to distribute projected new allowances for the next fiscal year equally across the Wards. The allowances are distributed according to the population of the Wards before sending the list to the Union Parishad. In addition, the SSO also sends the

[16] The Union Parishad is commonly known as the "Vote house" or "Voter Ghor" to the villagers.

[17] Personal interview with one of the non-beneficiaries of the OAA in Jhaoil Union of Kamarkhand Upazila on 4 October 2015

[18] The Union Committee is headed by the Union Parishad Chairman and it consists of six members: two representatives selected by the MP, one representative selected by the Upazila Chairman, one representative selected by the UNO and the Ward members (**Source:** Personally collected from local administration).

names of ten extra eligible persons for the SSNPs as collected during the Ward meetings. The Union Parishad Chairman distributes the lists to the Ward Members according to their areas of jurisdiction. From the lists, Ward members have to select the most eligible names and make a further list for the Union Committee. At the same time, they create a waiting list for the Ward with the names of ten eligible persons. On the basis of the primary lists, the Union Committee selects the final number of beneficiaries. The UNO explained that it is the Ward representatives that primarily create the lists, but the Union Committee is the final authority for selecting the persons who will receive the benefits. Union Committee meets before finalising the lists.

#### 4.2.1.3 Step 3: Union Committee sends the Lists to Upazila Committee and the Upazila Committee returns the Lists to Union Committee if needed

The Union Chairman sends the lists to the Upazila Social Services Office for consideration by the Upazila Committee, which is headed by the Upazila Parishad Chairman. The Upazila Committee checks the names on the lists and checks whether there are any complaints submitted at local offices. The lists are signed by the Upazila Chairman and the UNO, as President and Vice-President, respectively, of the Upazila Committee[19]. After that, the lists are sent to the local Member of Parliament for final approval, which, in most cases, is a formality. Sometimes the MP will suggest the names of his supporters that may have been excluded from the primary list. If there are no complications, the lists are considered final. Otherwise, the lists are again sent to the Union Parishad for further correction according to the desires of the MP, the Upazila Chairman and others. The selection process follows the same rule for both SSNPs for older persons. During the one of the FGDs with NGO personnel, some commented that: “local administration should have the power to finalise the lists during the initial meetings in the field. Alternatively, they should collect the names by knocking door to door. Corruption could be reduced by following these methods”[20]. They also suggested that it would be more effective if local administration take a photo of the eligible person as well as verifying the NID Card during the meeting.

#### 4.2.1.4 Step 4: Final List is sent to the District Level

Finally, the lists are signed by the Member of Parliament and are sent to the District Steering Committee[21]. During this process, the local administration accepts any complaint against the selection procedure and investigates. Generally, the District Committee acts as a supervisory authority but it does not make any change if there are no large anomalies or objections. Although

[19] Upazila Committee is headed by the Upazila Chairman and consists of 14 members including the two Vice-Chairmans of the Upazila Parishad. The SSO works as Member Secretary and the local UNO is the Vice-President of the Committee. (**Source:** Personally collected from local administration).

[20] FGD conducted with NGO representatives on12 November 2015 in Kamarkhand Upazila

[21] ‘District Steering Committee’ is headed by the Deputy Commissioner of the District and consists of 16 members. The Deputy Director of the District Social Services Office works as the Member Secretary of the Committee. Some representatives on the committee are selected by MPs of the District (**Source:** Personally collected from local administration).

the selection procedure is primarily started in front of local administration and local government people, Ward Members have a great influence in making the final selection of the names. As a result, questions of nepotism, corruption, inclusion/exclusion errors and so on have emerged.

#### 4.2.1.5 Problems observed

The selection meeting that was observed was attended by only a few people. The officials at the meeting related that despite advertising for the meeting, sometimes mass participation does not occur due to: lack of interest/awareness, travelling, missed the miking, sickness, ignorance, and not being eligible.

Officials and others who were present at the meeting in the school opined that, now-a-days criteria are followed in the selection process of the beneficiaries in a transparent manner. There is no scope to select a well-off person as the beneficiary in any way. Moreover, everyone has a National ID card and it is mandatory to verify the card for checking age in relation to old age benefits.

However, I observed that, in many cases, the actual date of birth is not reflected on the NID card. Some people were relatively young or only just 60 years old even if their NID card stated that they were over 60. In addition, there were potentially other people aged over 60 or even 70/80 who missed out because their NID card stated that they were under 60. Officials, people associated with political parties, teachers, NGO personnel, and the Intermediary also claimed that their real age was not reflected properly on their card. Some of the NGO personnel and teachers also confirmed that negligence occurred during the collection of information from the NID card, especially in the case of age. The NID card was initiated in Bangladesh during the Caretaker government supported by military from 2007 to 2009. Within a few months, this card launched in Bangladesh. In most cases, the rural poor are illiterate and are unaware of their exact date of birth. For these reasons, there are mistakes regarding their age on their cards. This means there is the possibility of younger poor being added to the SSNP lists.

Age identification is one of the causes for wrong targeting and it makes it easier for corruption or favouritism. The Ward Member works as a key person in selecting beneficiaries and it is they that are the initial cause of corruption and nepotism, as confirmed by many participants including the Intermediary and discussed in the FGDs. They can exclude names from the lists, include new names and finalise the lists through the meeting of the Union Committee, of which they are representatives. The lists sent by the Union Committee are generally not changed if there are no objections, lobbying or influence from influential persons. The UNO reported that objections are very rare and they receive very few complaint letters in most cases but they take necessary steps when needed. An interpretation of the causes for the lack of complaints is that the people are mostly illiterate, not conscious of what they should do or where they have to go, and lack of publicity regarding the rules of the programs. One teacher, during a FGD, mentioned:

"….rural poor often are not aware of the programs, there is a lack of publicity or campaigns about the safety net programs….".

In addition, they cannot easily move due to fragile health, they lack family support, they have to spend all their time working to survive, and they are afraid of making complaints against powerful persons like members, the chairman and other influential persons as they can do harm to them and they have to reside in the local area.

In conclusion, it can be said that in the selection process, the Union Committee is the final authority to approve the names of the beneficiaries. The lists are initially drafted by the Upazila Administration but, the local representatives of the Union Parishad finalise selection process. The Upazila Committee and District Steering Committee do not have much influence or do not interrupt the process except in cases when complaints are received.

### 4.2.2 Causes of inclusion/exclusion errors in the selection process

An input focus for this research was to identify causes of 'targeting' or inclusion/exclusion errors as discussed in the National Food Policy Capacity Strengthening Program (NFPCSP) study ( Barkat 2013), the Bangladesh Institute of Development Studies (BIDS) Study (2013) and 'Community targeting' identified by Smith and Subbarao (2003). These causes were identified through in-depth interviews with beneficiaries and non-beneficiaries and FGDs with different stakeholders. Observation of beneficiaries of socio-economic condition was conducted and information provided by the Intermediary and others was re-checked. The causes of targeting errors identified are presented in this section.

Ward Members select the names of few beneficiaries from the draft list containing a large number of those eligible provided by the Upazila Administration. This is the procedure according to the Program Implementation Guidelines. However, there are no specific national or local statistics on the exact number of eligible poor. This makes it difficult to accurately identify the number of allowances required and, therefore, the yearly budget cannot cover the actual demand for the service. There are many people eligible for the program who still do not receive benefits. This means that there is still a large number of eligible candidates living in poverty.

The interviews and FGDs conducted for this study confirmed perception of nepotism and favouritism due to the Ward Members and Union Chairman being able to influence the names in the beneficiary lists. As a result, they tend to choose the names of their relatives, friends, and political supporters. Teachers during a FGD reported that:

> "… there are some 'Murubbi'[22] in the Para[23] who have influence in the selection of names. Sometimes they deal in monetary transactions for selecting the names on behalf of the members and chairman ...".

They also give preference, when selecting names, to active party workers, important persons that can influence elections, and voters. In addition to targeting for inclusion, followers of the opposition political parties or people loyal to the opposition can be targeted for exclusion from the programs. The elite members of the Union Committee are partisan in most cases. This information is supported by staff of Social Services Office, local teachers, NGO personnel and the Intermediary. Some NGO personnel state that:

> "…the allowance cards are distributed among the chairman, members, women members even partisan people of the ruling party. They try to avoid selection of beneficiaries who are followers of the opposition …".

Some beneficiaries selected by the Union Committee may be poor but relatively better off than others. This occurs even though the selection was made by following the Manuals of the Programs. Some beneficiaries were selected as they were relatives or loyal followers of the Ward Member. In one case, a beneficiary of the AWHDDW allowance was the relative of the local elected Union Member and not a widow. During the interview with her she reported that her husband was alive, living with another wife in another village, and he also received the OAA benefit. However, it is true that, in this case, the beneficiary was in a dire circumstances living from hand to mouth.

Most participants of the FGDs reported that Ward members take money for selecting beneficiaries. This deal differs from person to person or depends on situations and the amount varies from Tk 1000 to Tk 3000. Sometimes they pay the money directly to the member or, in many cases, through a mediator or broker in the local area. Many participants of the FGD with the local teachers described that some elites of the village, local political party activists, and yes-men of the local authority work as mediators or brokers to collect the bribe. Three participants of the FGD with the beneficiaries of the OAA explained that one needs to pay at least Tk 500 to get the allowance card. The SSO reported that the number of beneficiaries to be added in the next year have been distributed to the Ward Members and the Union Chairman to be used for their own selection of beneficiaries. In most cases, Members share the bribe with the Chairman and all this happens in a very secret way. The SSO also added that, the elite[24] members of the Union Committee generally

[22] Murubbi means influential persons of the village who have strong connections with local representatives and are able to influence the selection process.

[23] A village is clustered in several Para.

[24] Elite members selected by the UNO, Upazila Chairman and MP are generally the freedom fighters, local politically influential persons and followers of their own party.

do not get involved in corruption or selection processes as they feel honoured to be a part of the selection process or the Committee. In many cases, they give one or two names and request the committee keep the names in the list as they know the older person is very poor and vulnerable. Of course, the decision is made and finalised in the meeting of the Union Committee, as confirmed by the SSO. One non-beneficiary of the AWHDDW allowance stated:

> "… Everyone gives oil on one's head who has oil already. I don't have any powerful person for pursuing in favour of me, that's why the Member does not give me the allowance card!"

She also informed me that the local Member takes Tk 2000 for selecting names and giving the card. Some participants, during interviews with non-beneficiaries, expressed that the Union Members do not show interest regarding the inclusion of their names and they know it is happening because they need money. A few of them explained that they do not know how to give the bribe to include their names even if they could. Most non-beneficiaries reported that they are so poor that they live from hand to mouth and it is not possible for them to give even a single penny. One non-beneficiary of the OAA stated:

> "… I visited the member so many times to receive the allowance card. But he refused; he says that I do not fall within the age-range of the allowance! I showed him my National ID card, but he still does not make any move towards it. He said to me that if I can give him 3000 Taka he would make me the allowance card, otherwise not. I heard that people have to bribe him Tk. 3000–4000 Taka to get the allowance card …".

This non-beneficiary further added:

> "… I did not complain against the corruption to the SSO or the UNO. I think that it is not possible to get the allowance card unless I pay the money to the Ward member. I have never heard of a poor person who gets the allowance without bribing anyone …".

Another non-beneficiary of OAA has four sons and three daughters but lives separately with his wife. His two sons provide him some support but he has to also support himself by working as a day laborer. Sometimes he does not receive his wage in due time. In these cases he has to manage daily expenditure from some savings or even take a loan. He expressed his sorrow in this way:

"…I got my three daughters married by giving dowry. My first two sons-in-laws did not ask for much but my third son-in-law wanted Tk 35000 as dowry, in addition to a quilt and bed coating. He misbehaves with my daughter and slaps her for this. I already gave him Tk 25000, there is still Tk 10,000 to be paid. My elder son-in-law is also demanding for the quilt and bed coating. They know that I am a day-labor, still they keep asking for dowry … I cannot manage all these. How will I manage the bribe money for getting the allowance? But I need the allowance greatly! ...".

