

SOCIAL SAFETY NETS IN BANGLADESH:
AN ANALYSIS OF IMPACT OF OLD AGE ALLOWANCE PROGRAM

A DISSERTATION

BY

MD. ANSAR UDDIN



INSTITUTE OF GOVERNANCE STUDIES (IGS)
BRAC UNIVERSITY, DHAKA, BANGLADESH
FEBRUARY 2013

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ID NO. 12172022

MAGD 4TH BATCH

**In Partial Fulfillment of the Requirement for the Degree of MA in
Governance and Development**



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Approved as to Style and Contents

By

Professor Niaz Ahmed Khan, PhD

Supervisor

&

Chairman, Department of Development Studies

Dhaka University, Bangladesh



INSTITUTE OF GOVERNANCE STUDIES (IGS)
BRAC UNIVERSITY, DHAKA, BANGLADESH
FEBRUARY 2013

DECLARATION

I do hereby declare that I am the sole author of this dissertation.

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Md. Ansar Uddin
ID No. 12172022
MAGD 4th Batch

DEDICATED TO

My Beloved Wife Aklima Akter

&

My Loving Kids

Tahsin Al Wasi (Akib) and Tasfia Tabassum (Asfi)

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Md. Ansar Uddin
IGS, BRAC University, Dhaka
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ABSTRACT

Older people are known as ‘senior citizens’ of the society, respected by the family, society and even by the nation. But due to various socio-economic reasons, the traditional values and customs are not maintaining properly. Due to degradation of moral values, the younger population considers the experience and knowledge of the elders to be obsolete. The elder people thus become more vulnerable in the society. The Old Age Allowance Program was introduced by the government of Bangladesh to protect the vulnerable elder people from insecurity during 1998. The main purposes of this program are to strengthen the mental force of the aged persons, increase their status in the family and society, and bring back their sense of security in the society through government interventions.

This study has been undertaken to examine the impacts and implications for the old age allowance program for selected beneficiaries in the study area and to identify the factors influencing the operations and performance of the program. In the study mixed method (both quantitative and qualitative method) was used in collecting data from the field. Primary data were the main source of information to understand the performance of the program. Primary data were collected through questionnaire survey and case study. For this study two unions, Dakua and Galachipa of Galachipa Upazila were selected. The study area has been chosen considering disaster risks and vulnerability. To gather information, program beneficiaries and key informants of two Union Parishads were contacted. Secondary data were collected from different sources including implementation guidelines of the program, books, journals and websites related to the study.

The empirical evidence shows that the program has a positive impact on the food accessibility of the beneficiaries. It is revealed from the field survey that both the quality and quantity of food of the beneficiaries has been improved after receiving the allowance than before. The beneficiaries of the program can also fulfill their minimum requirement of necessary medicine by the allowance during illness. The observations of the key informants and the respondents’ information exhibit that the beneficiaries of the program can meet their minimum basic requirements (foods, clothes and medicine) after receiving the allowance. Study also shows that the status of the beneficiaries have increased in terms of family members are taking more care than before and the older people get

involvement in decision-making in the family. Thus, it could be said that the quality of life in terms of fulfillment of basic needs of the respondents has improved considerably.

Besides, the findings of one of the case studies show that the program is very helpful to the most vulnerable older people if the selection process of beneficiary is proper. Another case study shows that wrong selection of beneficiaries leads to wastage of allowance money. Finally, the study reveals that majority of the respondents express their satisfaction about the allowance scheme. So, it could be said that albeit the amount of allowance is small, it has significant impacts on the beneficiaries. Moreover, it is also observed that a number of factors such as interference of local government representatives and political leaders, wrong selection of beneficiaries and operational difficulty in bank accounts by the beneficiaries negatively affect the successful operation of the program. The old age allowance therefore is such a safety net program that can relieve the old people from the unbearable sufferings and pains of negligence.

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LIST OF ACRONYMS

100-DEGP	100-Days Employment Generation Program
BIDS	Bangladesh Institute of Development Studies
BPC	Beneficio de Prestacao (Brazil)
DSS	Department of Social Services
FFW	Food For Work
FY	Financial Year
GDP	Gross Domestic Product
GoB	Government of Bangladesh
HIES	Household Income and Expenditure Survey
IEG	Independent Evaluation Group
IGVGD	Income Generation Vulnerable Group Development
MDGs	Millennium Development Goals
NSAPR	National Strategy for Accelerated Poverty Reduction
OAAS	Old Age Allowance Scheme
PR	Previdencia (Brazil)
PRSP	Poverty Reduction Strategy Paper
RMV	Renda Mensal Vitalicia (Brazil)
SA	Social Assistance
SI	Social Insurance
SP	Social Protection
SP	Social Pension
SPSS	Statistical Packages for Social Sciences
SSNPs	Social Safety Net Programs
SSNs	Social Safety Nets
TR	Test Relief
UNDP	United Nations Development Program
UP	Union Parishad
VGd	Vulnerable Group Development

CHAPTER ONE

INTRODUCTION

In this chapter there is an attempt to highlight the research background, statement of the problem, scope, rationale and objectives of the research, and outline of the research methodology for better understanding. It also focuses on the analytical framework to carry out the research. Furthermore, end of this chapter presents an outline or composition of the dissertation.

1.1 Background

Social safety nets (SSNs) have a long history as a protective mechanism for the vulnerable groups that can be traced back as far as Ancient Egypt and the Roman Empire (World Bank 2000-2010). However, social safety nets in Bangladesh, like elsewhere in the world, have two basic objectives: protecting individuals from falling into poverty beyond a certain level through redistribution and correcting market failures. According to UNDP report (2009), since independence of Bangladesh in 1971, when 70 per cent of the population lived below the poverty line, the two major vehicles of social safety nets were food rations and relief work following disasters and other calamities. With the passage of time, when notable progress towards reducing widespread poverty was made, the country had to find better means of targeting. Such realization led to the emergence of new and sophisticated programs and abandonment of programs like food rations.

Social safety nets or socio-economic safety nets are non-contributory transfer programs seeking to prevent the poor or those vulnerable to shocks and poverty from below a certain poverty level (Wikipedia). Generally, safety nets are part of a broader poverty reduction strategy interacting with and working alongside of social insurance; health, education, and financial services; the provision of utilities and roads; and other policies aimed at reducing poverty and managing risk. In other words, the safety net programs are methods through which poverty is expected to fall through investment in human capital.

Bangladesh underlines a poor country with an estimated 56 million people living in poverty, including 35 million who are living below poverty line (World Bank 2008). With about 40 per cent of its population living below the poverty line and an increasing

number of population being added below the lower poverty line, safety net programs in Bangladesh are more than a necessary element fighting against poverty.

The social safety net programs which have undertaken much earlier are now in conformity with the provisions of the Roadmap for National Strategy for Accelerated Poverty Reduction (NSAPR) of the Government and Millennium Development Goals (MDGs). The successive governments attached high priority to SSNPs to deal with risks, poverty and vulnerability faced by a sizeable proportion of the population. SSNPs have been an important component of the government's anti-poverty strategy, and the government has emphasized social protection as a pillar of the PRSP. The present government has placed elimination of poverty and inequality at the forefront of its development strategy. The aim is to bring down the poverty rate 40 per cent in 2005 to 15 per cent by 2021. A strong and expanded social safety net is the main emphasis of the present government's vision to protect the poor from all types of social, economic and natural shocks (GoB 2009b).

Social safety net programs broadly categorized into two groups are social protection and social empowerment. Social protection (SP) can be classified into social insurance (SI), social assistance (SA) and labor market and pension policies and programs. SI programs pool risk across a number of individuals, and include unemployment insurance, old age or disability pension, and sickness insurance. SA programs include transfers in cash or kind, for example, subsidies, workfare and conditional cash transfer programs (World Bank 2006).

The old age allowance program is one of the unconditional cash transfer programs under the social protection program. Cash transfer is a social assistance given to individuals, as distinct from the communities (Farrington and Slater 2006). The World Bank Group defines cash transfer as the provision of assistance in the form of cash to the poor or to those who face probable risk, in the absence of the transfer, of falling into poverty. Ahmad (1991) defines the social security as public action including that by communities, to protect the poor and vulnerable from adverse changes in living standards.

In Bangladesh, traditionally the elders are thought as the guardians and advisers of the society. Older people are known as 'senior citizens' of the society, respected by the family, society and even by the nation. But due to various socio-economic reasons, the

traditional values and customs are not maintaining properly. Due to degradation of moral values, the younger population considers the experience and knowledge of the elders to be outdated. Today in many cases youths no longer like to live with the elders. On the other hand, due to their profession they have to go for work in distant places. As a result, the traditional joint family structures have broken down and familial support to the elders have been reduced largely. Under the above circumstances elderly people, especially the elder population of the poor families have been thrown into socio-economic insecurity. Absence of health care facilities for the elders is another major factor that contributed to their suffering since aging invites new health problems. Elderly poor women face more problems due to aging. With this background the present government in their last tenure has introduced unconditional cash transfer program known as 'Old Age Allowance Program' in 1998 with a view to protect the elderly poor people, especially in vulnerable groups from insecurity problem, which is provided from the government revenue (GoB 2011).

According to Population census 2001, National Report (provisional) published by the BBS, July 2003 reveals that there are 14,43,140 persons belonging to 65-69 years, 16,26,240 belonging to 70-74 years, 6,15,940 belonging to 75-79 years and 10,76,380 persons belonging to 80 years and above age group. Thus, the number of elderly population above 65 years of age stands as 47, 61,700.

The Government allocated fund for old age allowances Tk. 12.5 crore in the FY 1997-1998, monthly allocation per person 100 Tk. and total beneficiaries were 0.40 million. But over the period, budget allocation per person allocation and total number of beneficiaries have been increased with the changes of different fiscal year. In the FY 2012-2013 the government allocated Tk. 891 crore. The total Beneficiary of this is 2.475 million (Annual Financial Statement 2012-2013). Beneficiaries are getting Tk. 300/- monthly per head which is payable in every 3 months (GoB 2004).

The major objectives of this program are to strengthen the mental force of the aged persons, increase their status in the family and society, and bring back their sense of security in the society through unconditional cash transfer. There have an ample scope to conduct research on the impact of old age allowance scheme in Bangladesh. Therefore, the main focus of this study is to examine the impact and implications for the old age allowance program for selected beneficiaries in the study area.

1.2 Statement of the Problem

Bangladesh has made remarkable progress in expanding and refining its wide range of social safety net programs over the past four decades. The old age allowance scheme is an important addition to the government's existing set of social safety nets (SSNs) for the elderly poor people. According to Household Income and Expenditure Survey (HIES) 2010 the per cent population of the age of 65+ is 4.8 whereas, it was 4.3 per cent in 2005 and 4.1 per cent in 2001. The population distribution by age group, sex and locality 2008 shows that there are 1.68 per cent persons belonging to 65-69 years, 1.09 per cent persons belonging to 70-74 years, 0.72 per cent persons belonging to 75-79 years and 0.83 per cent persons belonging to 80 years and above age group. Thus, the number of elderly population above 65 years of age stands 4.32 per cent. The proportion of elderly population in the composition of the country's population is increasing over the period. Ageing has thus become a great social problem.

1.3 Scope of the Research

This research is focused on the output level i.e. impact of the program in different socio-economic conditions of beneficiaries. In Bangladesh, so far the availability of research works, it is deemed that there is an ample scope to research more in the field of Social Safety Net especially, Old Age Allowance Program. The Galachipa and Dakua unions of Galachipa Upazila under the district of Patuakhali are being selected for the study. Of these two unions Galachipa is situated to the adjacent to the Upazila, and on the other hand, Dakua is a poverty stricken area of the Upazila. Galachipa union is better off than Dakua in terms of communication facilities and economic condition. The intention in selecting the study area is for some valid reasons, such as the Patuakhali district as a whole, is a natural disaster prone area and during the natural calamity the vulnerable group (children, old people, women, physically challenged people) of this area are severely affected; secondly, according to HIES Report 2010, Barisal division is the second poorest part of Bangladesh. Due to natural calamity and severity of poverty, the old age poor people along with other vulnerable groups of the society are the worst sufferer. So, the selection of the study area deserves strong justification.

1.4 Rationale of the Research

Social Safety Nets can play an important role in reducing poverty and promoting a long-term growth by providing households with the protection that markets and informal

networks may not supply (Kabir 2004). With the changing pattern of family structures safety net support from the extended family for the weak and vulnerable is decreasing rapidly. This situation has drawn the attention of the government to provide increased revenues to finance the expansion of the social safety net programs to sustain inclusive economic growth.

After the independence, the government of Bangladesh has taken a number of initiatives to bring poor people under social safety net. But no specific program was taken for elderly poor people, senior citizen of our society. Elderly poor people have been falling into socio-economic insecurity due to degradation of moral values and customs. Absence of primary health care facilities for the elders is another major factor that contributed to their sufferings. On the other hand, elderly poor women face more problems due to aging. For this reason, the present government has given more attention for the successful implementation of old age allowance scheme under the supervision of the cabinet Committee on social safety net headed by Hon'ble Finance Minister.

An encouraging feature is that since its inception beneficiaries and fund allocation have been increased significantly from 0.40 million and 12.5 crore Tk. in 1998 to 2.475 million and 891 crore Tk., respectively (Year-wise Statistics of DSS). Research indicates that in old age various illness are highly prevalent and co-morbidity is common feature (Ahmed *et al.* 2005; Kabir *et al.* 2003). Importantly, absence of health care of elderly persons in the formal sector may have negative impacts on their health status especially among the poor because of financial paucity they will abstain from health care during illness. Besides, other factors such as expenditure on food items, individual food intake daily, expenditure on medicine, improvement of quality of life, increase of dignity in the family depends on the financial conditions of elderly people.

In this context, the present study is an effort to address these issues that are impacts and implications of old age allowance scheme. This study may add new knowledge to the policy implementers as well as policy-makers about the ground level realities and help them to find solutions to get positive impact and for the increasing the number of beneficiaries and the allowance per person.

1.5 Objectives of the Research

The objectives of this study are as follows:

1. To examine the impacts and implications for the old age allowance program for selected beneficiaries in the study area.
2. To identify the factors influencing the operations and performance of the old age allowance program.
3. Based on the field observations, to suggest possible ways of improvement of the program's effectiveness and satisfaction of the targeted beneficiaries.

1.6 Methodology

A research design describes a flexible set of guidelines that connects theoretical paradigms to strategies of inquiry and methods for collecting empirical material. It situates researchers in the empirical world and connects them to specific sites, persons, groups, institutions, and bodies of relevant interpretive material, including documents and archives. In the study, it dealt with the selected study area, data collection and covered how data is derived from primary and secondary sources, sample size, data analysis plan and making an analytical framework.

1.6.1 The Study Area

In this study, at first two unions of Galachipa Upazila under Patuakhali district were selected purposively on the basis of economic condition and vulnerability. As the old age allowance program was aimed to bring welfare and improvement of quality of life of the vulnerable elderly persons, Dakua union is comparatively poor area rather than Galachipa union. Dakua union is typically agriculture based backward union. The communication system is also very poor. On the other hand, Galachipa union is very close to the Upazila and the communication facilities of this union with Upazila headquarters are good. Most of the people especially older people of Galachipa Upazila live with disaster risks. Therefore, with a view to get different views of this program, these two unions have been chosen as study area.

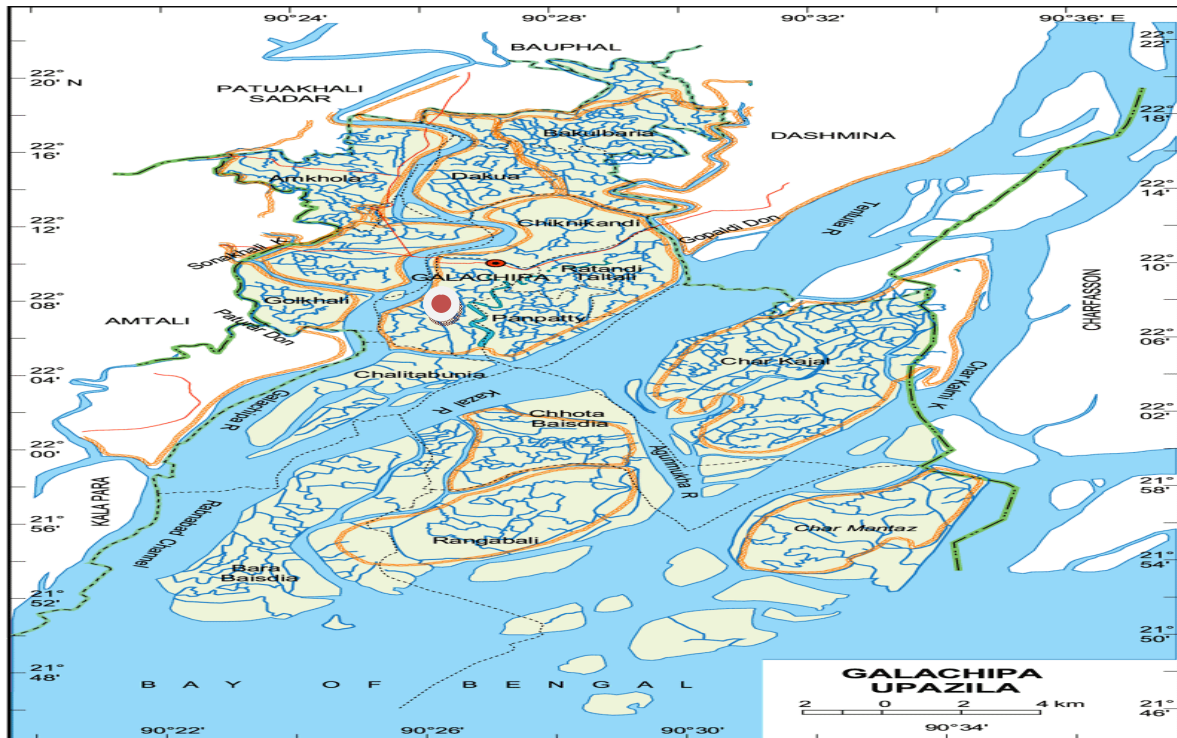


Figure 1.1: Map of the Study Area (Galachipa Upazila)

Source: www.asiaticsociety.org.bd/banglapedia.htm

1.6.2 Tools and Techniques of Data Collection

1.6.2.1 Research Method

Research method is the functional action strategy to carry out the research in the light of the theoretical/analytical framework and guiding research questions and or the proposed hypotheses (Aminuzzaman 1991). There are three broad types of methodology to carry out any research: quantitative method, qualitative method and mixed method. In this study, data was collected using both quantitative and qualitative method (mixed method).

1.6.2.2 Sources of Data

The data for this study had collected basically from two sources:

- a) Primary, and
- b) Secondary sources.

a. Primary Data

The primary data were collected from targeted beneficiaries' and key informants such as ward member, female member, local elite and school teacher etc. from the study area. The data from the beneficiaries and key informants provided the information about the impacts and implications of the program.

Two case studies both representing ‘successes’ and ‘failure’ of the program’s performance in the study area were conducted during the course of data collection.

b. Secondary Data

Secondary resources were mainly used to understand the concept of social safety net programs and special emphasize on cash transfer programs (old age allowance) by analyzing different research works done by various scholars. Moreover, the review of the literature is facilitated in chalking out the theoretical framework for this study. It helps us for validation of collected data through cross-checking.

The basic secondary sources of data for this study were the government implementation manual of old age allowance program (2004 and revised in 2011). It gave the detail idea about the program objectives and implementation process. There were some other secondary sources which helped to determine the objectives of the study like World Bank report, BIDS report, DSS reports, previous studies, and different websites information to get the background and general information about various aspects of old age allowance program.

1.6.2.3 Data Collection Technique

In the study, mainly survey method was used to collect data. Likewise other survey research a standardized questionnaire was used to collect information. Sample of respondents were selected from the population of program beneficiaries and they were interviewed through structured questionnaire. The key informants were also interviewed through semi-structured questionnaire. Two sets of questionnaire were developed – one set for program beneficiaries, and another set for key informants.

1.6.2.4 Dependent Variable

The dependent variable is old age allowance and to examine its impacts and implications for the old age allowance program on beneficiaries is independent variable. The six indicators were used in measuring the impacts of the program such as expenditure on food items, individual food intake pattern daily, expenditure on medicine, expenditure on clothes, and increase of dignity in the family and society and improvement of quality of life.

1.6.2.5 Sample Size

The principal considerations in the selection of the sample respondents include the following: a) Time and resource constraints of the study (the duration of the field work was about 7 days, and there was a little amount of institutional fund for the empirical study).

b) Accessibility and ease of management.

A list of beneficiaries was collected from the concerned Upazila Social Services Office. From the official list of beneficiaries, 20 samples were taken from each union on a random basis. A total number of 40 respondents (program beneficiaries) both men and women were interviewed for this study. 10 key informants (5 from each union) were interviewed from the study area which included male and female union members, local elites, school teachers and social workers. Due to time constraints the study was conducted on a limited number of program beneficiaries. Besides, it is impossible for an individual researcher to collect information from a huge number of respondents. Even the eligible non-beneficiaries were not covered in the study. Therefore, a holistic picture of the program could not be captured within a very short time.

1.6.2.6 Data Analysis

Data analysis is where the researcher continually reflects on collected data, moving deeper for understanding and representing the data, deriving an interpretation of the larger meaning of the data (Creswell 2003:190). The essence of this study is to convert large quantities of data into condensed forms to facilitate easy interpretation and understanding for readers. The collected data were articulated in tabular form, analyzed through SPSS software, presented by charts and transcribed into texts. A relationship between data and variables was established by interpreting statements. Results are presented through narrative text, simple computations logical reasoning.

1.6.3 Analytical Framework

In the present study, six conceptual indicators have been used for measuring the performance (impacts and implications) of the old age allowance program. These are expenditure on food items, food intake pattern daily, expenditure on medicine, expenditure on clothes, improvement of quality of life, and increase of dignity in the family and society

1. Dependent variable: Old Age Allowance
2. Independent variable: Impact of old age allowance program

By using these two variables and impact measurement indicators, the following analytical framework could be drawn to carry out this research.