A non-beneficiary who is widow reported:

> "… I do not have any money that I could provide …".

Some of the non- beneficiaries of the OAA and the AWHDDW reported that the members took Tk 2000–3000 from the poor for selecting their names. During FGD with non-beneficiaries of the OAA, some expressed their frustration that the people who had been selected for the benefits never disclose how they got selected. Some of the deprived people stated that when they asked beneficiaries where and how to pay, the beneficiaries kept silent. The non-beneficiaries reasoned that maybe they were afraid that if they disclose the information about the bribe or payment then their selection would be cancelled. One non-beneficiary of the widow allowance said that she tried to talk to the Member and the Chairman to get her name included, but they behaved very badly to her. She also reported that:

> "… I have heard that people get the allowance only when they give a bribe of Tk 1000–1500 to some unknown people. One of my neighbours who works in the local rice mill told me that he was selected for the OAA in exchange for Tk 1500. They didn't let me know to whom they gave the money. Probably, that's why I didn't receive the allowance until now as I do not know where and how I have to pay! ...".

She added that many beneficiaries received the allowance because they are relatives of the local Member or Chairman. The Intermediary, one of the key informants for this study, and the SSO also confirmed the money transactions in the selection process of the beneficiaries. The wife of one OAA beneficiary informed me that her husband gave Tk 500 to the member for selection as a beneficiary.

I found two beneficiaries of the programs, especially in the case of the OAA program, that are comparatively better off, even compared to other beneficiaries. This is due to their sons staying with them, sharing food and looking after them. There were many people less well-off than them. According to the Intermediary and many participants of the FGDs with teachers and NGO workers, this situation of the truly poor not receiving benefits while the better off do is not an isolated case.

During field work, many older persons approached independently and complained about being deprived for reasons like nepotism, corruption, mistakes in the NID, and failure to attend on the day of miking. A specific example, was a lady with fragile health who said that she heard the miking but was not able to go to the place on time. She did not know what to do to receive the allowance and her only son live in the capital, Dhaka. For these reasons, she could not be included in any SSNPs for older persons. In addition, the deprived persons made accusations that many of beneficiaries were better off compared to them. Apart from this, some of respondents, both beneficiaries and

non-beneficiaries, agreed that all of them were poor and everybody needs support from the programs.

Many older persons with fragile health claimed that they are not considered for benefits while younger people are receiving benefits. This is happening due to anomalies of date of birth on NID cards. An informant from the Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAAIGM) shared field experience that confirmed erroneous date of birth on the NID card and lack of awareness are causing wrong targeting. This was also confirmed in the interview with the Intermediary and by most participants of the FGDs, especially the non-beneficiary group.

The UNO, SSO and Upazila Chairman agreed that lobbying, pressure and influence are factors in the selection process. Sometimes the names on the draft list change before finalization due to lobbying. For instance, if an MP or other influential person desires, a new name gets included in the list. Of course, the UNO and the SSO confirmed that the MP of their Upazila never influences the selection process, but all MPs are not same. If a new name is added, a name must be removed. From the Union to the Upazila level, the lists are signed by different heads of the local government and are finally approved with the signature of the local MP. There are scopes for the list to be changed at each step in the approval process. The District Steering Committee meets three times a year to supervise the implementation of the programs. They are also responsible for the inspection and monitoring the programs' implementation and report to the National Steering Committee headed by the Minister of Finance.

Smith and Subbarao (2003) discussed in detail, and summarized in Section 3.5, the positive and negative influence of 'community targeting'. According to them, community targeting refers to the selection of beneficiaries of the SSNPs by local community people and leaders. Sometimes, people involved in politics and local government leaders put pressure on the selection of the targeted poor, which greatly influences the decision making process. For this reason, they considered misuse of community targeting to be an administrative constraint.

According to the Implementation Manuals of the programs, the Union Committee for SSNPs consists of four local elites or influential persons chosen by the MP, the Upazila Chairman, the UNO and the Union level local government elected representatives: the Union Parishad Chairman and Ward Members. The SSO confirmed that the UNO of the Upazila selects the local Freedom Fighter Commander for every Union Committee. The UNO believed that the freedom fighters are the glorious sons of the soil and that they can contribute neutrally to the selection process. In most cases, the MP and the Upazila Chairman select people who are followers of their politics or the local leader of their political party. This was confirmed by interviews with two key informants and participants of the FGDs. The selected members have some authority to influence the decision making process.

The Union Committee holds a meeting to finalize the names of the beneficiaries. It is at this meeting that any conflict between committee members is resolved as to who is and is not placed on the beneficiary lists. The selected members of the committee (not the elected representatives) do not have much influence in the selection process. They only request one or two names of people who have supported them or are people they know to be vulnerable. While the objective of the committee is to select the beneficiaries in a transparent way so that the actual poor are selected, the reality is that they do not make objective and impartial decisions.

The question of manipulation arises since there are not enough allowances for all the vulnerable. The SSO, the Intermediary, and participants of the FGDs supplied information indicating that only one third of the actual poor are receiving benefits from the SSNPs.

Smith and Subbarao (2003) opined that nepotism, political interference and the influence of social elites create difficulties or barriers in the decision making process and cause inclusion/exclusion errors. They also discussed the positive impacts of community targeting in Rajasthan, India that resulted in programs that were successful in targeting the poorest due to selection processes being conducted publicly. In field area for this current study, everyone interviewed raised the corruption of the local authority of the community. If the selection process of the beneficiaries of the SSNPs in Bangladesh was conducted publicly, corruption and inclusion/exclusion errors reduced like in Rajasthan, India.

In most cases, nepotism, corruption and lack of transparency in the selection process was initiated by the members of the Union Committee, especially the Ward Members. As mentioned earlier, one beneficiary of the AWHDDW was a relative of the local Union Member and was not a widow. Another beneficiary of the OAA has three sons with one son in the Army and another son working in the Middle East. This beneficiary is the head of the household and all of his sons' family members are staying with him. Their house is well furnished and the socio-economic condition is much better than any others. The information is verified by the Intermediary. Finally, all the participants of FGD with the beneficiaries of the OAA opined that politician have great influence in the selection procedure of the beneficiaries. Two participants stated that the local MP interferes in the selection procedure of the program and they had to first meet with him to be selected.

From the above discussions, it can be argued that there is corruption and nepotism in the initial stage of the selection process. Inclusion and exclusion errors are the main administrative barriers in implementing the programs. Targeting errors are the output of these constraints.

### 4.2.3 Constraints in the program implementation

Throughout the field work, constraints were observed impacting the successful implementation of the programs. This section reports irregularity identified in the implementation of the programs in comparison with the Program Implementation Manuals.

There were many reports that there were errors regarding the date of birth listed on NID cards. Many non-beneficiaries claimed that they were older than 70 but this was not reflected on their NID card. This give Union Members a reason to refuse their application on the ground that there were older people on the waiting lists. This is despite the fact that the eligible age for receiving the allowance is 65 for the men and 62 for the women, according to the Manual of the OAA. This issue also impacts the selection of beneficiaries for the AWHDDW since its Manual identifies a priority for benefits to be given to old widows. Fixing this issue is not simple since correcting date of birth errors is done by the National Election Commission and the last time this was done was in 2008/09. The Government must make a large scale initiative to change or correct the NID cards for the vulnerable, which would require significant manpower and money. However, even if such an initiative were undertaken, it may not be of benefit to the elderly since many of them are illiterate and do not know or have not kept records of their actual date of birth.

There is no national database of the vulnerable, elderly and widows in Bangladesh (Barkat et al 2003). The Upazila administration maintains documents like lists of the eligible names for the programs in a computer file, as opposed to a searchable database. Smith and Subbarao (2003) discussed that due to lack of digital data, Malawi faced difficulties in implementation safety net programs like the distribution of free fertilizer to the poor. However, Indonesian Government successfully used family planning data in implementing social transfer programs during the economic recession in 1997. Smith and Subbarao (2003) also described that lack of actual data worked as an 'information constraint' for successful implementation of safety net programs. Interviewees and participants of the FGDs in this study opined that if there were a national database, barriers like corruption and nepotism could be reduced since information related to eligible beneficiaries would be maintained in the database as objective facts. The UNO and the SSO stated that if there were databases in different areas, factors for influencing the selection process would be reduced. Moreover, everyone would be able to know the information and, as a result, how selections were made. This would make any manipulation more transparent. They also opined that the government of Bangladesh could initiate this with the support of development partners or their own revenue budget and the database could be developed centrally by the BBS. Alternatively, it may be better to develop the databases within the Ministry responsible for each SSNP. During the interview with the Secretary of the Ministry of Social Welfare, the Secretary indicated that the government has a plan and are working to initiate such a database.

A number of the participants during field work of the study, especially those who participated in the FGDs, expressed that corruption is a common phenomenon in the politics of Bangladesh. Candidates who contest in elections have to spend a huge amount of money before the election for different purposes. Most rural people are poor and illiterate and, as voters, are motivated by money

or other gifts like cloth. After the election, representatives of local government institutions[25] desire bribes for selection of the names of the beneficiaries of SSNPs to recoup their spending in the election. Some of the teachers, the SSO and the NGO personnel confirmed that many of the poor are willing to pay in order to get the benefits from the SSNPs. They may even borrow money in order to pay. Participants of the FGDs also added that people who were actively involved in local politics or the leaders of the political parties lacked ethics and moral principles. One NGO participant stated that:

> "… competition for achieving wealth or becoming wealthier is causing moral depreciation among the leaders of the society …".

In addition, almost all of the teachers stated:

> "… To increase moral values, family is the first academic institution for a person. But there is a lack of culture to practice moral education in families now-a-days. Everybody runs after the money! ...".

The teachers and NGO personnel also explained that the representatives tended to show power and to try to prove themselves as influential people. According to Birch, S (2011), vote buying is still one of the important factors to winning elections in Bangladesh. Osman A (2010) discussed that the local politics in Bangladesh is always characterised by conflicts, chaos, suppression of opposition, confrontation and favouritism. For these reasons, fairness and transparency are absent in political activities of Bangladesh.

The issue of politicians recouping election costs and of bribery was discussed by many participants during the FGDs and the Interviews. Most participants of the FGD with the beneficiaries of the OAA explained that in order to be included in the program they had to pay from Tk 500 up to Tk 3000 to the Ward Member. During the FGD sessions, one lady came to hear from others and wanted to participate in the FGD on behalf of her husband who is the beneficiary of the OAA and could not attend due to recovery from a heart attack. She reported that her husband had paid Tk 500 to the Ward Member to get included as a beneficiary. Almost every one of the participants in the FGD with the beneficiaries of the OAA expressed their opinion that they had to wait for a long time to meet with the Member, the Chairman, and the MP several times in order to have their names included as a beneficiary. One still had to chase the politicians to be included in the program.

It is interesting that as a group the OAA beneficiaries disclosed many things and shared their experience spending money for securing allowances. Whereas, during interviews with individual beneficiaries, most tried to hide this issue. During the interview with the Intermediary, it was learned that in village politics there are brokers or middlemen who deal in the bribes on behalf of the politicians. Generally, these middlemen are the followers of the representatives. All

[25] Representatives of local government institutions are mostly involved in the activities of political parties especially of the party in power.

transactions are done in strict confidence. During the FGD with the staff of local social welfare office, they unanimously agreed that there are brokers in the villages who work on behalf of the Union Members or political representatives. These brokers threaten beneficiaries of the SSNPs in that if they disclose anything about the bribe they will remove their names from the programs. Some of the participants of the FGD stated that the brokers threatened in this way:

"Vata ami dichi, kaitao ami nimu".

meaning that if they disclose to anyone, the brokers will delete the name of the beneficiaries from the programs since they have the authority for arranging the allowance, even though they do not have any authority in practice. The simple and helpless illiterate rural poor believe the threat and try to comply.

Another constraint of proper implementation of the SSNPs is the disbursement process of the allowance. The Government launched bank accounts for beneficiaries for ensuring transparency and to remove corruption in the distribution of the allowance. But problems have been identified in the distribution of the money. Previously, the money was distributed through a specific government bank according to the government decision. The SSO reported that the Government Banks ('Sonali Bank', 'Agrani Bank', 'Janata Bank', 'Rajshahi Agricultural Development Bank' and 'Krishi Bank') are responsible for the distribution of allowances all over Bangladesh. The 'Sonali Bank' and the 'Rajshahi Agricultural Development Bank' distribute money in Kamarkhand Upazila of Shirjgonj District. The problems emerge when a large number of beneficiaries crowd the bank since they do not have faith in the system. They want to draw the money the very first day it is available. The bankers are not able to complete their other jobs and it takes several days to distribute the money. Subsequently, the Bank authority decided to involve an officer who will distribute the program money among the SSNP beneficiaries from the local Upazila office. The Upazila SSO and staff will help in the procedure. This also involved a large workload under pressure. The bank officer also needs the support of armed guards/police to transport the large sum of money. Older persons with fragile health face difficulties in queuing for a long time. The largest difficulties were faced by physically challenged or paralysed people who require a companion to assist them. Some beneficiaries informed me that they gave their allowance card to the local member and he collects the money on their behalf. Although the beneficiaries did not disclose any corruption in this process, the Intermediary and some participants of the FGDs mentioned that the beneficiaries do not get the full amount of their allowance in these cases. The banking process sought to solve problems, but created new problems.

The factors discussed above are the main barriers for causing errors in the selection process of the beneficiaries and for successfully implementing the SSNPs. Targeting errors, inclusion/exclusion errors, nepotism, corruption, and lobbying are common challenges of community targeting in Bangladesh. Date of birth errors on NID cards, the absence of a digital database containing

information on vulnerable older persons and the anomalies of distributing allowances are other factors constraining the implementation of the program. Electoral malpractice and the tendency of local leaders to recoup the money from the programs for the vulnerable also affect the selection procedure of the beneficiaries and the overall program implementation of the OAA and AWHDDW programs.

Having discussed problems and barriers in the procedures for implementing the SSNP programs for the elderly, the next section turns to investigation of the impact of the programs on the lives of beneficiaries and non-beneficiaries. This is the second theme of this research.

## 4.3 Different Impacts of the program on the beneficiaries and non-beneficiaries

Most of the beneficiaries who participated in this study have been receiving benefits for the last 2–10 years. A few of them had been recently included in the programs while four had received the allowance for more than 10 years. In this section, findings related to the impact of the OAA and the AWHDDW programs on the lives of beneficiaries and non-beneficiaries is discussed. This discussion is structured into three areas:

- The impact on fulfilment of basic needs such as food, clothing, treatments (buying capacity of medicines), housing/shelter;
- Socio-psychological behavioural changes of their environment such as family members, relatives and neighbours. Having income or self-sufficiency engenders priority in the decision making process of the family and increases social acceptance; and,
- The impact of not receiving the benefits and the demand for the programs.

### 4.3.1 Impact on the basic needs of life

There are several causes of social change and changing family structure in Bangladesh, as discussed in Chapter 1. Due to changes in family size (BBS 2011, p xix, 9, 10, UN 2012) and other causes, older persons are facing more difficulties in their later lives (Uddin et al. 2010). Loneliness is one of these difficulties (Ibid p 186). Sometimes, even fulfilling basic needs is difficult. The present study attempts to discover the effectiveness of the programs at fulfilling basic needs.

In the interviews with the 20 beneficiaries, ten were living with their sons, two OAA beneficiaries were living separately with a spouse and six AWHDDW respondents were living alone. One of the widows was living alone with her mentally disabled/challenged daughter. She made a house on her son's land and lives from hand to mouth. She has two sons and the only daughter who is intellectually disabled. Her sons couldn't look after them. She explained that, one of her sons has five daughters and the other son has two sons and they have their own financial problems in providing for their families. Although her sons reside near her house, they only look after her occasionally when she feels an urgent need of money. However, she maintains her livelihood with

the widow allowance money and support from rich people of the local area. Sometimes rich people give them rice and they get clothes from 'Zakat'[26]. Her daughter does not receive benefits from any government program, not even from the disabled allowance program. According to the SSO, Government policy is that if any member of a family is receiving any allowance from Government SSNPs, no other family member will receive allowances. Regarding the amount of the allowance, the widow explained:

> "… It is not sufficient but I am satisfied with it. It would be worse if I wasn't getting the money. Otherwise, I would have to borrow or beg from people in order to survive …".

Opinions were the same from most of the participants of the study. That widow again expressed her sorrow in the following way:

> "… I always pray to God that He takes away my crazy daughter before me, because if I die my daughters-in-laws or my sons would never look after her. She would be nowhere if that happens …".

According to the program Implementation Manual, priority should be given to the landless who have less than 0.05 acres of land. However, this policy appears to be ignored in many cases. Out of the 10 OAA beneficiaries, six reported that they have more than 0.05 acres. One confirmed ownership of 0.32 acres and another confirmed ownership of 0.2 acres. The opposite exists in the case of widows. Most beneficiaries of the widow allowance do not possess any land or did not inherit any land from parents or husband. Many of them reside in 'Khas land' (government land that is abandoned) and have made their house with the support of others or themselves. In that case, they reported that they can save from the allowance money and repair their house when required. Out of the 10 OAA beneficiaries, four were women who were also widows. In their case, they also do not own land. On the one hand, in the case of non-beneficiaries of the widow allowance, three of five lived in the 'Khas land' and they do not own any land. On the other hand, two of five non-beneficiaries of the OAA had less than 0.1 acres of land, one had 0.05 acres and the other two had no land. According to this data, many beneficiaries have more than 0.05 acres of land. Similarly, many non-beneficiaries of OAA and AWHDDW programs are not getting the benefits and are not selected for the programs even though they are landless or have only a house on less than 0.05 acres of land.

Most importantly, a majority of beneficiaries of the OAA and AWHDDW programs spend the maximum amount of the allowance for the purpose of buying medicine. During FGD with the beneficiaries of the OAA, almost all of them reported spend their allowance for buying medicine. Out of 20 beneficiaries of the OAA and the AWHDDW, all of them stated that they first spend the

[26] The term 'Zakat' is used in Islamic finance to refer to the obligation that an individual has to donate a certain proportion of wealth each year to charitable causes. It is a mandatory obligation for well off Muslims (**Source:** Investopedia).

allowance money to buy medicine. One non-beneficiary of the widow allowance reported that if she receives the allowance she will spend the money for buying clothes and medicines. Another non-beneficiary of the AWHDDW reported:

> "… I had cataract in one of my eyes for which I underwent an operation with the support from others. That eye is well now, but the pain in other eye has started recently. Perhaps that eye needs an operation as well. But I don't have money for the operation. If I received the allowance, I could go for the operation with my savings …".

She further added:

> "… An old person who can't work and has no money highly values a single penny given by someone. So in that case, a Tk 1200 allowance is extremely beneficial to people like me …".

The SSO related the activities of the 'Hospital Social Services' started at the Upazila level from 2015. The SSO of the Hospital tries to provide support for the poor older persons, although it is not able to fulfil all demands due to budget constraints.

Spending money for buying food is the second priority among the beneficiaries. Most of the male respondents were working as day labourers, van drivers, workers in Rice Mills, sharecroppers, etc., as unskilled labour. Many of the old women receiving AWHDDW were also involved with activities like household worker, selling vegetables and pet hens in the local markets and workers in Rice Mills. A few of the respondents reported taking their meals by themselves, while most of them take their meals with their son or daughter, even though this means having to face much disgraceful behaviour from the in-laws and their children.

All the beneficiaries of the OAA and the AWHDDW reported that they do not spend the allowance money for buying clothes. They receive dresses from Zakat, children, well-off relatives, neighbours and other sources. In the case of non-beneficiaries, they have to depend fully on other sources. The non-beneficiaries of the OAA and the AWHDDW also manage their clothes in the same way.

According to the SSO, solvency, food security and health security in older age are the important areas to focus on for ensuring healthy ageing. The Secretary of MoSW reported that due to increased life expectancy of 70 years, the number of older people is increasing in the country. It is estimated that the number of old people will increase to 20 million by the year 2050, and 24% of the total eligible poor older population are receiving the OAA. He further stated that:

> "… We give the old age allowance of about Tk 400 per head per month, which is constantly increasing either by number or by amount. For example, the old age allowance in the last financial year was Tk.27.5 lakhs (400 per head per month) which has now increased to

Tk.30 lakhs (3 million) in 2015. The Government has given us a budget of about Tk.1400 crores (14000 million) on these in order to ensure social security of the poor, old aged …".

During the interview, the Secretary of the MoSW reported that in the government hospitals at the district levels there are SSOs involved in social welfare activities for the poor named 'Haspatal Samajseba Karjokrom' (Activities of Social Welfare in the Govt. Hospitals). They collect donations from rich people and help poor patients admitted to the hospital who cannot meet all expenses for the treatments. There is a committee lead by the head of the hospital with the SSO of the hospital as 'General Secretary'. This committee works in order to collect donations and to make decisions for distribution of the money. Poor older persons receive priority to receive support from the 'Haspatal Samajseba Karjokrom'. This activity runs in the National Medical College Hospitals only and is therefore insufficient in fulfilling demands. The Secretary also added that they are trying to expand these activities to the hospitals at the Upazila levels and that in every Government hospital there are two beds reserved for the older person. According to the Secretary, this is also inadequate to fulfil demands. The Government has a plan to increase the number of beds via the Ministry of Health.

Very few aged care centers have been established by private sector rich donors or organizations for poor older persons. One is "Probin Hitoyshi Songho" in Dhaka. A key informant who is a high government official reported that the Government has already started old age homes in six Divisions of Bangladesh. He also added that they have plan to increase the number of old age homes via 12 projects named 'Probin Nibash' (Old Home) that are adjacent to existing 'Government Orphanages' on the basis of public-private partnership. This informant also related that they have already started to eliminate poverty, to secure financial ability, to give healthcare facilities for older persons and nutritional support, to keep them away from the transmission of infectious diseases and to keep them protected from the various problems of climatic change. Not only this, the Government has also developed working partnerships with some of the Volunteer Organizations that want to provide work for old people on the basis of their skills.

Another key Informant reported that recently the Department of Gerontology was opened in the University of Dhaka (DU), but still there is no facilities for Palliative Care and Respite Care in Bangladesh for older persons. For rich people, some organizations provide this service in limited ways. He also related that the Bangladesh Military has established an old age home in Rangpur Division of Bangladesh and that they will establish more old age homes in coming days. Some rich donors have established old age homes in different areas but most of them are on the basis of payment. Very few of them are for the poor vulnerable. BAAIGM arranged free treatments for the most vulnerable poor, with treatments for other older persons for payment. The key informant reported that:

> "… there is no Ministry for older persons in many countries, no organizations for elderly people in the UN, no women organizations are working with vulnerable older women …".

Also:

> "… there are two NGOs who are working with the elderly named "Ageing Resource Center" and "Forum for the Rights of the Elderly, Bangladesh", but I know that only 2 percent of their total activities deal with older persons and their problems …".

According to him, older persons are always kept away from the policies. There should apply continuous pressure on the governments to include ageing issues in the development of different policies.

In short, it can be said that there is great importance to receiving the allowance to fulfil basic needs of older persons like spending money for food, housing, treatments and clothes. Still, 60–70% of vulnerable older people do not receive benefit from the SSNPs. Non-beneficiaries view the allowances as desirable in order to fulfil their basic needs.

### 4.3.2 Impacts on the socio-psychological behavioural changes

This section discusses the influence of the allowances on the lives of the beneficiaries and non-beneficiaries and how the socio-psychological behaviour of their environment changed.

One query in the Interviews with the beneficiaries was whether they experienced any change in their surroundings after getting the allowance. Most beneficiaries of the OAA and the AWHDDW reported no change. One of the beneficiaries of AWHDDW dissented saying:

> "… my elder son says that since I get the allowance I do not need his money; I can cover all the expenses with this money!"