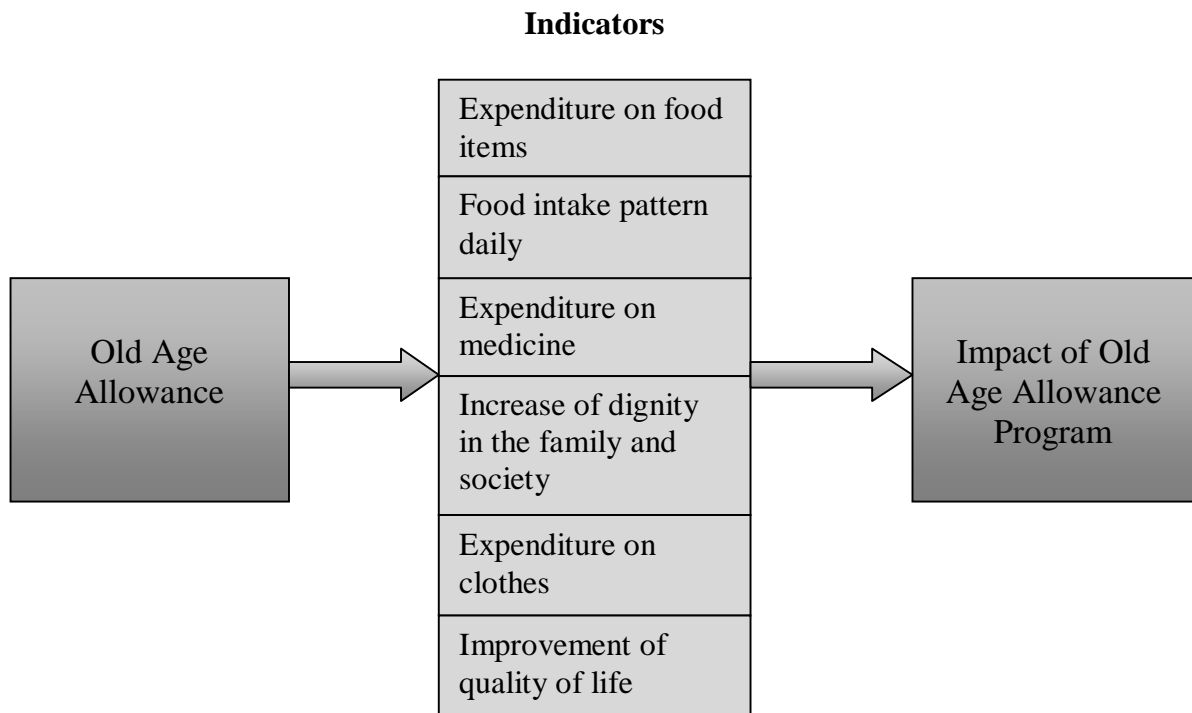


Figure 1.2: Analytical Framework

1.7 Composition of the Dissertation

The dissertation is organized into four chapters.

Chapter One–Introduction: It explains the background of the study, states the research problem, scope of the research and making an analytical framework. It specifies the research objectives and also focuses on the rationale of the study.

Chapter Two–Social Safety Nets and Old Age Allowance Program: A Selected Review of Literature: This chapter highlights the background of social safety nets, major safety nets program in Bangladesh, concept of old age allowance program, nature and functions of the program and also compared it with similar programs in other countries.

Chapter Three–Research Findings and Discussion: This chapter presents the survey data and analyses them in accordance with the research objectives and given appropriate argument with findings.

Chapter Four – Conclusion and Recommendations: The final chapter summarizes the whole findings of the study by suggesting some recommendations on the basis of field observations and finally draws attention to the scope of further research.

CHAPTER TWO

SOCIAL SAFETY NETS AND OLD AGE ALLOWANCE PROGRAM: A SELECTED REVIEW OF LITERATURE

The main focus of this chapter is to review the key concepts and issues of social safety net programs and old age allowance program relevant to the study.

2.1 Background of Social Safety Nets

Social safety nets gained prominence in development discourse following the 1990 World Development Report on poverty, which included social safety nets – defined as ‘some form of income insurance to help people through short-term stress and calamities (World Bank 1990:90) – as the third prolong of the ‘New Poverty Agenda’. During the 1990s, safety nets became more broadly conceived, and the term was often used interchangeably with generic social welfare programs. The World Bank extended its own definition to include interventions against chronic as well as transient poverty.

Safety nets are programs which protect a person or household against two adverse outcomes in welfare: chronic incapacity to work and earn (chronic poverty); and a decline in this capacity from a marginal situation that provides minimal livelihood for survival with few reserves (transient poverty) (Subbarao *et al.* 1996:2). Similarly, Lipton (1997:1006) suggested that safety nets should target ‘poor people whose health or age prevents work, or who are made unemployed by the vagaries of climate or market demand’ – i.e., both the ‘working poor’ and labor-constrained ‘vulnerable groups’. These definitions resonate more with current conceptions of ‘social protection’ than with the narrower category of ‘social safety net’ as originally conceived.

The World development Report 2000/01 on Attacking Poverty focuses on three concepts – opportunity, security, and empowerment – which are taken to be necessary for sustainable poverty reduction (World Bank 2000). The World Bank’s Social Protection Strategy incorporates many familiar instruments that relate to ‘security’ – for example, labor market interventions, social insurance and safety nets – but it goes further. Social protection is defined as ‘public interventions to assist individuals, households, and communities better manage risk, and to provide support to the critically poor’ (Holzmann and Jorgensen 2000:2). The World Bank (1997:55) divides social protection into social insurance programs (such as unemployment benefits and pensions) which ‘aim to

support people who – for reasons of age, the business cycle, or other circumstances – are outside the wage economy for some part of their lives’; and social assistance programs which ‘aim to help the poorest in society, those who are barely able to support themselves’. Social protection can therefore be seen as a broader concept than social safety nets, since it moves beyond the residualist and reactive approach conventionally associated with safety nets, to reduce and mitigate the risk and insecurity that have been recognized as central to the experience of poverty and ill-being.

A common feature of all these strands of thinking is an implicit assumption that social safety nets protect minimum living standards and have no noticeable effect in terms of promoting living standards in the longer term.

2.2 Major safety Net Programs in Bangladesh

Social Safety Net Programs (SSNPs) are a set of public measures, which a society provides for its members to protect them from various types of economic and social hardships. SSNPs are, therefore, needed to address risks, poverty and vulnerability. SSNPs are generally targeted to the poor. The size of vulnerable population is large in Bangladesh. In fact a large number of populations in Bangladesh are living between upper and lower poverty lines. Social Safety Net is one of the effective ways to reduce poverty. Social safety net framework for poverty reduction is divided into four major categories (Budget Speech: 2011-2012). These are i) provision for special allowances to the hardcore poor, ii) employment generation for the hardcore poor, iii) ensuring food security for hardcore poor by providing food free of cost or at fair price, and iv) providing support to the hardcore poor in the areas of education, health and training to face the incidence of poverty. So, the Government of Bangladesh is operating safety net programs as a useful means to reduce the vulnerability and poverty.

Safety nets programs are the basis of the country's social protection strategy and are the mainstay of the poverty alleviation strategy. Numerous safety net programs have been implemented, aimed at helping different groups within the population cope with adverse shocks that are either idiosyncratic or aggregate in nature. These programs are intended to (i) improve the living standards of the weakest segments of the population (as defined economically, socially, by gender, by location, and by religion), (ii) help in income and consumption smoothing for households that have been impacted with negative shocks, and (iii) prevent and mitigate the impact of economic and natural shocks. Successive

governments have recognized the importance of well-functioning safety nets, both for groups that are chronically poor and for those at risk of falling into poverty. Well functioning safety nets also provide the transient poor an opportunity to climb out of poverty (ibid). Well-functioning safety nets are an important element of the social protection strategy. The government of Bangladesh has initiated numerous safety net programs that have some potential impact.

‘Social Protection’ programs are an important component of Bangladesh’s anti-poverty strategy. PRSP documents identify social protection strategies as one of the pillars of poverty reduction, which include: (i) ensuring macroeconomic stability to ensure pro-poor growth; (ii) improving governance for sustaining growth and poverty reduction; (iii) investing in human development to enhance human capabilities; and (iv) implementing social protection programs to reduce vulnerabilities and improve income-generating opportunities (World Bank 2006).

The modality of support under social safety net programs can be direct cash transfer and support through creating opportunity for income. Programs such as old-age allowance, allowance for the widowed, deserted and destitute women, honorarium for insolvent freedom fighters, assistance to the fully retarded, fund for mitigating risk due to natural disaster, fund for rehabilitation of the acid burnt women and physically handicapped, and maternity allowance for the poor lactating mother are among the few to be mentioned in the direct support category. There are also programs for the seasonally unemployed poor which are undertaken under the social safety net programs. Some of these include 100-DEGP, FFW, VGD, TR, Rural employment Opportunities for Public Assets (REOPA), Employment Generation for Hard Core Poor, and Rural Employment and Rural Maintenance Program (RMP) (CPD 2009).

There are currently 30 specific programs on Social Safety Nets operating under the government of Bangladesh of which 10 are conditional programs, 8 are unconditional programs, 5 are credit schemes and 3 are conditional subsidy programs (Ahmed 2007).

The major social safety net programs (SSNPs) in Bangladesh can be divided under four broad categories: (i) employment generation programs; (ii) programs to cope with natural disasters and other shocks; (iii) incentives provided to parents for their children’s education; and (iv) incentives provided to families to improve their health status. The SSNPs can also be grouped into two types depending on whether these involve cash

transfers or food transfers (Barkat-E-Khuda 2011). Major safety net programs in Bangladesh are presented in Table 2.1.

Table 2.1: Major Safety Net Programs in Bangladesh

<i>Cash Transfer Programs</i>			
Name of the Programme	Major objectives of the Programme	Targeting criteria	Administration/ Financers
Primary Education Stipend Project (PESP)	<ul style="list-style-type: none"> i) Increasing the number of children into primary school from poor family ii) Increasing attendance to and reduce dropout from the primary school iii) Increasing the rate of completion of primary education cycle iv) Controlling child labor and reducing poverty, v) Increasing the quality of primary education. 	<ul style="list-style-type: none"> i) Destitute women headed family. ii) Principal occupation of household head is day labor iii) Family of low income professionals (such as: fishing, pottery, blacksmithing, weaving and cobbling). iv) Landless or households that own 0.50 acres of land (marginal or share cropper). 	Department of Primary Education, Ministry of Education; Financed by GoB
Female Secondary School Assistance Programme (FSSAP)	<ul style="list-style-type: none"> i) Increasing the number of students in the secondary school ii) Increasing their prospect as employees and of self employment iii) Controlling under age marriage 	All unmarried girl students studying in recognized institutions at secondary level	Ministry of Education; Directorate of Secondary and Higher Education; Financed by GoB, USAID, Asia Foundation, NORAD, World Bank, ADB
Old Age Allowances	Providing old age cash allowances to the poor.	<ul style="list-style-type: none"> i) At least 65 years of age, female 62 years ii) Income not more than TK.3000 per year iii) Must not have worked in the formal sector iv) Based upon the category of the union, number of beneficiary is identified, v) 50% men and 50% women 	Department of Social Services; Financed by GoB