Another beneficiary of the AWHDDW who is being looked after by her sons expressed:

> "… if I were not receiving the widow allowance, my daughter-in-law would have misbehaved with me even more."

Another beneficiary of the AWHDDW said that:

> "…. They (her sons) have never looked after me so it doesn't depend on the receipt of the allowance. But if the allowance money was high, they might have taken care of me a bit! ..."

Some of them expressed that now their children take care of them more compared to before getting the benefits, they receive invitations to social functions, sons take their suggestion in the case of making family decisions, they are considered important by their grandchildren since they

are able to provide desired things like chocolates. One of the impacts of the allowance is that it has strengthened bonds in the family. One of the OAA beneficiaries reported:

> "… now-a-days people invite those who can invite them in return. Nobody wants to invite a penurious person to their functions who can't present them with gifts …".

Many beneficiaries stated that their grandchildren were waiting for the day when they received the allowance. Since they spend money from the allowance for buying chocolates and biscuits to make their grandchildren happy, they are getting love from their grandchildren. In Bangladesh, betel leaf and areca/betel nut are popular among older persons for chewing. Many of them need not request their children to provide them betel leaf and nut as they can buy that with their own money. A few beneficiaries reported that they have to give some portion of the allowance to their sons with whom they reside or stay to manage the family. One beneficiary of the widow allowance stated that she gave her savings from the allowance to her son to start a new business. For this reason, their dignity and importance is increased among the family members.

Many respondents shared their positive experience towards the attitudes about their family members and neighbours after receiving the benefits. A beneficiary of the OAA who is a widow and lived with her daughter's family reported about the changing behaviour of her son-in-law after getting the allowance in this way:

> "… There was is a positive change in the behavior of my surroundings. Previously, my son-in-law used to scold me quite often for living in my daughter's house and considered me as a burden. But when I started to get the allowance money, he changed his behavior towards me; he doesn't scold me now and considers my opinions before making any decisions in the family…".

But regarding the attitude of the neighbors she again said that:

> "…Probably they think that I am not from a well-off family and I do not hold enough money to attend a marriage ceremony! So, neither do they invite me nor do I attend these functions …".

Some beneficiaries stated differently like a beneficiary of the OAA who thought that:

> "… People behave on their own, there is no relationship with the allowance and people's behavior towards me…".

Another important aspect raised during discussions in the FGDs and interviews is the changing pattern of social environments loosening family bonds and causing vulnerability for old age people. This issue is also discussed in many studies like, HAI (2014), BIDS (2013), Kuhn (2001), UN (2012), Uddin et al (2010). Most of the participants in the FGDs with local teachers also described

problems. Most of the teachers reported that now-a-days the relationship between mother-in-law and daughter-in-law is not like before. They also identified some reasons for the antagonistic relationship between mother-in-law and daughter-in-law. The joint family system is breaking down to the nuclear family system in present times. Poverty is one important cause in addition to urbanisation, mobilisation for jobs, and Increase in population. Due to various reasons like sickness, payment of dowry for arranging marriage for daughters and so on, villagers tend to sell or mortgage their lands. Later, in many cases, they are unable to pay for the mortgage and are forced into the vicious cycle of poverty. One widow who was getting the OAA said that:

> "... my husband was sick for six years and finally he died. We had to sell all of our lands for his treatments. Now we are landless and staying on other's land and house because the land lord was staying in Dhaka and I look after his property….".

The only son of that lady was the patient of hysteria and her eldest daughter looked after him. The youngest daughter of the widow supported her to live, because she had a job as a house keeper. The widow managed her life with the allowance money and support from her daughter and the son of her brother.

In conclusion, it can be said that the allowances have a great influence on behavioral changes of the surroundings of older persons. The prestige and dignity in the family as well as in the society increase to some extent. Receiving the allowance shows that they are capable of buying something or giving gifts to someone. In some cases, an older persons' daughter-in-law or son-in-law does not raise problems to keep the father-in-law or mother-in-law with them, because they can contribute to the monthly expenditure of the household or, at least, they can bear their expenses like buying medicine and even fancy items, like betel leaf.

### 4.3.3 Impacts of not receiving and demand of the benefits from non-beneficiaries

Most of the eligible but non-beneficiaries expressed that they need the allowance to bear their living expenses. Buying medicine and food are the top priorities to them. Many of them also told that they could use the allowance for establishing or repairing their house. A non-beneficiary of the AWHDDW stated the importance of receiving the allowance in the following way:

> "… Yes, it is effective. An old person who can't work and has no money, highly values a single penny given by someone. So in that case, Tk 400 allowance is nothing but extremely beneficial to people like me".

In respect to the relationship with children, a non-beneficiary of the OAA expressed his sorrow in the following way:

> "…. You know how people behave to a person who is unemployed and can't earn money! Though I am not saying that my sons misbehave with me, they behave well with me. But I know they suffer a lot for us (me and my wife)".

Most of respondents agreed that their age was not reflected correctly in their NID care and, for this reason, it was easier to overlook their selection as beneficiaries by the members of Union Parishad. Many eligible non-beneficiaries explained that, members rejected their application when viewing their age as mentioned in their NID card. One non-beneficiary of the OAA said that:

> "…. two years ago the member of our village said that the Government is giving allowance to the old people and that all the old people should visit the Vote Office (Union Parishad) with their National ID card to get the allowance. I went there as said but the member didn't make me the allowance card. He said that I didn't fall under the age range to get the allowance. Later I heard from people who got the allowance card saying that they had to bribe the member to get the allowance. They paid Tk. 2000 to the member. This is the reason for which I didn't get the card".

In this regard, another non-beneficiary of the OAA stated that:

> "…. three years ago I heard about the allowance for the first time. I visited the current member of that time; he clearly said to me that without money he won't make me the allowance card. I visited another member and he said the allowance was finished and that he'd give me the money when the Government resends the allowance".

In many ways they have to run after the members for selection as beneficiary. A non-beneficiary of the AWHDDW stated in this regard that:

> "…I don't go out and meet people, probably that's why I am not getting the allowance… Moreover, I have given him (member) my photos for the allowance card. When I visited him, he said that he can't remember where he put my photos. The next time he says that he had submitted my photos for the allowancing process. He kept on saying different things at my every visit. For this reason, I have stopped meeting him".

A non-beneficiary of the OAA further reported that:

> "… there are people who are worse-off and better-off than me who are receiving the allowance. This is probably because they can obtain help from the known intermediaries/brokers".

Many of the non-beneficiaries stated that beside the involvement of the middleman/broker, nepotism is another cause for selection as beneficiary. A non-beneficiary of the AWHDDW said:

> "…. I think it's because of the money I am not getting the allowance ….. Yes, a lot of them got the allowance just because they are relatives of the member and Chairman".

A non-beneficiary of the AWHDDW also stated that:

> "…. The Member gives allowance to the people who are healthy and wealthy enough, they don't need the allowance money but still Member gives them the allowance. He prefers 'Tel mathai tel deya' (to put oil on one's head who does not need it!)".

Many eligible non-beneficiaries stated that, the selection process should be open to all and the authority should visit our house to see our actual problems and demands. They also suggested that the Government should provide the allowances to all eligible poor older persons. Then it could not be possible for the Members and Chairman to be corrupt in a selection process.

## 4.4 Conclusion

This chapter discussed anomalies and discrepancies in the implementation process of the safety net programs for older persons as a whole. In addition to budget limitation and absence of a database of eligible citizens, there are some constraints in the implementation process of the OAA and AWHDDW programs. Like other studies summarised in Chapter 2 and Chapter 3, this study found misuse of community targeting, corruption, favouritism, and inclusion/exclusion errors in the selection process. Selection procedure of eligible beneficiaries is hampered due to lack of transparent records, lack of public selection process and other causes. A transparent digital database nationwide capturing information on the actual needy on the basis of criteria like poverty and priorities would result in better selections.

Another observation is that there is a lack of monitoring and evaluation system for the SSNPs for older persons in the MoSW. According to the program Implementation Manuals of the OAA (2013, p 11) and AWHDDW (MoSW 2013, p 12), there is a sufficient number of committees to supervise the implementation progress of the programs. The functions of the different Committees described in the Manuals could be followed quarterly at the District level (by the District Steering Committee) and yearly at the National level (by the National Steering Committee). The District Committee is working as a supervisory authority to review the progress with implementation. There is a Monitoring and Supervision Cell in the Department of Social Services (DSS) under the Ministry of Social Welfare (MoSW). According to the Organogram (chart of posts and equipment of the office) or office set up, this Cell is involved in planning, observing the impacts and changes of socio-economic development in order to strengthen all the social safety net programs including the OAA and the AWHDDW. There is no dedicated monitoring and evaluation system to the SSNPs.

The impact of the programs on the lives of the beneficiaries and the eligible but non-beneficiaries were described in this chapter. With the allowances, buying food and medicine are the top priorities to the beneficiaries. They also use the allowance for purposes like repairing their house, paying loans, daily expenses, buying gifts for others and even clothes for themselves. The influence of receiving the money has a great impact on their social and family lives. They can be included as a family member of their sons' family and, in many cases, get priority in the decision making process. There is a great demand for the programs from the eligible non-beneficiaries. But, due to shortage of budget and coverage, only one third of the eligible poor are getting the benefits.

Private organisations, NGOs and voluntary organisations need to be involved for working with the older persons. Easy loans, Income Generating Activities, establishing age care, correction program of date of birth on the NID card, free geriatric treatment and palliative care should be initiated for them by the NGOs. Different clubs for the youth and the older persons can be formed. Private donation, grant or 'Zakat' can be used for these purposes. The next chapter discusses policy implications and some suggestions.

# CHAPTER V
# POLICY IMPLICATIONS AND CONCLUSION

## 5.1 Introduction

This chapter summarises the findings of this study and discusses consequences of the policies and programs undertaken in Bangladesh for older persons. Additionally, gaps in the programs are enunciated, areas needing development are identified and suggestions are made for the overall situation. This chapter is divided into three sections: the first summarises the findings of the study with the reference to the research questions; the second section compares the study findings with the wider literature; the final section discusses policy implications with reference to the data of the present study.

## 5.2 Essence of the Study Findings

This study examined two Social Safety Net Programs (SSNPs) for the elderly: the Old Age Allowance (OAA) and the Allowance for Widows and Husband's Destitute Deserted Women (AWHDDW). The study identified problems in the implementation process, the impacts of the programs on the beneficiaries' lives and deprivation experienced by the eligible non-beneficiaries. The research addressed five questions:

- How do the beneficiaries of the programs get selected?
- What are the constraints in the program implementation?
- Are the current programs fulfilling the basic needs of the beneficiaries?
- What is the deprivation experienced by the eligible non-beneficiaries of the SSNPs?
- What strategies or actions are needed to successfully implement the programs?

Addressing these questions has been of great importance in understanding policies for elderly people and the limitations of and the gaps in program implementation. There is a large knowledge gap regarding the incidence and impact of the social pension programs in low income countries (Barrientos 2009) especially SSNPs for older persons in Bangladesh (BIDS 2013). The research questions of the present study were designed on the basis of policy questions on social assistance programs addressed by Barrientos and Nino-Zarazua (2011) and the constraints for successful implementation of SSNPs, such as limited budget, administrative barriers and an information gap, as identified by Smith and Subbarao (2003). By addressing these research questions, the present study focused on whether the allowances are practical in alleviating poverty and in promoting development or not, as proposed by Hanlon (2004). Additionally, the research questions were used to identify whether the allowances directly contributed to betterment in the condition of the poor (Hulme, Hanlon & Barrientos 2012)**.** The research questions were also used to identify problems in the SSNP implementation process, as identified by many researchers on SSNPs (Sumarto, Suryahadi & Widyanti 2002, Adato & Haddad 2002, Masud-All-Kamal & Saha 2014, Barkat et al.

2013), and what the impact of the programs are on the lives of poor older persons (Begum & Wesumperuma, D 2013, Choudhary, MSR 2013, Pradhan, MAH 2015, Mannan, M 2010).

Chapter 4 presented results of the research within two themes: the program implementation and selection process of the beneficiaries of SSNPs for the elderly in Bangladesh, and the influence of the programs on the lives of the beneficiaries and the eligible non-beneficiaries. The major findings of the study addressing the research questions are summarized below.

The first finding of the study was that, although the implementation process of the SSNPs follows the guidelines of the program manuals, there are gaps and lapses in the selection process of the beneficiaries. Inclusion and exclusion errors occur in the selection process due to corruption and nepotism on the part of the selection authority.

The second finding of the study was that, lack of information, absence of digital data about the poor, and improper record keeping are hampering the selection process of the actual poor. Community targeting is based on the Influence of the local political elites and their followers, which is blamed for favouritism and the cause of bribery. Malpractice and corruption in the election process is linked to the tendency of elected officials to want to recoup money spent on getting elected from the SSNPs for the poor. Mistakes in dates of birth as reported on National ID (NID) cards is another cause of inclusion/exclusion errors.

The third finding of the study was that, the OAA and AWHDDW programs have had a significant positive influence on the lives of the vulnerable poor. Their capacity to buy food, medicine and fulfil other needs has increased since they started receiving the allowance, although the allowance is not sufficient to meet all needs. In some cases, their position in their families, with relatives and in their social surroundings, has improved. They are prioritised in the decision making process of the family, they are more socially accepted and receive respect from family members. They are also able to obtain loans more easily from others.

The fourth finding of the study is that, currently, only 25–30% of eligible poor older people are receiving benefits of SSNPs. Information from eligible non-beneficiaries revealed that- they felt the Government should increase the number of beneficiaries of the programs so that they can meet their basic needs; they have to face many questions from their family members about not receiving the allowances; many of them experienced deprivation; and many were asked for bribe in order to be able to receive the allowance.

The fifth finding of the study was that, there are several committees, from the grass roots level to the national level, but most are active only as supervisory authorities of the program implementation rather than effective monitoring units. There is no transparent monitoring and evaluation system for the programs implementation. This is despite the fact that there is a cell within the Department of Social Services (DSS) that undertakes supervision of only the SSNPs.

A sixth finding is that although the government has taken initiatives to distribute allowances through bank accounts of beneficiaries, there are still problems in distributing the money. Allowances are distributed only through Government Banks and, due to lack of staff, the banks fix a date for distribution. The beneficiaries have to go Upazila Parishad Office campus to receive money on the fixed date. This causes a large crowd and elderly with fragile health and people with disability having to wait for a long time.

In summary, the study found that there is wrong targeting (inclusion/exclusion errors) in the selection process of beneficiaries and, quite often, prospective beneficiaries must pay a bribe to be selected. Other factors affecting the fair and impartial selection of beneficiaries include: a lack of information or a common database about the actual needy; often eligible elderly are unaware the SSNPs exist; and, anomalies with the date of birth recorded on NID cards and the actual ages of the card holders. Although the allowance is not a significant amount of money, beneficiaries can at least buy food and medicine. Many use the money for other purposes like repair of homes, paying dowry for daughters, payment of loans, giving to others and supporting habits like chewing betel leaf or smoking.

In the area researched, not all eligible, poor, older persons were receiving allowances. Many of the eligible non-beneficiaries were asked for a bribe in order to be selected; the members of the Union Council easily refuse them by saying that there are many people older than them and that they have to wait for the next allocation of benefits; they believe that their actual age was not reflected on their NID cards; their social acceptance and importance in their family would increase if they were selected; and they would be better able to buy food and medicine.

Finally, administrative barriers in the proper functioning of the SSNPs for older persons were identified, such as: misuse of community targeting; lack of a monitoring and evaluation system; political influence; tendency for elected representatives to recoup money spent to get elected from the SSNPs; bribery; lack in announcing and circulation of program details; absence of a publicly monitored selection process; no door to door verification of eligibility; and lack of vehicles and manpower in the local social services office.

## 5.3 Discussion of the Study Findings in the Context of the Current Literature

This section discusses the extent to which the overall findings of this study support, extend and contradict the literature relevant to Bangladesh and beyond.

In relation to information constraints raised by Smith and Subbarao (2003), there is a lack of proper data/information about the poor in Bangladesh. Different scholars, like Sumarto et al. (2002), Smith and Subbarao (2003), BIDS (2013), Barkat et al. (2013), Masud-All-Kamal and Saha (2014), emphasized the proper listing of eligible poor or an up-to-date database of the beneficiaries of the

SSNPs in order to eliminate targeting errors in the programs. Like in other developing countries, in Bangladesh there is a need to improve transparency in the procedure of selecting beneficiaries in order to eliminate corruption and nepotism. In order to ensure accurate selection of beneficiaries, a digital database that allows clear identification of the eligible poor based on program criteria should be initiated nationally. This would allow verification of information about the poor in an area as well as being able to check whether there is anyone receiving several safety net allowances or not. The NFPCSP study suggested that strong political commitment is needed for this. The field work conducted for this study confirmed that there is inadequate information and lack of data about the number of eligible, poor, older persons, beneficiaries and non-beneficiaries, in the study area (Barkat et al. 2013).

In relation to fiscal constraint raised by Smith and Subbarao (2003), SSNPs in Bangladesh have a budget, as described in Chapter 2 that is 12.72 percentages of the national budget and of 2.19 percent of GDP in FY 2015/16. Secondary data sources and information from the Government Ministries indicates that 20% of poor households are receiving the allowance of SSNPs in the study region (Rajshahi Division). Nationwide, 30% of SSNP beneficiaries are receiving the OAA and 11% are receiving the widow allowance (Table 4 and Table 5).

Smith and Subbarao (2003) argue that community targeting for selection of beneficiaries of the programs acts as an administrative constraint in the case of Bangladesh (Chapter 3). Smith and Subbarao also suggest that political pressure in selecting beneficiaries influences the decision making process. Mahalla institutions of Uzbekistan (Urinboyev 2011, Sodikova 2011, Smith and Subbarao 2003) and Union Parishad of Bangladesh have similarities in the functioning of community targeting for selecting the beneficiaries of the SSNPs. Community targeting has been advocated on the basis that, as members of the community, local leaders are knowledgeable of needy families and vulnerable people. Members of ‘Aksakal Council’ and ‘Union Committee’ both exercise power in targeting beneficiaries of SSNPs according to their local knowledge of the poor. However, there is also the possibility of nepotism and political intervention. Adato and Haddad (2002) argue that the process of community targeting should be transparent, accountable and open to all in order to eliminate corruption. Studies by the Bangladesh Institute of Development Studies (BIDS) (2013), Sumarto et al. (2002) and Barkat et al. (2013) also found these results. Findings of the present study are consistent with those of other studies.

It was found that the community targeting system in the research area is not transparent, accountable and accessible for all poor, nor is it free from corruption and nepotism. Mis-targeting, low coverage, inclusion/exclusion errors, corruption and lack of data weaken the successful implementation of the programs (see Chapter 4). Political pressure influences the community targeting and the selection process of the beneficiaries. Exercise of power of political representatives, elites and their mediators or brokers and the tendency of elected representatives

to want to recoup money spent on getting elected from the programs for the poor create barriers to the selection of the more needy and the fair implementation of the programs.

Barrientos & Nino-Zarazua (2011) discussed policy questions of SSNPs and two methods (means test and proxy means test) of selecting beneficiaries of the programs in developing countries. This present study found the selection process of the beneficiaries of SSNPs in Bangladesh based on community targeting follows a 'means test' (categorical and geographical methods of identification along with community based selection). If there were a digital database to use as a basis for proxy means tests (effective targeting of the households on the basis of income or wealth), it would be possible to reduce inclusion and exclusion errors in the selection procedure of the beneficiaries. For initiating this, there should be clear direction in the policy guidelines about the selection criteria of the beneficiaries.

Smith and Subbarao (2003) also opined that cash transfer programs are more politically acceptable than social insurances in developing countries and 30% of non-poor were receiving benefits from one of the biggest nutritional program in Mozambique (Smith & Subbarao 2003). Similarly, the BIDS study (2013) in Bangladesh identified that inclusion errors were in the range of 11–21% based on 2400 interviews with beneficiaries of the OAA in Bangladesh. The BIDS study also identified inclusion/exclusion errors, nepotism and corruption in the selection process and misuse of power by local authorities. Similarly, this present study found that some of the participants were comparatively better-off and closely connected with community leaders. Though they did not discuss bribery willingly, many of the non-beneficiaries of the OAA and AWHDDW programs, the Intermediary, and the participants of the focus group discussions (FGDs) claimed that no one could get selected without giving money to members of the Union Committee. Even some of the beneficiaries agreed that bribery was required in the selection process of the programs.

Another problem in selecting the beneficiaries of the SSNPs in developing countries is that, generally, only one member of a family is able to receive benefits. This is the case in Bangladesh, as highlighted by Barrientos (2009). Research for this study suggests that this rule sometimes caused considerable hardship. For instance, a widow interviewed for this study was living alone, taking care of her mentally challenged daughter, and surviving on the widow allowance and some money earned as a daily labourer. Though her daughter was eligible to receive an allowance for disabled persons, she was not selected due to the mother already receiving an allowance. In cases such as this, policy needs to change to support the most vulnerable.

Social support from wealthy people in society also contributes to fulfilling the basic needs of the poor. Adato, Carter & May (2006) describe an example from KwaZulu-Natal province of South Africa and discuss the issue of social support given by friends or relatives and better-off households. This sort of support is in the form of one-time cash transfers or in-kind assistance for

the vulnerable. Similarly, this study found that in Bangladesh, almost all beneficiaries, and even non-beneficiaries, also depended on others for support via Zakat and other charitable donations. Widows especially are dependent on zakat and the assistance and cooperation of relatives and neighbours. However, this kind of one-time support does not work as a sustainable protection strategy for the poor, although it is of great importance in their livelihood. An option to better support sustainability would be for zakat to be merged with the Government payments. The establishment of a Zakat Fund could be used by the Government to expand SSNP coverage for older persons.

There are some misconceptions about the ageing issue such as the elderly being physically inactive, a burden on the family and society and that they are not able to contribute to social and economic development (HAI 2014 and UN 2012). Many of the older participants of the present study reported that they were treated as a burden on their sons and family members although most of them earn small amount of money as daily labourer. Many of them reported contributing with their allowance and earned money in the families. Moreover, some reported being ill-treated and abused by their family members, especially by their in-laws. If the IGAs of the active older people could be arranged as part of the main workforce of the country, it would ensure income security in older age and, as a consequence, strengthen economic development, as well as social development, of the country.

In summary, a number of policy priorities for the elderly are raised in the literature and as a result of the research conducted by this study: establish more old age homes, increase the budget allocation for the SSNPs for poor, older persons, reduce corruption, eliminate inclusion/exclusion errors or better target beneficiaries, expand the coverage of SSNPs for elderly poor, initiate a universal pension scheme, and launch a database of information on the poor.

## 5.4 Suggestions

According to the Manuals of the SSNPs, one eligibility criterion is that of ownership of land (own less than 0.05 acres of land). This study found that most participants of OAA, especially males, owned more than 0.05 acres of land. Some male, older persons had more than 0.2 acres of land, with others even better off. However, many of them still had to work as a day labourers in order to supplement their allowances. Vulnerability cannot be measured solely on the basis of land ownership. In other words, if it is mentioned that landless or ownership of less than 0.05 acres of land will be one of the criteria, it should be strictly followed. Criteria like this were not followed due to lack of monitoring systems.

The Government of Bangladesh has been prioritising the ageing issue and planning to make the OAA universal by enacting the “Probin Unnayan Ain” or Law for the Development of Older

Persons. The Government needs to decide whether the numbers of beneficiaries will be increased gradually or they will take an initiative to launch a universal pension for all citizens.

In the study area of Kamarkhand Upazila, nearly 50% of beneficiaries of the OAA are women. However, an even distribution of beneficiaries from both genders- is not prescribed in the Manual for the OAA and WA. The Manuals should be clear about such ratios in cases where the demand for the OAA exceeds supply. It is mostly younger widows who are receiving the benefits, though priority in the policy guideline of AWHDDW also has been given to older widows for receipt of the widow allowance. No clear reason for this age disparity was found from the interviews and FGDs, or from the program manual. This issue needs to be resolved in order that older widows have a secure ageing.