Name of the Programme	Major objectives of the Programme	Targeting criteria	Administration/ Financers
Rural Maintenance Programme (RMP)	<ul style="list-style-type: none"> i) Empowerment of Women ii) Maintaining rural infrastructure 	<ul style="list-style-type: none"> i) Less than 30 decimals of land, ii) Destitute family circumstances, iii) Female heads of households of 18-35 years of age. iv) Widowed or separated at least one year, with priority to those with more dependants. v) No other income and not be participating in other targeted program. 	Department of Local Government and Engineering, CARE Bangladesh Financed by GoB, EC, CIDA, Union Parishads
Fund for Rehabilitation of Acid Burnt Women and the Physically Handicapped	<ul style="list-style-type: none"> i) Assisting acid burnt women and disabled through provisions of credit and skills training ii) Creating opportunities for IGA iii) Raising social awareness 	<ul style="list-style-type: none"> i) Installation of facility. ii) Generally based upon case. 	Ministry of Women and Children's affairs; Financed by GoB
<i>Food Transfer Programs</i>			
Food for work (FFW)	<ul style="list-style-type: none"> i) Employment Generation for the poor, mainly in the dry season through infrastructure creation and maintenance ii) Developing and maintaining rural infrastructure 	<ul style="list-style-type: none"> i) Functionally landless. ii) Lack of productive assets. iii) Generally women headed households where women are widowed, deserted and destitute. iv) Day labour or temporary worker v) Income less than tk.300 per month. 	Department of Local Government Eng. Dept; Department of social Services; Other Departments. Financed by GoB, ADB, WFP
Vulnerable Group Development (VGD)	<ul style="list-style-type: none"> i) Increasing the marketable efficiency of women through training, motivating savings for initial capital accumulation and providing scope for availing credit, ii) Building social awareness on disaster 	<ul style="list-style-type: none"> i) Household with not more than 15 acres of land. ii) Training totaling about 150 hours. iii) Monthly household income less than Tk.300; dependent upon seasonal wage employment, iv) Women of 	Ministry of Women and Children's Affairs; Directorate of Relief and Rehabilitations; Financed by GoB, WFP, EC, Canada, and Australia.

	management and nutrition through training in groups.	reproductive age (18-49). v) Day labour or temporary worker vi) Lack of productive assets	
Name of the Programme	Major objectives of the Programme	Targeting criteria	Administration/ Financers
Vulnerable Group Feeding (VGF)	i) Provide calamity related emergency needs ii) Short term relief to disaster victims in terms of food and basic necessities.	Generally a location is targeted based on the occurrence of natural disaster.	Ministry of Food and Disaster Management; Financed by GoB and some Development Partners
Test Relief (TR)	i) employment for the poor in the rainy season, ii) developing and maintaining rural infrastructure, iii) compared to FFW lighter labour equipment.	Generally a location is targeted.	Ministry of Food and Disaster Management; Financed by GoB and some Development Partners
Gratuitous Relief (GR)	i) Provides in calamity related emergency needs, ii) Short term relief to disaster victims in terms of food and basic necessities.	Generally a location is targeted based on the occurrence of natural disaster.	Ministry of Food and Disaster Management; Financed by GoB and some Development Partners

Source: World Bank 2008

Among these some are unconditional cash transfer programs such as old age allowance, allowance to the widowed, deserted and destitute women, honorarium program for the insolvent freedom fighter and allowance for disabled persons.

2.3 Allocation for Social Safety Net Programs

The government has positioned elimination of poverty and inequity at the forefront of its development strategy. The aim is to bring down the poverty rate from 40 per cent in 2005 to 15 per cent by 2021. To achieve this target, the allocation of social safety net programs is gradually increasing over the years. Until 1990's the spending on social safety net program to alleviate poverty was less than 1% of Gross Domestic Product (GDP) in Bangladesh (Ahmed, 2007). In FY 2006-07, total allocation for safety net programs was 9.3 per cent of the budget and 1.4 per cent of the GDP, which increased to 13.32 per cent of the revised budget of FY 2007-08 and 1.8 per cent of total GDP. In FY

2008-09, the share has been increased further to 16.94 per cent of the total budget and 2.76 per cent of the GDP (CPD, 2009). In the FY 2009-10, the government allocated 15.2 per cent of the total budget and 2.25 per cent of the GDP, in FY 2010-11 the allocation was 14.8 per cent of the total budget and 2.5 per cent of the total GDP, in FY 2011-12 was 11.87 per cent of total budget and 2.51% of GDP and in FY 2012-13 was 13.79 per cent of total budget and 2.18 per cent of GDP (GoB 2012, 2011, 2010, 2009). The allocation for social safety net programs was higher during FY 2008-09.

2.4 The Old Age Allowance Program

This section attempts to put light on the key concept, the nature and functions of old age allowance program, try to find its position regarding other safety net programs in Bangladesh and also compared it with similar programs in other countries.

2.4.1 Background

2.4.1. A Developed Countries

Political debate in Canada over old age pensions was interrupted by the country's participation in the Great War-I (1914-1918). By the end of the War, Canada was changed nation. Building on the impetus of war-time demand, industrial production grew and, with it, the urban labor force. At the same time, people were living longer and the proportion of seniors within the population was increasing. However, mechanization in industry was threatening many older workers with redundancy. With this reality, in 1924 the Canadian Parliament appointed a special committee to study the question of pensions. After that Canada has introduced the Old Age Pensions in 1927 under the Old Age Pensions Act passed by the Parliament. In the Act, the maximum pension was set at \$20 per month or \$240 per year for seniors estimated that 40 per cent of Canadians aged 70 years and over would qualify for an Old Age Pensions based on a means test. It was available to British subjects aged 70 or over who had lived in Canada for 20 years. It was restricted to seniors whose income, including the pension benefits, was less than \$365 per year (this was determined by the 'means test').

2.4.1 B Developing Countries

Few developing countries have established large scale non-contributory pension programs for older people (Schwarz 2003). Among them, Brazil and South Africa have two of the largest such programs. Bangladesh provides an example of a newly established program in low income countries. In South Africa, the non-contributory

pension programs was first established in 1928 for poor whites and colored and was subsequently extended to cover blacks, reaching full parity in 1996. In Brazil, non-contributory pension programs in rural areas were first established in 1963; they expanded in the 1970s, but especially in the early 1990s after the 1988 Constitution incorporated in the right to social security for all. In the urban areas, non-contributory programs are less well developed. In Bangladesh, a cash transfer program for destitute older people was introduced in 1998 (Barrientos 2004).

2.4.2 Concept of Old Age Allowance Program in Bangladesh

Universal Declaration of Human Rights (UDHR) in 1948 as well as Bangladesh constitution has guaranteed basic human rights within the state mechanism. In line with the constitutional provision, Bangladesh Government has a separate ministry to support and promote social protection as a means of basic human rights. The constitution of Bangladesh in its clause 15(d) clearly declares to introduce the ‘Social Security Program’. The constitution spells ‘the right to social security that is to say, to public assistance in cases of undeserved want arising from unemployment, illness or disablement, or suffered by widows or orphans or in old age or in other such cases’. As per constitution, the needy elderly people have a right to social security. This is one of the fundamental principles of state policy. The fourth Five Year Plan of the government (1990-95) witnessed the first allocation of 5 million taka for welfare of elderly under the Ministry of Social Welfare. In the Mid 1980s, the government constitutes the National Committee on Aging (Alimullah Miyan). With the UN Declaration of the International Day of the older persons, the government became more sensitive to the concern of the elderly persons. Due to UDHR Declaration and constitutional obligation, the government has launched this program in 1998 for the elderly poor people. It is an unconditional cash transfer program focused on safety nets. The main purpose of this program is to provide life-long facility care, protection and leading a normal life. This is an epoch-making social security program in the history of Bangladesh.

The introduction of old age allowance by government is undoubtedly an encouraging step towards the welfare of the elderly population. But it covers a small fraction of the vulnerable elderly population in rural Bangladesh. It is a fact that this benefit is very insufficient compared to the needs of the poor elderly persons. Yet with this allowance many elderly people have been able to utilize it for buying food, clothes and medicines for treatment. However, the recipients face difficulties in drawing the allowance. They

need to move long distance up to the Upazila bank to collect the benefits. The allowance is distributed quarterly and in a fixed day of a month. This arrangement causes sufferings to the recipients who remain for the whole day without food in the bank where there are no toilet facilities for them particularly the elderly women (Alimullah Miyan).

Furthermore, Alimullah Miyan mentioned that the socio-economic condition of the urban elderly poor have little access to health care and treatment. Disease and disability are major health problem of old age. As to the rural situation, two thirds of the elderly are taken care of by their family. Like the urban, access to resources and health care are major problems facing the rural elders. Most are deprived of their most basic needs including food, health care, clothing and shelter. These conditions of elderly are being accentuated by the increase in elderly population and economic degradation of the society.

The limited number of studies that have been conducted on the condition of old people indicate that the majority of the older people in Bangladesh are living in absolute poverty. They have lack the resources to fulfill their most basic needs in terms of food, clothes, housing and health and are also deprived from income generating opportunities. Traditionally, older people have relied on support from extended family system with strong religious and cultural nexus of support for the elderly, which is still persisting. But the atomization of families, mobility, migration, economic hardship and the like factors are eroding the traditional family support system for the elderly and require social policy intervention by the government and non-government organizations.

2.4.3 Objectives of Old Age Allowance Program

The main objective of this program is to bring welfare and improvement of elderly poor, disadvantaged and vulnerable people of the country. The specific objectives are:

- (i) to improve the socio-economic status and protect social security of the elderly persons;
- (ii) to increase their status in the family as well as society;
- (iii) to strengthen the mental force of the aged persons through financial assistance; and
- (iv) to provide financial assistance for ensuring medical facilities and nutritious food.

(Source: GoB 2011)

2.4.4 Program Area

The old age allowance scheme is implemented in the rural areas of all Upazila at union level and for all wards of the municipalities of the 64 districts of the country. The Ministry of Social Welfare of the government shoulders the responsibility of the program.

2.4.5 Distribution criteria of Old Age Allowances

Different criteria for the distribution of old age allowances to the targeted persons are shown in Table 2.2.

Table 2.2: Official criteria for beneficiary selection for the old age allowances

Criteria	
Priority groups/Eligibility	Priority for the oldest; those not less than 65 years of age; in case of female 62 years; permanent citizen of the concerned area; must have birth registration or National ID Number.
Physical/Health Condition	Priority for those least physically able; those suffering from physical or mental illness or disabilities.
Income	Not more than Tk. 10,000 per annum.
Socio-economic Condition	Priority for the destitute, refugees and landless; Others are widows/widowers, divorced, childless, and separated from family.
Exclusion criteria	The following are to be excluded: <ul style="list-style-type: none">• Government employee/family member and pension allowance beneficiary• VGD cardholders• Recipient of any regular government allowances• Recipient of any regular allowances from NGOs or other social welfare organization

Source: GoB 2011

2.4.6 Selection Procedure

- (i) Application for old age allowance is invited through much announcement, daily newspaper, official circular and local government representatives.
- (ii) Candidates for the old age allowance must have to apply in favor of Upazila Social Services Officer in a prescribed form-2.

- (iii) There will be a union committee for preliminary selection and Upazila committee for final selection.
- (iv) Union committee will select the old age allowance recipients in accordance with the implementation manual of the old age allowance.
- (v) Union committee will submit the list of selected old age recipients to the Upazila committee for approval.
- (vi) The allowances will be distributed after the final approval of the Member of Parliament (MP).

2.4.7 Allowances Payment Procedure

- (i) Allowances will be distributed through Sonali/Janata/Agrani/Bangladesh Krishi/Rajshahi Krishi Unnayan Bank of the inconvenience of recipients.
- (ii) There will be a 'Pass Book' for each recipient like as government pension that will issue by Upazila Social Services Officer and give an order to the Bank for distributing allowances.
- (iii) Allowances will be distributed in each month but anyone can draw one year allowances at a time at the end of the financial year.
- (iv) Date and place for the distribution of allowances will be determined with the consultation of bank authority within the date of 11-20 of each month. The fixed date will be informed to MP, Upazila Chairman, local administration and other local representatives in ensuring transparency and accountability.
- (v) If any recipient dies, the appropriate nominee of the recipient will get up to 3 months allowances by submitting death certificate.