Although many, non-government organisations (NGOs), like the Association for Social Advancement (ASA), the Bangladesh Rural Advancement Committee (BRAC), the Association for Renovation Community Health Education Services (ARCHES), and Palli Unnayan Songstha, are working in Kamarkhand Upazila, there is a lack of development activities for vulnerable, older people. No NGOs provide microcredit loans for people aged over 60 for the purpose of pursuing IGAs and there is no financial support or any type of support service program for elderly people in this area. There is also no NGO that works for the older persons' welfare or focuses on healthy ageing issues. It was found that many who participated in this research (both beneficiaries and non-beneficiaries) are still doing laborious jobs in their later ages. In order to support them, government and non-government organisations should consider provision of loans to active, older persons.

There should be a strong Monitoring and Evaluation (M&E) Cell within the Ministry of Social Welfare (MoSW) at each level of government from the Upazila level to the National level in order to ensure a fair selection process of beneficiaries for SSNPs and to evaluate the impact of the programs on the lives of the poor. The monitoring system should be transparent. Information about the eligible poor for the SSNPs should be gathered by visiting households door to door in the villages. For this, a committee could be formed including government officials and civil society members. In order to select the eligible beneficiaries, a proxy means test (effective targeting system of the households on the basis of income or wealth) in conjunction with a means test (categorical and geographical methods of identification along with community based selection) should be clearly indicated in the policy. Suggestions for M&E are as follows:

- It is performed by the Upazila Nirbahi Officer (UNO), the Chief of the local Upazila administration, and a committee formed of government officials from different departments of the Upazila.
- The office of the Deputy Commissioner of the District should contain the function of monitoring negligence or lapses of the SSNPs.

- The Department of Social Services (DSS) should be more active in monitoring and evaluating complaints about the programs.
- There should be an M&E cell in the MoSW as well as within other ministries that deal with SSNPs.
- Monitoring and evaluation for programs could be performed by organizations who are not involved in government activities.

Paltasingh & Tyagi (2015) discussed that most poor people in India are not aware of existing social welfare programs. Like India, in Bangladesh, there is a lack of publicity of the programs and policies as a whole in the area of social welfare (Paltasingh & Tyagi 2015). There is a need for awareness building activities, especially at the rural level, about corruption and nepotism. People are afraid to submit complaints about inclusion/exclusion errors, corruption, nepotism, etc., for fear of muscle men acting on behalf of local politicians. Therefore, the suggestion is that local administration and local government should make these issues known so that people can raise their voice about corruption and nepotism without any fear. At the same time, local authorities need to ensure the security of anyone making valid complaints.

Mistakes about date of birth on the NID card are another cause for wrong targeting. Since it is not possible for the National Election Commission to quickly correct this issue, the Government should take the initiative to do this in the field by local administration. This need to fix dates of births on NID cards raises again the urgent need for a national database for all citizens. However, registration of births and deaths is still a new program in Bangladesh and obtaining accurate dates of birth may be difficult due to illiteracy and lack of authenticated birth records. A project to correct date of birth information could be conducted by the Government with the support of development partners. For this activity, social science students/researchers should be deployed for accurately verifying the age of the poor which could be done by conducting one-on-one interviews.

Another problem exists in the distribution of the allowance. Due to anomalies in the distribution system, beneficiaries do not get to take proper advantage of the system. It would be better if smart card technology is introduced with fingerprint recognition for beneficiaries to withdraw money directly from the bank. Suggestions for the distribution of the allowances are as follows

1. There should not be a fixed date on which money needs to be withdrawn from the bank and beneficiaries should have access to the bank in order to withdraw money at any time.
2. The Bank Officer should go to the villages to distribute the money. Several villages can be clustered to be administered concurrently.
3. For physically challenged persons, a nominee system should be launched to allow others to withdraw money on their behalf.
4. Transport facilities should be arranged for the social services office and the bank.

Nowadays, many private banks are working in the remote areas. Allowances should be distributable to these private banks in addition to accounts in Government public banks. Beneficiaries should be able to choose banks available to them in their own local area so that it is easy for them to withdraw money at any time. Banks responsible for distributing allowances should have dedicated staff for this purpose, especially in rural areas. Many problems in distributing allowances on-time are due to staffing issues. Resolving problems with the distribution of allowances would go some way to reducing corruption and making disbursement transparent.

Vehicle and transport facilities should be increased within the Upazila Social Services Offices. At present, every Upazila Social Services Office has a motorcycle and there are three 'Union Samajkormi'[27] for a Upazila. Having only one motorcycle means that only one 'Union Samajkormi' can travel at a time and must service at least three Unions of the Upazila in order to look after the programs. It is getting difficult to frequently travel to the villages as a Union Samajkormi has to share the motorcycle with colleagues. There should be one Union Samajkormi per two Unions and a vehicle for him or her. In that case, it becomes possible for the Union Samaikormi to become well acquainted with the area, its people and the problems they face.

Generally, sons and daughters in Bangladesh look after their parents. Some may neglect their parents due to bad influences or changes in mentality altering their behaviour towards their parents. Bad aspects of other cultures are seen through TV. Most participants of the FGDs agreed that the negative attitudes, individualistic views and family conflicts, and antagonistic relationships between mother-in-law and daughter-in-law shown in TV dramas and cinemas influence society and the culture of Bangladesh. Foreign programs and local programs like these have had a bad effect on social and family lives. Authorities should be careful in selecting TV channels and programs. Emphasis should be given to programs that increase family bonds and that provide examples of positive ageing issues.

The Government should take proper disciplinary action against children who abuse the parents. The Government of Bangladesh enacted two laws for elderly people named "National Elderly Policy, 2013 of Bangladesh" and "Parents Maintenance Bill, 2013 of Bangladesh". These laws are similar to China's Protection of the Rights and Interests of the Elderly Law (2013). The Government is trying to enact a law related to the establishment of the "Probin Unnayan Foundation" or Foundation for the Development of the Older Persons, and "Probin Unnayan Ain" or Law for the Development of Older Persons. One key informant of this study, a social researcher, related that the Bangladesh Association for the Aged and Institute of Geriatric Medicine

[27] 'Union Samajkormi' is a low-scale government staff who has to visit the villages for collection of instalments on government microcredit loans, supervision of all the SSNPs and works as a member secretary of the selection committee of the allowances.

(BAAIGM)[28] had submitted the draft of the law to the MoSW and that the Government is going to enact it very soon. However, reviewing legal filings did not reveal any cases of parents against their children in the study area. Reasons for this include: people did not know about the laws, they are not interested in filing a case against their children due to traditional values and lack of monitoring. In China there was a great protest against the law when it was enacted. This indicates that laws stipulating punishment are not the solution to ensure healthy ageing; instead proper implementation of SSNPs should be the goal for establishing a secure, healthy old age. The Indian 'Maintenance and Welfare of Parents and Senior Citizens' Act, 2007 provides special tribunals to deal with disputes for senior citizens. This type of provision can be included in the laws for older persons in Bangladesh. Implementation of these laws should be monitored strongly. The Government have launched the laws for ensuring the security of older people, but they still have a long way to go for successful implementation of these. Monitoring should be established for the filing of cases against all sorts of discrimination and deprivation against older persons from their family and society. Positive images of ageing issues should get priority in all sectors.

SSNPs of Bangladesh are implemented by different ministries and there is a lack of coordination between them. According to Rahman (2013), there is an urgent need to develop an integrated social safety net policy for effective implementation, monitoring and evaluation. In addition, a separate department under the Ministry of Finance can be established to handle the safety net programs (Ahmed, Jahan & Zohura 2014). Masud-All-Kamal & Saha (2014) also discussed the lack of coordination among the ministries dealing with SSNPs and the lack of M&E. In addition to the lack of coordination among relevant ministries across safety net programs, regional disparity in the distribution of the SSN budget is also a cause of concern see Masud-All-Kamal & Saha (2014), Ahmed, Jahan & Zohura (2014). The budget for the SSNPs should be distributed according to the ratio of poor people in different regions of the country

There is a lack of social qualitative research, as recommended by the Madrid International Plan of Action on Ageing (UN, 2002). Mathiu (2012), Barrientos (2011), and the BIDS study (2013) emphasise evidence-based policy dialogue and research and allocation of necessary budget for analysing and evaluating existing SSNPs. The Australian government emphasises multi-disciplinary approaches to ageing research (PMSEIC 2011). The Government should allocate budget for social research and the private sectors should conduct qualitative studies on ageing issues.

[28]BAAIGM (Bangladesh Association for the Aged and Institute of Geriatric Medicine) is established in 1960 founded by Dr. A K M Abdul Wahed. BAAIGM's vision is to promote right based welfare of the older persons so that they may remain physically healthy, mentally alert, cheerful and free from anxieties as well as contribute to the welfare of the society and country with their wisdom and experience. BAAIGM has 58 district level branch units all over Bangladesh (Source: UNESCWA).

MoSW has undertaken evaluation of the OAA program via the BIDS (2013), which is an autonomous, public, multi-disciplinary organization. During fiscal year 2015/16, the Government has a plan to have the BIDS evaluate the AWHDDW program. It is recommended that in addition to the BIDS study, social research on the performance of the programs should be done by individual researchers, NGOs and other organizations so that neutral advice can be identified to ensure healthy ageing.

Under current policies, several members of a family cannot receive different safety net allowances at the same time, even though they are eligible. That means, only one member per family is eligible to receive benefits from one safety net allowance even. Similarly, very few older women are getting the widow allowance nowadays. Currently, no more than 5–10% of women receive the AWHDDW in the study area. However, coverage of the widow allowance should be 50% for older widow per the policy of prioritizing the elderly. The Government could change the policy regarding these issues in the case of the most vulnerable people.

Coverage of the SSNPs for older persons and the allocation of the budget should be increased in order to ensure social protection for the elderly. If all the vulnerable poor were covered within the program, no selection process would be required and inclusion/exclusion errors and wrong targeting would be a non-issue.

Elderly people need special kinds of treatment known as geriatrics and the services provided for older persons through Government hospitals are inadequate in comparison to the need (Eva 2013). There is still a lack of an aged care system, geriatric and palliative medical care and facilities in the hospitals for elderly people. Health issues of the elderly are still absent in the plans and policies of the health sector. The Government should take the Initiative to promote this treatment; Eva (2013) added that due to the increased life expectancy of 70 years, there are more than 13 million old people in the country. It is estimated that the number of old people will increase to 20 million by the year 2050. Older persons suffer from various diseases and free treatment facilities are not available to them everywhere. Medical treatment should be free of cost for the poor, older persons in every hospital. The existing capacity of these services is inadequate to meet demand. The Government has to take immediate action, especially for the poor older persons of fragile health, such as: increasing the number of beds in all hospitals for the older people, forming a separate unit in the hospitals for the care they need, budgetary allocation to support this, starting projects for establishing aged care all over the country, and expanding the ‘Haspatal Samajseba Karjokrom’ in the Union Health Complex. Gerontology related treatment facilities and palliative and respite care for older persons should be increased in the Government hospitals. Gerontology departments should be opened in every Government and private hospitals. NGOs and volunteer organizations should take initiatives independently and in conjunction with the Government to initiate projects such as providing palliative and respite care for the elderly poor.

Establishment of more old age homes should be a priority in policies and plans. If old age homes are established in connection with existing orphanages, then old people and orphans can both experience a family environment. Children can receive support from the elderly people, share their experiences and wisdom. Elderly people's clubs can be formed in every village, like "Men's Sheds" (discussed in Chapter 2) from the Australian Government Shed Development Program. The Government of Bangladesh is going to establish 12 old age homes in the same precincts as existing government orphanages, but this is not sufficient to meet demand. The number of old age homes should be increased all over Bangladesh.