2.4.8 Allocation for Old Age Allowance

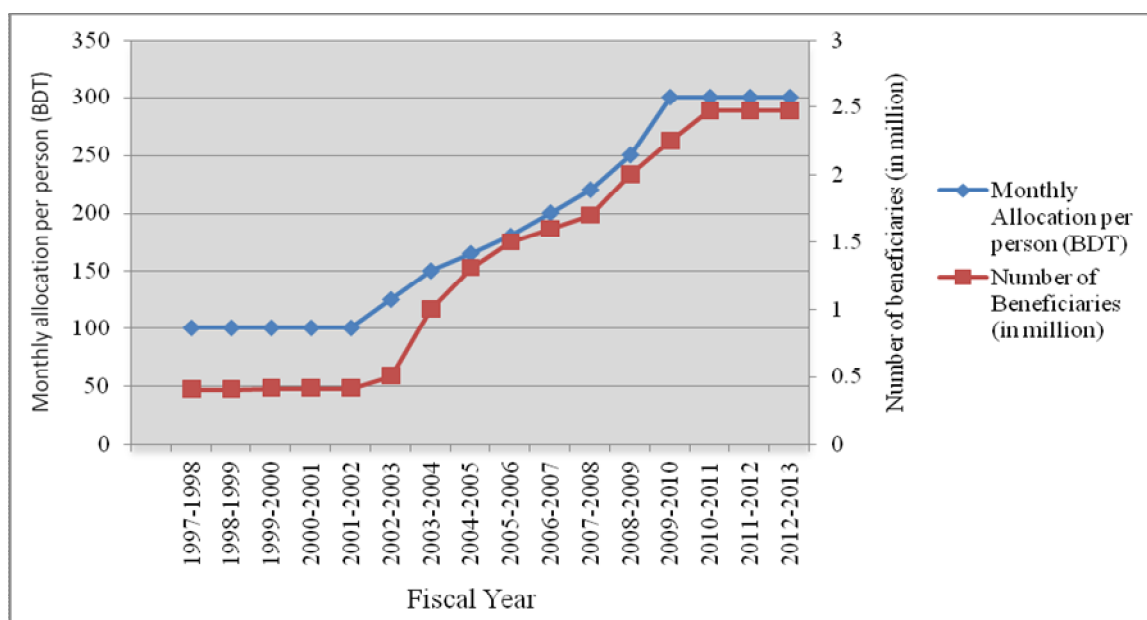
The year-wise statistics of the distribution of the old age allowance since inception is presented in Table 2.3 and also graphical presentation in Figure 2.1.

Table 2.3: Year-wise allocation of fund, monthly allocation per person and number of beneficiaries of old age allowance program

Fiscal Year	Fund (million BDT)	Monthly Allocation per person (BDT)	Number of Beneficiaries (in million)
1997-1998	125.00	100	0.40
1998-1999	485.00	100	0.40
1999-2000	500.00	100	0.41

Fiscal Year	Fund (million BDT)	Monthly Allocation per person (BDT)	Number of Beneficiaries (in million)
2000-2001	500.00	100	0.41
2001-2002	500.00	100	0.41
2002-2003	750.00	125	0.50
2003-2004	1800.00	150	1.00
2004-2005	2603.70	165	1.31
2005-2006	3240.00	180	1.50
2006-2007	3840.00	200	1.60
2007-2008	4485.00	220	1.70
2008-2009	6000.00	250	2.00
2009-2010	8100.00	300	2.25
2010-2011	8910.00	300	2.475
2011-2012	8910.00	300	2.475
2012-2013	8910.00	300	2.475

Figure 2.1: Growth of Old Age Allowance Program (Based on above Table)



Source: <http://www.dss.gov.bd>

From the above Table and Figure, it is observed that the coverage and benefit for the old age allowance has been increased over the years. But the size of allowance for this program is very small. However, the value for program has not increased much in real terms.

2.4.9 Old Age Allowance Program Compared with Other Social Safety net Programs in Bangladesh

At present the government of Bangladesh is operating about 45 safety net programs based on different criteria like income, occupation, physical ability, regional disparity etc. Still a large number of eligible populations are remaining outside the coverage of any social safety net program. The coverage of eligible individuals by SSNPs is low with only 24.57 per cent of households in Bangladesh benefiting from at least one safety net program (HIES 2010). According to HIES (2005) survey, only 22 per cent of households in the bottom quantiles are covered by targeted programs. Indeed 41 per cent of targeted program beneficiaries are non-poor (World Bank 2008). There is also overlapping regarding targeting. Some households participate in more than one program. At the same time the benefits provided by the social safety nets are small. Besides, in spite of regional disparity dimension, a number of backward areas such as certain chars hardly benefited from any social safety net (GoB 2008b). Geographical coverage of safety nets also does not tightly correlate with division-wise poverty rates. According to HIES (2010) Barisal division has the second highest poverty rate (39.4%) after Rangpur (42.3%), but the highest percentage of SSNP benefits in Khulna division (37.30%) followed by Barisal (34.43%) and Rangpur division (33.65%).

Considering the above mentioned criteria the old age allowance program represents a major breakthrough towards expanding coverage of cash transfer focused safety nets. With an estimated 2.475 million beneficiaries and Tk. 891 crore budget allocations in the FY 2012-2013, the old age allowance is the largest among the cash transfer programs. It distinguishes itself from others by its scale and its intended focus on the elderly poor people. The following table exhibits the position of old age allowance program in compare to other cash transfer programs.

Table 2.4: Coverage of and allocation for cash transfer programs

Program	Objectives	Targeting/Eligibility Criteria	Coverage in FY 2010-11 (In Millions)	Budget Allocation FY 2010-11 (Crore Tk.)	Implementation
Old Age Allowance Program	Providing old age cash allowances to the poor.	i) At least 65 years of age, female 62 years ii) Income not more than K.3000 per year iii) Must not have worked in the formal sector v) 50% men and 50% women	2.475	891	Department of Social Services; Ministry of Social Welfare

Program	Objectives	Targeting/Eligibility Criteria	Coverage in FY 2010-11 (In Millions)	Budget Allocation FY 2010-11 (Crore Tk.)	Implementation
Allowances for Insolvent Persons with Disabilities (PWDs)	To ensure rights and privileges of the Persons with Disabilities	i) Annual income not over Tk. 24000.00 Recipient must be- ii) destitute and infirm, iii) the resident of concerned local area, iv) over six years old.	2.86	102.96	Department of Social Services; Ministry of social welfare
Honorarium for the freedom fighters	For the wellbeing of the Freedom Fighter.	i) Freedom Fighters annul income will not above Tk.12000.00 ii) Infirm/ Partial infirm/ landless/ jobless/ wealthless Freedom Fighters	0.15	30	Joint collaboration of Ministry of Social Welfare and Ministry of Liberation War Affairs
Allowances for Widow and Husband's Deserted Destitute Women	To provide social protection and security.	Priority must be given to- i) the senior most widow and husband deserted destitute women, ii) the widow, divorced women, husband deserted women, and iii) the wealthless, homeless, landless.	0.92	331.02	Ministry of Women and Children Affairs
Stipend Program for the Children with Disabilities	To encourage the children with disabilities to enroll themselves in the educational institution.	i) Must be the age of 5 years and above. ii) Must be the handicapped in accordance with the article 3 (1) of Bangladesh Protibondhi Kalayan Ain-2001. (iii) Must be the Student with Disabilities of the educational Institution stated in Serial No. 3 (iv) Percentage of attendance must be 50% (v) Must attend the Annul Examination. (vi) Must have Registration Certificate issued by District Social Services Office.	0.1862	8.80	Department of Social Services; Ministry of Social Welfare

Source: <http://www.dss.gov.bd>

2.4.10 Old Age Allowance Program Compared with Similar Programs in Other Countries

2.4.10. A Comparison with OECD Countries

The OECD countries redistribute a large share of their GDP through social protection programs, about 19 per cent of GDP in the European Union, and 9 per cent of GDP in the US. On average, 85 per cent of this spending is associated with social insurance programs: pensions for old age, disability or dependents, and contingency for temporary loss of work due to unemployment, illness or maternity. Non-contributory social assistance programs account for 15 per cent of the total-with high variance across countries. In the EU-15, spending on social assistance programs averages 3 per cent of GDP (World Bank 2006). The following table presents a comparison of the Bangladesh old age allowance program and OECD countries program.

Table-2.5: Spending on old age pension in OECD Countries, 2001 and Bangladesh, 2012

Name of Country	Per cent of GDP	Name of Country	Per cent of GDP
Australia	4.1	Japan	6.4
Austria	10.3	Korea	1.1
Belgium	8.6	Netherlands	5.7
Canada	4.8	New Zealand	4.7
Czech Republic	6.7	Norway	4.6
Denmark	6.5	Poland	8.5
Finland	7.1	Portugal	7.6
France	10.4	Slovak Republic	6.5
Germany	10.8	Spain	8.1
Greece	12.6	Sweden	6.8
Hungary	7.4	Switzerland	11.6
Iceland	4.1	United Kingdom	7.7
Ireland	2.4	United States	5.2
Italy	12.6		
Source: OECD (2004) Benefits and wages used in World Bank Report 2006			
Bangladesh	2.51		

2.4.10. B Comparison with Developing Countries

Program features of the old age allowance/pension vary from country to country. The following table summarizes the key features of the programs in Brazil, South Africa and Bangladesh context in 2002.

Table 2.6: The key features of Old Age non-contributory pensions

Key Features	South Africa SP	Brazil		Bangladesh OAAS
		PR	BPC (RMV)	
Beneficiary Groups (age of entitlement)	Men (65) and women (55) with low incomes	Men (60) and women (55) in subsistence or informal agriculture	Men and women (67)	15 oldest and poorest in each ward (10 women)
Targeting	Means test	Workers outside social insurance plans	Means test	Community selection
Value of benefit	US \$ 70 a month	US \$ 70 a month	US \$ 70 a month	US \$ 2 a month
Beneficiaries	1.9 m	4.6 m	0.7 m	0.7 m
Annual cost as % of GDP	1.4	0.8	0.2	0.03
Finance source	Government revenues	2.2 % tax on sale of agricultural produce (10%) plus subsidy from social insurance (90%) (<i>de facto</i> government revenues)	Government revenues	Government revenues
Year established in current form	1994/6	1993	1996	1997
Institutional context	Gradual move to parity with renewed social contract	1998 Constitution and renewed social contract	1998 Constitution and renewed social contract	Five year Plan 1997-2002

Source: Barrientos 2004.

2.5 Performance (Impacts, Implications and Factors) of the Old Age Allowance Program

The old age has become a social issue and due to modern medical science and demographic change, the number of elderly persons is increasing day by day. The vast

majority of old age people live under distressful condition, except those who are supported by own families. Like the developed countries, the Bangladesh government has become concerned about the security for the senior citizens. To partly alleviate the situation, as of 1998, Old Age Allowance Program was introduced and this is the first expression of government concern for the aged. So far very little research has been conducted on this program. Different research findings relevant to impacts, implications and factors influencing the operation of the program are presented sequentially in below to justify the present study.