Integrating active older persons in mainstream development activities requires different skill development training, provision of soft loans, creation of opportunities for employment, and establishment of clubs for the youth-elderly. These initiatives should be taken by the Government as well as by NGOs. Income generating activities for active older people should be started in addition to the safety net programs in order to uplift the present conditions of the elderly. The capacity of older persons to be involved in economic activities can contribute to eradication of negative images of ageing (HelpAge International, 2014) as well as secure their healthy later ages. An inability to use the workforce of eligible older persons in mainstream development activities will see Bangladesh facing problems with a huge elderly population in the future. Creating opportunities for youths to interact with the elderly can give allow transfer of experience and knowledge from the old to the young. Positive attitudes towards the elderly can make them happy, and positive relations between youth and elderly can contribute to development activities and to society. Government and non-government organisations could make contributions in this area separately or with in collaboration with each other.

To summarise, many issues, supported by the literature, have been discussed about the safety net programs and policies analysed in the present study. To some extent, the policies for SSNPs for elderly people could be modified to solve problems faced in the implementation of the SSNPs in Bangladesh. Possible modifications could include: members of a family being able to simultaneously receive multiple benefits if eligible, land ownership criteria needs to be rethought to determine if it truly identifies vulnerability, both the proxy means test and means test should be followed in the selection of beneficiaries, and community targeting could be modified to be a transparent process. The criteria for determining vulnerability and eligibility per SSNP should be clearly indicated in a digital database. Actions required to ensure social protection for older persons include initiation of a universal pension, IGAs, establishing palliative and respite care, and providing geriatric treatment facilities.

## 5.5 Conclusion

This study described three types of constraints in the implementation of SSNPs: lack of information, administrative capacity and fiscal affordability (Smith & Subbarao 2003). Chapter 4 discussed the absence of proper data about eligible poor for benefits and weaknesses of administrative systems such as nepotism, corruption, and lack of transparency in the selection process. Chapter 3 presented details of the SSNP budget, 2.5% of GDP, in Bangladesh. This budget allocation is not sufficient to cover all eligible poor. Only one third of poor older persons in the study area of this research are receiving benefits from the programs. Coverage nationally is at a similar rate. In the current system, it is not possible to select the right persons for benefits due to constraints like nepotism and corruption in the selection process. It is confirmed from the research data that many eligible poor are not selected for benefits while comparatively better-off eligible poor and non-poor are selected. The information given by the participants of this research also confirmed the existence of bribery and favouritism.

The present study also attempted to identify whether the SSNPs for the elderly, namely the OAA and the AWHDDW, are being properly implemented and whether the actual poor receive the benefits. The study findings show that in Bangladesh, these programs are not implemented properly and the actual, eligible poor are not receiving benefits in many cases. Inclusion/exclusion errors, corruption, favouritism, and data failures are causing targeting errors in the selection process. There are no skill development training programs for active older persons. Moreover, most local NGOs did not provide microcredit loans to the elderly. Easy loans, free health care, palliative and respite care systems are absent in Bangladesh.

Bangladesh needs a law like ‘the Unorganised Workers’ Social Security Act (2008)’ of India. Recently the Bangladesh Government enacted the “National Social Security Strategy (NSSS) of Bangladesh” (Planning Commission 2015) and other laws to safeguard older persons. But it is not easy to implement these laws due to factors such as unwillingness to make complaints against children in court, ineffective system for monitoring complaints, and lack of awareness of the laws. Universal social security for all citizens is the best initiative for ensuring the social security for older persons.

As the nature of extreme poverty varies in different geographical regions, Masud-All-Kamal & Saha (2014) suggested that separate safety net programs are needed on the basis of geographic targeting to eliminate poverty arising from area specific problems like river erosion, salinity and arsenic pollution. Within Rajshahi Division, which includes the research area of this study, 16.8% of people are identified as living in poverty while 20.66% of households receive SSNPs. This ratio is low compared with other divisions.

Important emerging issues for the elderly, gaining attention in international forums, are: violation of the rights of older persons, physical and mental abuse, and initiatives for survival during natural disaster. Older people are regularly overlooked in the plans and policies of many countries, including Bangladesh. NGOs and international agencies have to put continuous pressure on governments to include ageing issues in the development policies of a country. To face the challenges arising from an ageing population in the 21st century requires commitment to the implementation of guidelines like those of the Vienna Plan (1982), the Madrid Plan (2002) and the latest UNESCAP Plan (2012). One suggestion from this study is that there should a goal within the UN Plan Post-2015, similar to Goal 5, for achieving sustainable ageing or ensuring social security for elderly people. Although Goal 3 emphasizes a universal pension scheme, an action plan for ageing was not reflected in the Plan Post-2015. Finally, the Government of Bangladesh needs to decide whether to extend the budget of SSNPs to cover all vulnerable people or to establish a social pension for all citizens (inclusive of both the organized and unorganized labour force across the formal and informal economy) for ensuring social protection of older persons.

Finally, a proper listing of the poor is not possible due to the lack of an authoritative, searchable data source. Important findings from this study include: anomalies in the distribution of the allowance; lack of initiatives for people with disabilities and fragile health; lack of monitoring and evaluation systems; lack of circulation and public awareness; lack of staff and vehicle facilities in the social services office and in the local banks; lack of family support for older persons; lack of strong implementation of laws for the elderly; lack of social research on SSNPs; and, confirmation of the existence of corruption and nepotism causing inclusion/exclusion errors when selecting SSNP beneficiaries. Money to buy food and medicine are the top priorities of elderly people. These are basic needs that must be supported by allowances from SSNPs if the elderly are not able to do so otherwise. There is a large number of elderly in Bangladesh that fall into this category and are eligible to receive benefits according to SSNP criteria but are unable to receive the benefits due to administrative and financial constraints in the implementation of the programs (Planning Commission 2015).

In conclusion, there is a lack of sufficient qualitative research on ageing issues in Bangladesh. Crucial areas to focus on in Bangladesh include the absence of aged care for the vulnerable, poor elderly and safety net support for all poor older people. Emphasis should be given to in-depth research on ageing issues, especially on aspects of community and family attitudes; health and well-being; work and community participation; sustainable resourcing; appropriate care and support; and digital information about the actual needy and poor vulnerable people in Bangladesh. Future areas of research include: physical and mental abuse directed towards older people, the vulnerable condition of poor older widows, palliative and respite care system for the elderly, issues related to gerontology, geriatric treatments and medicine, and the inclusion of the elderly in mainstream development activities.

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# ANNEXURES

## Annexure 1: Social Security Programs and Projects of Bangladesh in FY 2016-17

**A) Cash Transfer (Allowances) Programmes & Other Activities:**

1. Old Age Allowance; 2 Allowances for the Widow, Deserted and Destitute Women; 3. Allowances for the Financially Insolvent Disabled; 4. Maternity Allowance Programme for the Poor; 5. Allowances for Urban Low income Lactating Mothers; 6. Honorarium for Freedom Fighters; 7. Honorarium & Medical Allowances for Injured Freedom Fighters; 8. Assistance for Cancer, Kidney and Liver Cirrhosis Patients, 9. Grants for Residents in Government Orphanages and Other Institutions, 10. Capitation Grants for Orphan Students in Non-gov. Orphanges,11. General Relief Activities, 12. Block Allocation for Disaster Management, 13. Non-Bengali Rehabilitation, 14. Allowances for Distressed Cultural Personalities/ Activists, 15. Pension for Retired Government Employees and their Families, 16. Ration for Shaheed Family and Injured Freedom Fighters, 17. Programme for Livelihood Improvement of tea-garden labourers.

**Social Empowerment Programmes:** 1. Stipend for Disabled Students, 2. Grants for the Schools for the Disabled.

**Cash Transfer (Special) Programs:** 1. Housing Support, 2. National Legal Aid, 3. Agriculture Rehabilitation.

**B) Food Security Programs:** Social Protection: 10 programs.

**C) Micro-credit Programs:** Social Empowerment: 3 Programs.

**Miscellaneous Funds:** Social Empowerment: 8 Programs.

**Miscellaneous Funds:** Social Protection: 11 Programs.

**D) Development Sector Programmes: Social Empowerment: Total 82 Running Development Projects.**

**New Development Projects:** 7 Projects.

**Total:** 143 programs and projects in the FY 2016-17.

## Annexure 2: Interview Schedules

**Annexure: 2 (a):** Interview Schedule for Beneficiaries

**Section-A:** Family Profile

1. Code of Informant:
2. Do you have National ID or Birth Registration? (Following Implementation Guidelines)
3. Age of Informant:
4. Present marital status: single or couple
5. Level of education of Informant (in Years):
6. Occupation of Informant: (following Implementation Guidelines)

*[Code: Farmer=1, Agricultural day labourer=2, household help=3, Petty business=4, NGO group member=5, Professional Beggar=6, govt. employee=7, domestic servant=8, Day Laborer=9,Other (specify)=10]*

7. Occupation of Husband:

[Code: Farmer=1, Share cropper=2, Day laborer=3 , Rickshaw/car/Van Puller/ boatman=4, Petty business=5, Unemployed=6, Other(Specify)=7]

8. Number of children do you have?
9. Total Family size:
10. Where do you live?
11. Are you a resident of city corporation area also? Why, how long and where you stay there? (Following Implementation Guidelines)

**Section-B:** Socio-economic condition

12. Land owned (in decimals): (following Implementation Guidelines)
13. Type of House

[Code: Pucca=1, Tin house=2, Semi Pucca=3, Mud wall/ tin roof/straw roof/tally roof=4, Tin roof/jute stick, bamboo/straw wall=5, Thatched roof=6, Low cost housing=7, Other (specify)=8]

14. Who is the earning member of your family?
15. Source of income of the informant …….

16. Household income in the last year: …..Tk (following Implementation Guidelines)

17. Have you taken your main meals in last 3 days?

18. Types of food consumed in 3 days: [Yes=1, No=2]

Fish/meat Dal Vegetables

19. Have you used the allowance for buying food, cloths, furniture or other things in last month? What items….

20. How much money did you spend last month for following purposes:(following Implementation Guidelines)

a. access to adequate food

b. medical care

c. clothing

d. housing conditions

e. others

21. Is the allowance adequate to meet up your needs? If not, how do you manage these expenses or where do you get the rest?

a) family support

b) pension

c) loans from others

d) micro credit

**Section-C:** About Cash Transfer Program

22.How did you come to know about the allowance? Did you get the information from any govt. officials/others or you went to the office for enlisting your name?

23. What documents did you have to produce? What proof of income/assets did you need to show? Did an official visit your home to assess your wealth?

24. Did you obtain help from an intermediary (eg., a local politician or other person with influence)?

25. When and how did you start to get the allowance?

26. Are you currently involved in any other benefit program of the govt.? (following Implementation Guidelines)

27. Do you receive support from any of the following programs:

a) VGD

b) Other GO allowances

c) NGOs micro credit or others

d) Any other allowance or support from Social welfare institutions

e) Govt. pension

28. If yes, how did you gain to access to those programs?.....

If no, are you aware of them? Have you applied for those and refused?....

29.Before getting allowance how did you manage your monthly expenditure? ----------

30. How do you spend your allowance?

31. Are you using your allowance money in other purposes like paying micro-credit loans or others?

32. What is your opinion about the process followed?

a) Do you receive the allowance on time or need to wait?

b) What is the process of getting the allowance? Bank transfer, cash, do you get it directly? Does a family member/friend collect it on behalf of you or others….

c) Do you need to spend speed money/extra spending for receiving the allowance or to get selected for it?

d) Is it sufficient for you or not? If not, why? .....

33. What is your preference in receiving the money- cash in hand or through bank account? Why?.....

34. Have you any physical challenges? How do you collect the money from the bank?

35.Do you have any connection with the selection committee?

36. Did you need to go somewhere or to meet someone else to get the allowance? Do you know where to file complaints against any wrong selection or favoritism?