Bangladesh is a low-income country where 31.5 per cent people live below poverty line and 17.6 per cent of the people are extreme poor. With a small geographic area (1, 47, 570 square kilometers) the total population of the country is about 150 million. Of these, 7.39 per cent population of the age of 60 and above year old (HIES 2010). Although this part of population is huge in terms of numbers, social security assistance for elderly persons was ignored till late nineties in the formal sector. It is worth nothing that unlike government employees there was no provision of life-long formal social security assistance as means of cash transfer for the elderly persons. In 1998, the cash transfer scheme known as 'old age allowance' (Boioshko Bhata) was introduced for the poor elderly persons. An important feature is that since its inception beneficiaries have been increased from 0.40 million in 1998 to 2.475 million in 2012 (GoB 2004). Although a decade ago provision of social security assistance came into effect however, the provision of focused health care for elderly persons is till ignored in the formal health care sector. Research indicates that various illnesses are highly prevalent and co-morbidity is common feature in old age (Ahmed *et al.* 2005; Kabir *et al.* 2003).

Ahmed and Islam (2011) mentioned that a significant number of social protection interventions from the government as well as NGOs provide safety nets for the poorest households but they are not well articulate. The interventions are mostly cash for work and food transfers, but increasingly relying on cash transfers. These provide either long-term assistance to those unable to work such as the elderly receiving allowances, or a 'step' for poor households to overcome the initial barriers to productive activities (e.g. Vulnerable Group Development Program).

World Development Report namely, 'Programs for the Poorest: Learning from the IGVGD Program in Bangladesh' has been prepared in 2003 and showed that most

households are benefited from cash transfer programs have improved their income levels and the quality and quantity of their food intake. Another research finding indicates that cash transfer impacts on level of poverty and vulnerability of the recipient households; facilities access to essential health care services as well as improve intra-household relationship (Lloyd-Sherlock 2006). Recent research conducted by HelpAge (2006) demonstrated that cash transfer reduces households' probability of becoming poor by 21 % in Brazil and 11 % in South Africa. Evidence shows that cash transfer impact not only among the beneficiaries also it impact on the lives of fellow household members. In South Africa for instance, dropout rate of student was reduced and improved nutritional status of children in the beneficiary of cash transfer households. Hence, cash transfer has increasingly become popular in many countries for reducing poverty (Jones *et al.* 2007). Although formal social assistance has significant effects on the lives of the beneficiaries, however, globally this is offered in a limited scale due to constraint of resources. In low-income countries provision of social assistance is substantially negligible. Hence, 70 per cent of the world populations, eligible for social security assistance rely on informal social security assistance (World Bank 1994). Evidence shows that extended family system has been gradually declining in low-income countries which have important repercussion on the lives of elderly persons. Thus, the plight of elderly persons needs to be addressed in the development discourse formally (Senior Citizen 2007).

A study by Begum and Majumder (2001) showed that about 19 per cent of old age allowance recipients invested their allowance in goat, cow, poultry etc. This has a long-term development impact through livelihood creation. Another BIDS (2003) study found that more beneficiaries than non-beneficiaries live with children and in joint families; thereby addressing concerns of old age security for parents and helping to revive traditional family systems. The very recent study of HelpAge (2012) recognized that old age as a distinctive vulnerability that requires a specific response in the form of pensions. They also argued that social pensions are essential to close the coverage gap and explores how disincentives can be avoided and costs controlled over the long term. The report published by Pension Watch (eNewsletter) showed that social protection provides secure incomes for people in old age and it provides long term benefits too. In Brazil, inequality fell by a third between 2001 and 2007 as a direct result of cash transfers to older people. People often invest their payments in their family's future by educating children or setting up businesses.

Another study conducted by Masud Rana and Masud Ahmed (2008) with the help of Aging Research Center, Sweden and BRAC titled on ‘the impact of small-scale old age allowance on health related quality of life (HRQoL) of elderly persons’ and they showed that receiving old age allowance was significantly associated with attaining higher scores in the social and economic dimensions and lower scores in the physical dimension of HRQoL compared to the eligible non-beneficiaries. A significant impact of old age allowance on some specific dimensions of HRQoL albeit small, justifies its continuation and expansion to bring more individuals in its net.

An evaluation report of BRAC Research Center (2008) on Old Age and Widow Allowance indicates that the majority of beneficiaries (93%) expressed satisfaction about the ongoing allowance scheme. These allowances allowed some beneficiaries to initiate income-generating activities. Furthermore, being a beneficiary was significantly associated with increased household expenditure on protein enriched food, improvement in body weight, social and economic dimensions of health-related quality of life of the elderly persons.

A recent study has done by Ahmed and Islam (2011) on People’s Perception on Safety Net Programs and they showed in a case study of old age allowance program that an 83-year old Mrs. Mohonna after receiving the pension, her status in the family changed. She was no more considered as worthless but as helpful to the family. Research indicates that Social Safety Net Programs in Bangladesh deserve high priority to ensure the rights and entitlements of the disadvantaged groups, including the urban poor and the poor living in rural areas (Barkat-E-Khuda 2011).

An evaluation by Begum (2003) on the old age allowance program, she concluded that it has been well received by local communities and they are reasonably well targeted, but are insufficient in number to cover the poor groups targeted, and are also insufficient in value to pull beneficiaries above the poverty line.

The impact analysis by the Department of Social Services revealed that the Old Age Allowance Program is an epoch-making achievement of the Government. The Old Age Allowance Program has a positive impact on the recipients, recipients’ family and also on the society as a whole. The old people would no longer be the burden of the family they come from and they are honored as a result of becoming recipients of the Old Age Allowance. Through this program the beneficiaries get opportunities to meet the senior

public representatives, where they can express their sorrows and difficulties. The government is gradually increasing the number of beneficiaries along with gradual increment in the monthly allowances.

From the above discussion of key concepts of social safety nets and old age allowance program and reviewing of different reports and research findings relevant to the study a conclusion can be made that the old age allowance program has a significant impacts on the program beneficiaries. The older people can lead a minimum normal life with dignity and feel honor as a result of getting the allowance.

CHAPTER THREE

RESEARCH FINDINGS AND DISCUSSION

To fulfill the research objectives mentioned in chapter one, data have been collected from 40 program beneficiaries (respondents) and 10 key informants of two Union Parishads of Galachipa Upazila. In this chapter the findings of field survey have been analyzed to demonstrate the impacts and implications for the old age allowance program on selected beneficiaries in the study area and to identify the factors influencing the operations of the program based on selected indicators.

3.1 Profile of the Respondents (Beneficiaries)

The different particulars of the respondents especially age, occupation, household size and spouse status have been analyzed to show vulnerability of the older people in the family and society.

3.1.1 Age of the Respondents

The age of the respondents are categorized into six groups (65-69, 70-74, 75-79, 80-84, 85-89 and 90-94) for easily interpret. The field data revealed that half of the program beneficiaries belong to the age group of 70-74 (Figure-3.1).

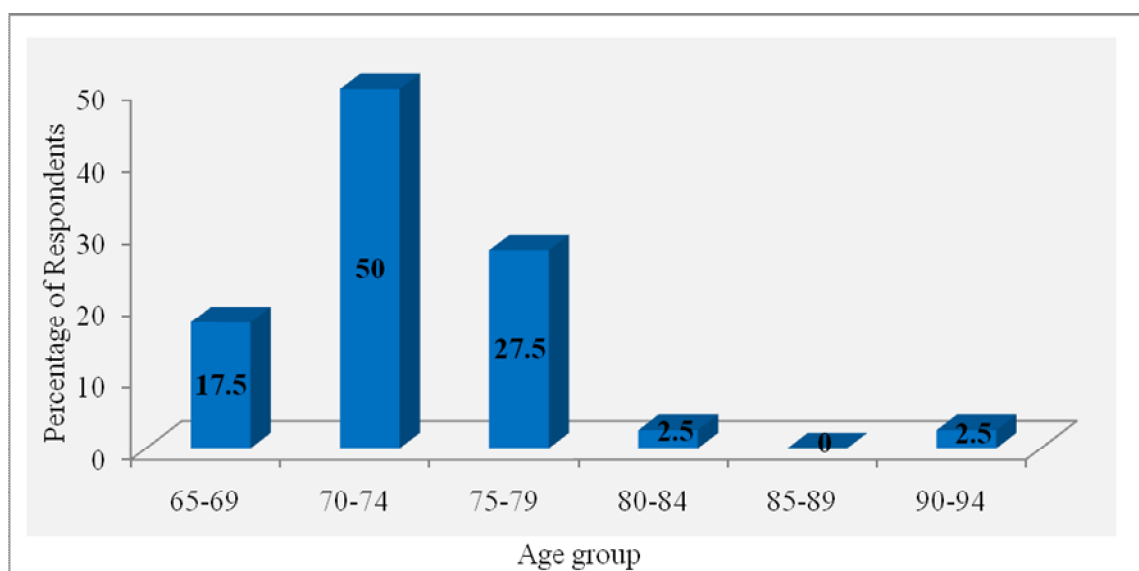


Figure 3.1: Age of the respondents (beneficiaries)

The general trend is that the people of this age group among the older people are higher in society. The higher age tends to be more vulnerability. To qualify as a program beneficiary the official age limit was 65 years and above while the limit is 62 years and

above for female. From the above figure, it is also observed that all the respondents (beneficiaries) are above the required age limit. So, it could be said that the age limit envisaged by the government has been maintained properly.

3.1.2 Occupation Status

From the data it is seen that the higher percentage (60%) of male respondents belongs to the unemployed group, whereas it is 40% for the female group (Figure 3.2).

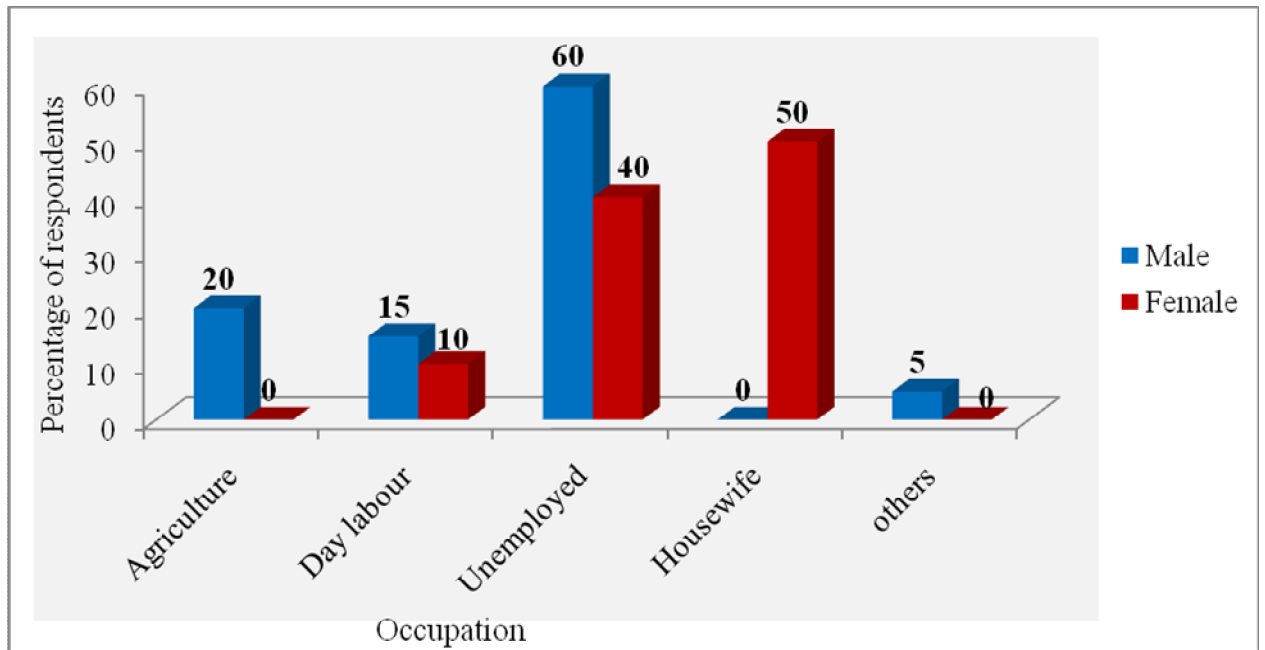


Figure 3.2: Occupation status of the respondents

From the figure it is also observed that 50 per cent of female beneficiaries were engaged in household works. The reality is that the women of Bangladesh are engaged in some household works. The higher percentage of unemployment shows that they are unable to work and thus become more vulnerable.

3.1.3 Household size of the Respondents

The household size is categorized into four groups (3-5, 6-7, 8-9, 10-11) on the basis of presence of family member. The halves of the respondents belong to the size of 3-5 members and the rest of the 50% of the respondents is higher number of family size (Figure 3.3).

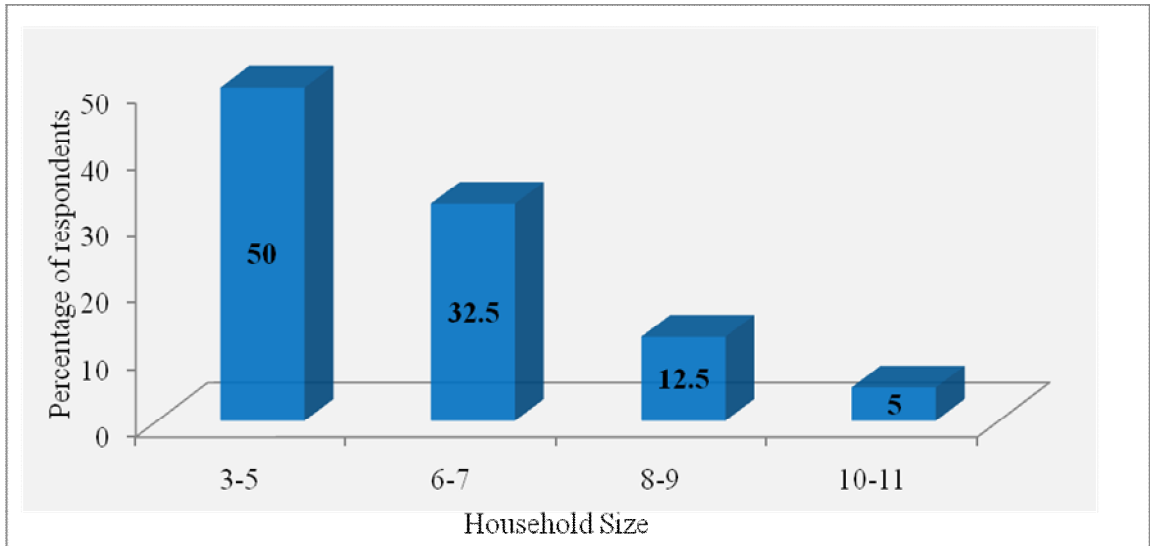


Figure 3.3: Household size of the respondents

3.1.4 Spouse Status of the Respondents

The field survey data shows that most of the respondents' spouse (67.5%) is not alive (Figure 3.4).

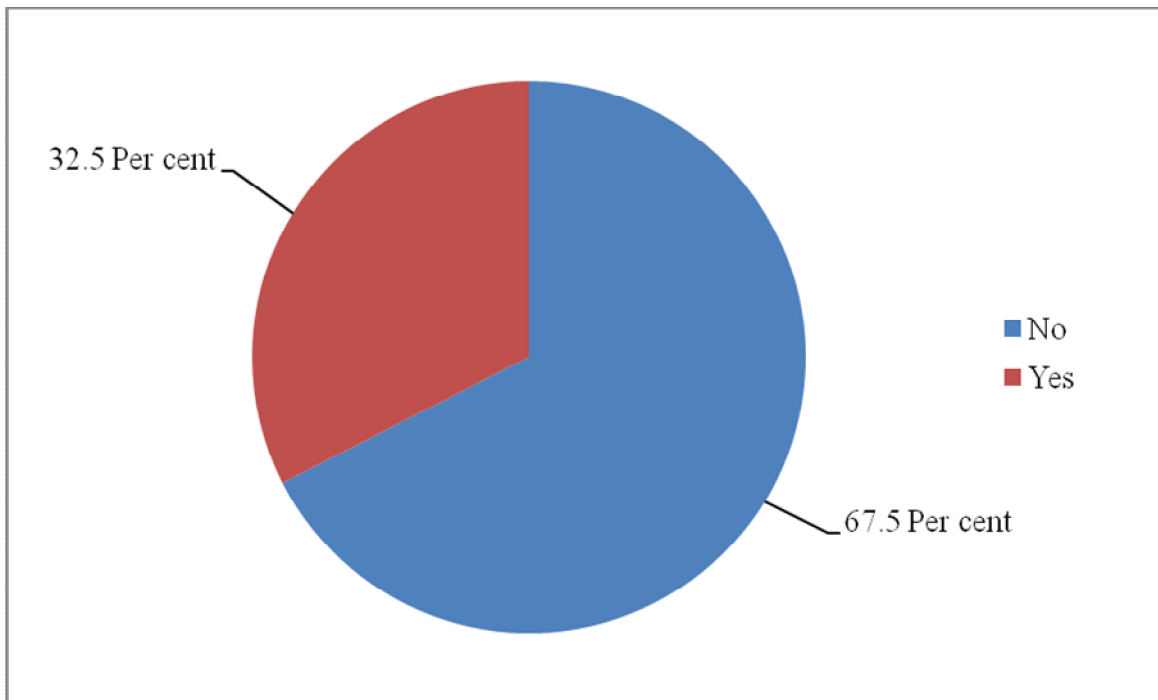


Figure 3.4: Spouse status of the respondents

It is assumed that the older people who have no spouses are more vulnerable in the family.

3.2 Food Intake by the Respondents

3.2.1 Daily Food Intake Pattern

Daily food intake pattern has been changed significantly after receiving the old age allowance by the program beneficiaries. Data revealed that most of the respondents (90 per cent) intake three times food daily after receiving the allowance (Figure 3.5).

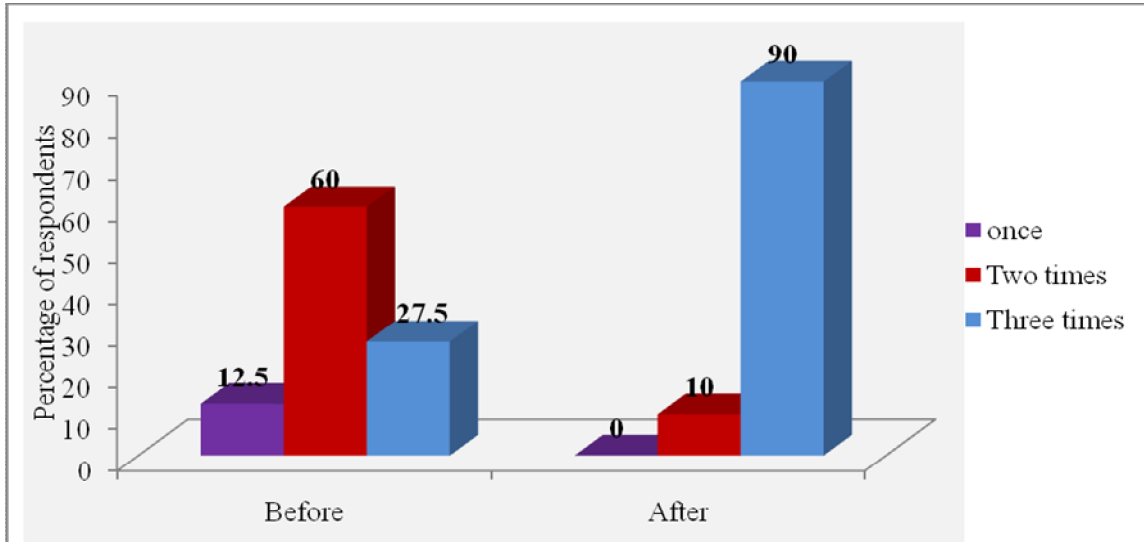


Figure 3.5: Daily food intake pattern by the beneficiaries

From the figure it could be said that food intake pattern changes when money is available in hand.

3.2.2 Food items in each meal

From the data it is observed that food items in each meal intake by the respondents have increased after receiving the allowance (Figure 3.6).

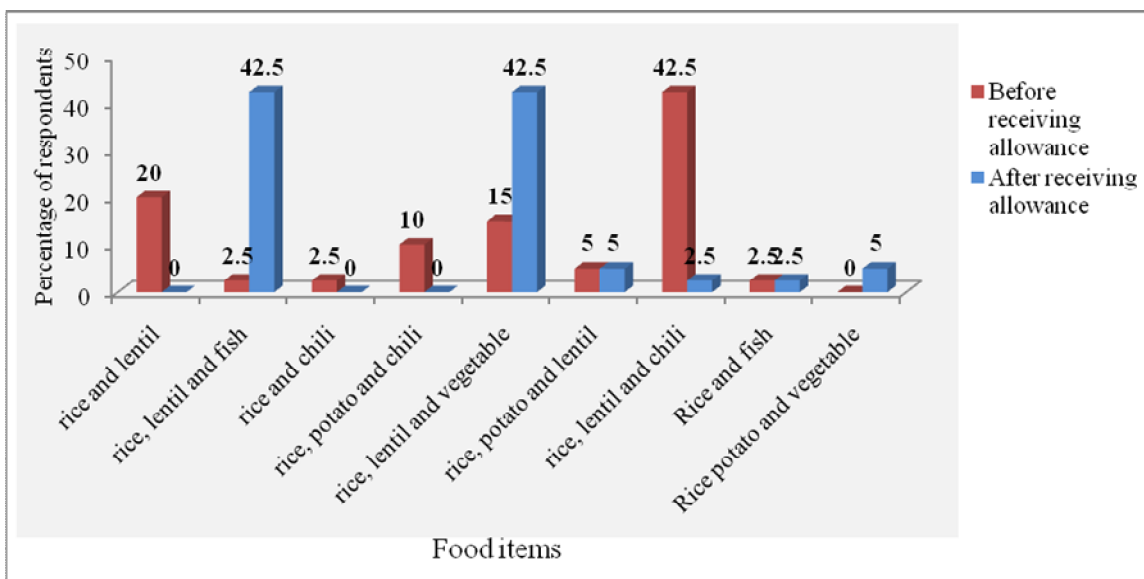


Figure 3.6: Food items intake by the respondents

From the Figure it is seen that 42.5 per cent of respondents has taken the combination of rice, lentil and fish, and rice, lentil and vegetable after the receiving the allowance. However, less items of food have taken by the beneficiaries before receiving the allowance.

3.2.3 Intake any other foods other than rice

Before receiving the allowance, very few respondents (15 per cent) could afford to take any other foods (like biscuit, cake, puffed rice) other than rice. However, this percentage has increased up to 30 per cent after receiving the allowance (Figure 3.7).