37. Have you got any training for you skill development and involvement in any activities?

38. Do you think the allowance has contributed to ensure security in later age of elders? How? …..

39. What is your opinion about the effectiveness of the programs for elders? Is it effective or not? If not, why?....

40. What can Govt. do for securing the elderly peoples' lives more and how?

41. Besides Govt. who can do something for you and how?

**Section-D:** Social respect and behavioral patterns with them from others

42. Did you face any major crisis in the last two months? If yes, type

*[Code: No=0, Natural disaster=1, Illness=2, Loss of employment=3, Any loss off land=4, Loss of livestock=5, Wedding/funeral/other ceremony=6, High food prices=7, Others (specify)=8]*

43. How did you cope with this problem?

……

……

44. For widow, did you get husband's property after the death of your husband?

*[Code: No=0, Partially=1, Fully=2]*

45. If no, why? ……

46. Do you think assets ensure social protection for elderly people? How?...

47. How is your relationship with your relatives (parents, siblings, kins etc.)?

48. In your community, how do the people accept the elderly people in the social function?

49.Who generally makes decision in your family?

50. Have you observed any change of behavior of your surroundings after getting the allowance which influences for making your decision in the family?

51. What is your plan about your future life?

52. How do your adult children behave or maintain relationship with you? Do they take care of you? …….

53. Do they reside with you? If not, how frequently do they visit you? What do they do when they visit you?

54. Did they look after you before getting allowance? If no,….

55. Is the social relationship or respect from children depending on your receipt of allowance?

56. Do you know anything about National Elderly Policy, 2013 of Bangladesh and Parents Maintenance Bill, 2013 of Bangladesh?

**Annexure: 2 (b):** Interview Schedule for Non-Beneficiaries

**Section -A:** Information of Non-Beneficiaries

01. Code of Informant:
02. Do you have National ID or Birth Registration? (following Implementation Guidelines)
03. Age of Informant:
04. Present marital status: single or couple
05. Level of education of Informant (in Years):
06. Occupation of Informant: (following Implementation Guidelines)

*[Code: Farmer=1, Agricultural day laborer=2, household help=3, Petty business=4, NGO group member=5, Professional Beggar=6, govt. employee=7, domestic servant=8,Day Laborer=9, Other (specify)=10]*

07. Occupation of Husband:

[Code: Farmer=1, Share cropper=2, Day laborer=3 , Rickshaw/car/Van Puller/ boatman=4, Petty business=5, Unemployed=6, Professional Beggar=7,Other(Specify)=8]

08. Number of children do you have?
09. Total Family size:
10. Where do you live?
11. Are you a resident of city corporation area also? Why, how long and where you stay there? (following Implementation Guidelines)

**Section-B:** Socio-economic condition

12. Land owned (in decimals): (following Implementation Guidelines)

13. Type of House: ……..

[Code: Pucca=1, Tin house=2, Semi Pucca=3, Mud wall/ tin roof/straw roof/tally roof=4, Tin roof/jute stick, bamboo/straw wall=5, Thatched roof=6, Low cost housing=7, Other (specify)=8]

14. Who is the earning member of your family?
15. Source of income of the informant …….

16. Household income in the last year: …..Tk (following Implementation Guidelines)

17. Have you taken your main meals in last 3 days:

18. Types of food consumed in 3 days: [Yes=1, No=2]

Fish/meat Dal Vegetables

19. How much money did you spend last month for following purposes: (following Implementation Guidelines)

a. access to adequate food

b. medical care

c. clothing

d. housing conditions

e. others

20. How do you manage these expenses?

21. Do you know anything about the allowance?

22. What are the causes and factors that some poor are excluded from receiving the allowance? Do you know where to file complaints against any wrong selection or favoritism?

23. What are the important things that you need most? …….

24. Do you think the allowance could contribute for securing your present condition? How? …..

25. What can Govt. do and how?

26. Besides Govt. who can do something for you and how?

27. How do your adult children behave with you? Do they take care of you? …

28. if you would get the allowance what you think , will they look after you? If no,….

29. Are you currently involved in any organizations? (following Implementation Guidelines)

30. Do you get support from any of the following programs:

a) VGD

b) Other GO allowances

c) NGOs micro credit or others

d) Any other allowance or support from Social welfare institutions

e) Govt. pension

31. Are you receiving any pension or benefit from any program including government programs?

32. How much money you spend monthly for following purposes?

a. Food

b. Shelter

c. Healthcare

d. Others

33. Do you have to pay the installment of micro-credit loans or others?

34. Have you got any training for you skill development and involvement in any activities?

35. What is your opinion about the allowance programs?

a) Why do you not receive the allowance?

b) What is the process of getting the allowance?

c) Do you need to spend speed money/extra spending for participating in the programs?

36. Do you think allowance given is sufficient? If not, why? .....

37. Do you think the allowance has contributed to ensure security in later age of elders? How? …..

38. If you are selected what will be your preference in receiving the money- cash in hand or through bank account? Why?.....

39. What is your opinion about the effectiveness of the programs for elders? How it is effective?

40. What can Govt. do more and how?

41. Besides Govt. who can do something for you and how?

**Section-C:** Social respect and behavioral patterns with them from others

42. Did you face any major crisis in the last two months? If yes, type

*[Code: No=0, Natural disaster=1, Illness=2, Loss of employment=3, Any loss off land=4, Loss of livestock=5, Wedding/funeral/other ceremony=6, High food prices=7, Others (specify)=8]*

43. How did you cope with this problem?

……

……

44. For widow, did you get husband's property after the death of your husband?

*[Code: No=0, Partially=1, Fully=2]*

45. If no, why? ……

46. Do you think assets ensure social protection for elderly people? How?...

47. Do your children look after you? If no,….

48.Is the social relationship or respect from children depending on receiving the allowance or possession of wealth of parents? What do you think?

49. How is your relationship with your relatives (parents, siblings, kins etc.)?

50. In your community, how the people accept the elderly people in the social function?

51. Who is the decision maker of your family?

52. What is the plan of the informant about his/her future life?

53. How do your adult children behave with you?

54. Do they take care of you now? Why? What you think……

55. Would they look after you if you get the allowance? If no,…. What do you think?

56. Do you know anything about National Elderly Policy, 2013 of Bangladesh and Parents Maintenance Bill, 2013 of Bangladesh?

**Annexure: 2 (c):** Interview Schedule for Key Informants

1. Code of key Informant:
2. Present position:
3. Discussion about the old age allowance and widow allowance programs. When did the govt. start to implement these programs in this area and why?
4. What is your opinion about the effectiveness of the programs?
5. Sometimes we see reports in the media involving to corruption, nepotism, lack of transparency, program laps etc. What is your opinion regarding these issues?
6. Is there any influence of political or local elites on the programs operation? How?
7. Are there any inclusion and exclusion errors? What experiences do you have? Why and how this happens?
8. What are the implications of two laws- National Elderly Policy, 2013 of Bangladesh and Parents Maintenance Bill, 2013 of Bangladesh? Is it contributing to change their lives?

**For Policy Level Persons:**

8. Do you follow the process of implementation of the program? How frequently are the programs monitored or supervised?
9. How could monitoring and evaluation of the programs be improved?
10. What actions are needed for successful implementation of the programs?
11. Have you ever talked with the beneficiaries directly in the field level?
12. What experiences have you gathered?
13. Have you ever talked with the non-beneficiaries directly in the field level?
14. How the allowances contribute or influence the life of beneficiaries? What experiences you have?
15. What are the impacts of the program in social development of the country?
16. What actions are needed for them in order to securing healthy ageing?
17. Did the govt. take any steps for arranging training programs for their skill development and for creating income generating activities (IGAs)?
18. How can coverage of the programs be expanded? In what ways….
19. Is there any government plan to implement universal pension scheme for all for secured ageing? What are they?.....
20. Besides government is there any scope for others to do something for elders? How….
21. What are the future planning of the government for elderly people?

**For MP/Upazila/Union Chairman:**

22. Would you please explain detail administrative system/function to operate the programs?
23. Who main responsibility to select the beneficiaries? How they have selected?
24. What precautions or safety measures have been taken for selecting the actual needy?
25. We know from the media that sometimes eligible poor elderly are not receiving the allowances whereas some relatively better off individual are getting that. What are the causes and factors for these?
26. Was there any occasion where your views were different from local MP in the implementation of the programs. Please explain.
27. What actions should be needed more for successful implementation of the program?
28. Have you ever talked with the beneficiaries as well as non-beneficiaries directly in the field level? What experiences you have gathered?
29. What actions are needed for them in order to securing healthy ageing?
30. Besides government is there any scope for others in local level to do something for elders? How….

**For Local Level Administrative Officers/ NGO Personnel:**

31. Would you please explain detail administrative system/function to operate the programs?
32. Sometimes we hear about the nepotism or lack of transparency in the selection procedure of the beneficiaries. What is your opinion about these?
33. Do the all eligible poor elderly receive the allowances?
34. Are there any inclusion and exclusion errors? Why and how it happened?
35. Have you ever talked with the beneficiaries as well as non-beneficiaries directly in the field level? What experiences you have gathered?
36. What precautions or safety measures you have initiated for selecting the actual needy? Did you checked the names whether they are eligible or not according to the implementation guidelines?
37. What actions are needed for them in order to securing healthy ageing?
38. Besides government is there any scope for others in local level to do something for elders? How….
39. What actions should be needed more for successful implementation of the program?

**Intermediary:**

40. Do the all eligible poor elderly receive the allowances?
41. Are there any inclusion and exclusion errors? Why and how it happened? What precautions or safety measures have been taken for selecting the actual needy?
42. Have you ever talked with the beneficiaries as well as non-beneficiaries directly in the field level? What experiences you have gathered?.....
43. What are the impacts of getting allowance on their lives? How the allowances contribute or influence the life of beneficiaries? What experiences you have?
44. Is there any difference of the behavioral pattern of their children before and after getting the allowance?
45. What actions are needed for them in order to securing healthy ageing?
46. Besides government is there any scope for others in local level to do something for elders? How….
47. Was there any occasion where the views of Upazila Chairman were different from local MP in the implementation of the programs. Please explain.
48. What are the impacts of the program in social development of the country?
49. What actions are needed for them in order to securing healthy ageing?
50. How can coverage of the programs be expanded? In what ways….
51. Besides government is there any scope for others to do something for elders? How….
52. We know from the media that sometimes eligible poor elderly are not receiving the allowances whereas some rich are getting that. What are the causes and factors for these?

## Annexure 3: Checklist for FGDs

1. Discussion about the program. Are the programs being implemented following the government guidelines properly?

2. When did the govt. introduce the programs in this area?

3. Is there any political influences on the programs? If so, can you explain or give some examples?

4. What is your opinion about the success (betterment of socio-economic conditions in terms of health treatments, food and nutrition, vulnerability, income security) of the programs? How would you comment on the effectiveness/success of the programs?

5. How do the allowances contribute or influence the life of beneficiaries.

6. How did the children of the beneficiaries maintain the relationship with them before they were selected for the allowance?

7. How do their children maintain the relationship with them after they have started receiving the allowance?

8. What are the drawbacks of the programs?

9. Is there any case of inclusion and exclusion errors in the program implementation?

a)Do you know about any case that some people are receiving the allowances who are relatively better-off?

b) Do you know about any case that some eligible people are excluded from the programs who are poor?

10. Why and how those happened? Would you please mention or elaborate and give some cases.

11. Why these errors happened? Which influences are making those errors?

12. What is the percentage of real poor who do not receive the benefits from the programs?

13. Is there any monetary transaction for distributing the allowances?

14. Have you heard about any irregularities of program management? Please discuss some examples.

15. How should the programs operate?

16. What would be the best way for monitoring and evaluation of the programs?

17. Should the govt. initiate the actions for the development of their skills and create income generating activities (IGAs)?

18. How the allowance could contribute to the lives of non-beneficiaries.

19. How do the children of non-beneficiary elders behave with them? Would it be any different if they start receiving allowance?

20. What actions should be needed for successful implementation of the programs?

21. Besides government is there any scope for others to do something for elders.

22. Do you know anything about National Elderly Policy, 2013 of Bangladesh and Parents Maintenance Bill, 2013 of Bangladesh? What are the implications of the law? Is it contributing to change their lives?