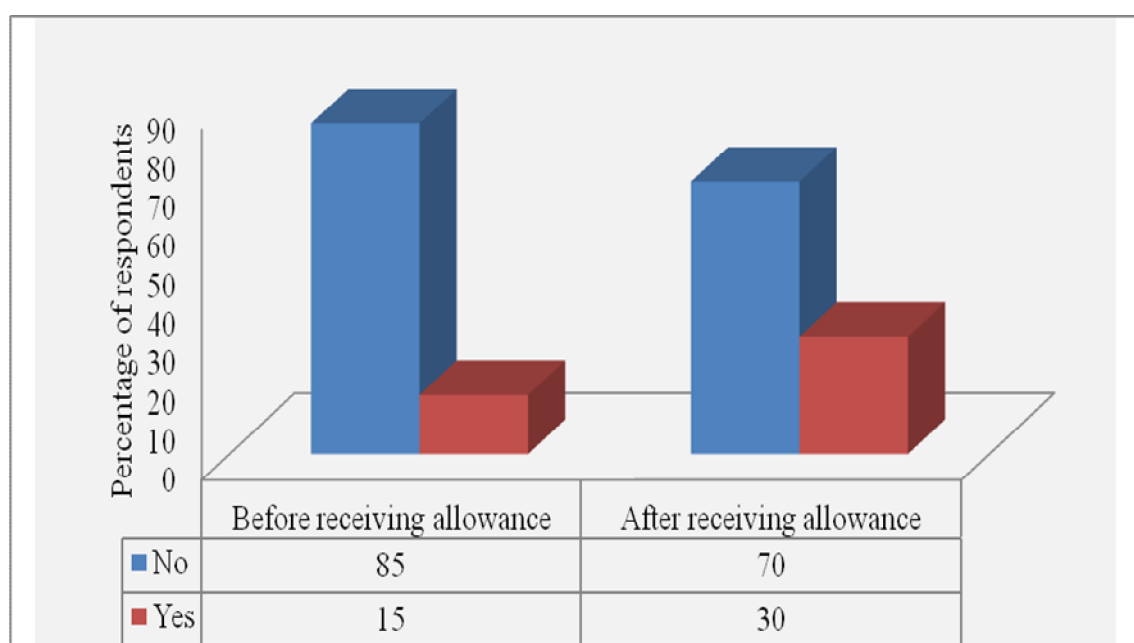


Figure 3.7: Intake any other foods other than rice by the beneficiaries

3.2.4 Rice Borrowing

After receiving the allowance the most of the respondents (85 per cent) have no need to borrow rice. On the other hand, before receiving the allowance 60 per cent of respondents needed to borrow rice (Figure 3.8). It could be said that the scenario of rice borrowing pattern has changed by receiving the allowance.

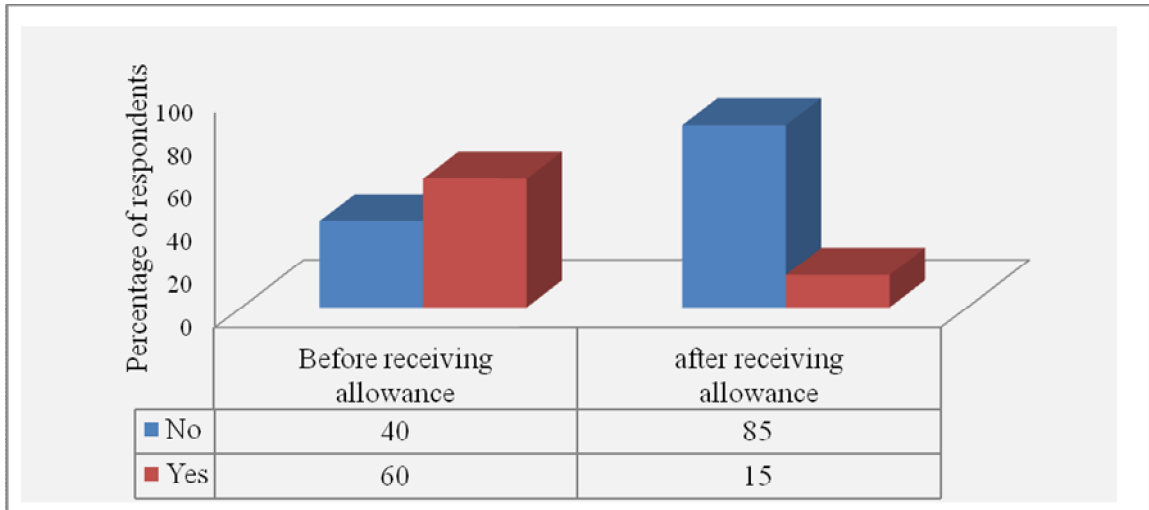


Figure 3.8: Rice borrowing by the respondents

3.2.5 Frequency of Rice borrowing

Frequency of rice borrowing by the beneficiaries has gradually decreased after receiving the allowance. Before receiving the allowance, the beneficiaries need to borrow rice 6-7 times in a month. On the other hand, after receiving the allowance this frequency is 0 and other frequency has also decreased (Figure 3.9).

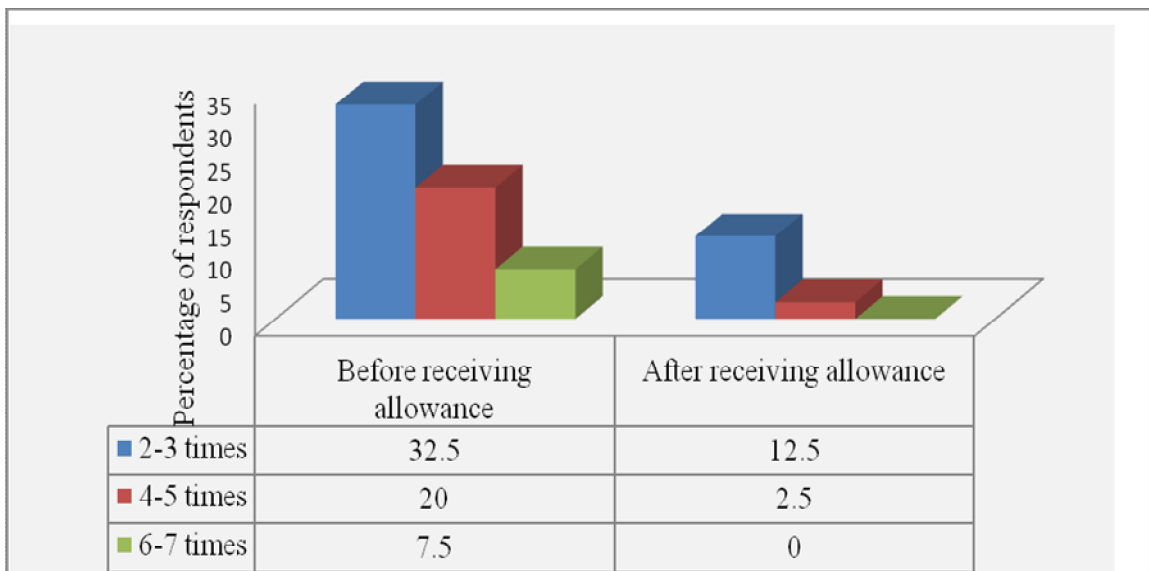


Figure-3.9: Frequency of rice borrowing by the respondents

3.2.6 Monthly Average expenditure on food items

Monthly expenditure for purchasing food items is lower when they do not get the allowance but after receiving the allowance the expenditure becomes higher (Figure

3.10). So, we can conclude that the overall food intake by the respondents have been increased after receiving the allowance.

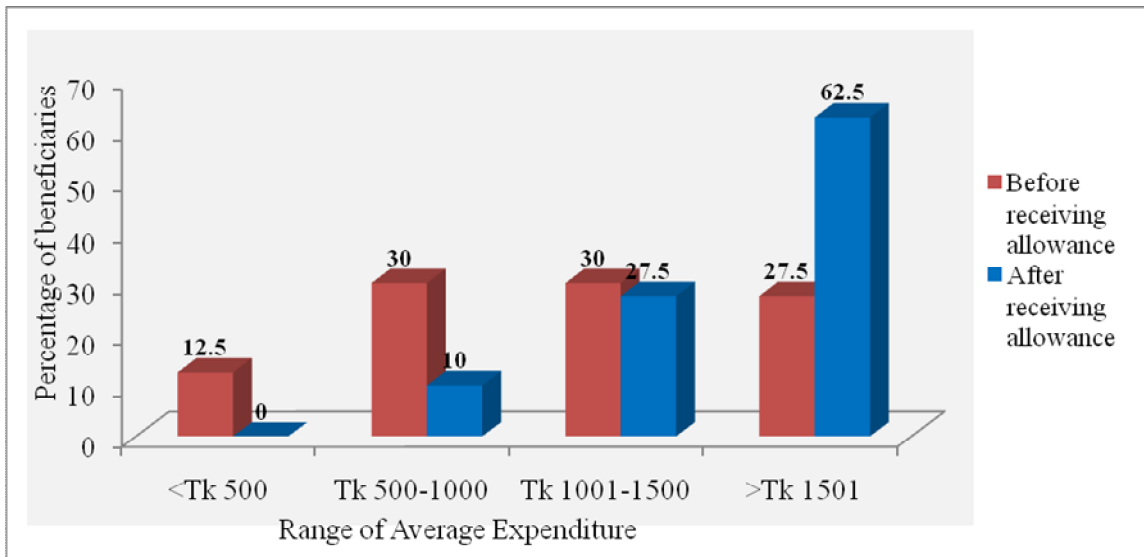


Figure 3.10: Average expenditure for purchasing food items in a month

3.2.7 Food Affected by the Program of the Respondents

From the figure it is observed that both the quality and quantity of food of the respondents has improved due to program intervention (Figure 3.11).

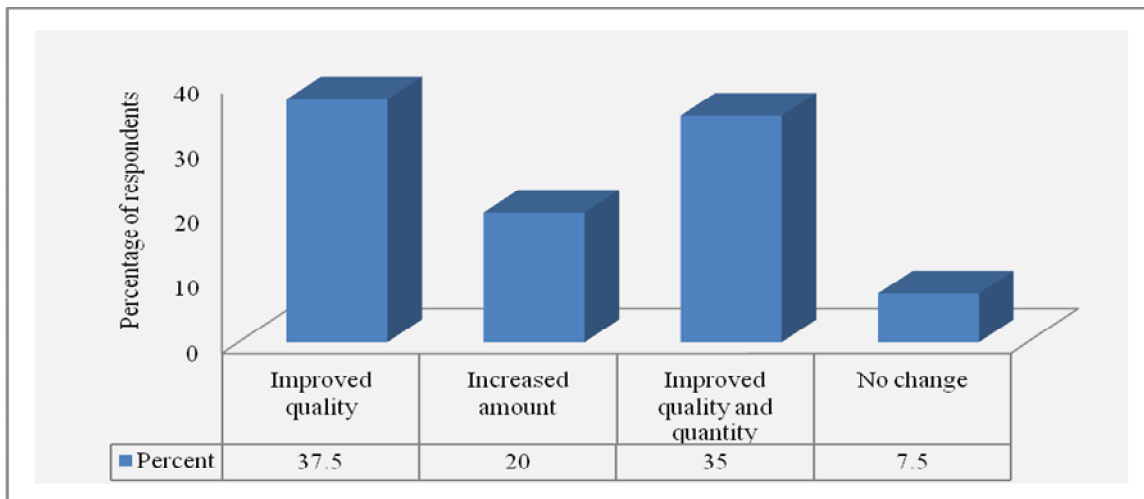


Figure 3.11: Food affected by the program of the respondents

3.3 Access to Health Facilities

3.3.1 Purchase of Medicine

Before receiving the allowance the older people met their necessary medicine with the help of family members, kith and kins, by borrowing and sometimes by own those who

have capability to purchase medicine. In case of after receiving the allowance, most of the respondents (97.5 per cent) have purchased their necessary medicine by own cost (Figure 3.12).

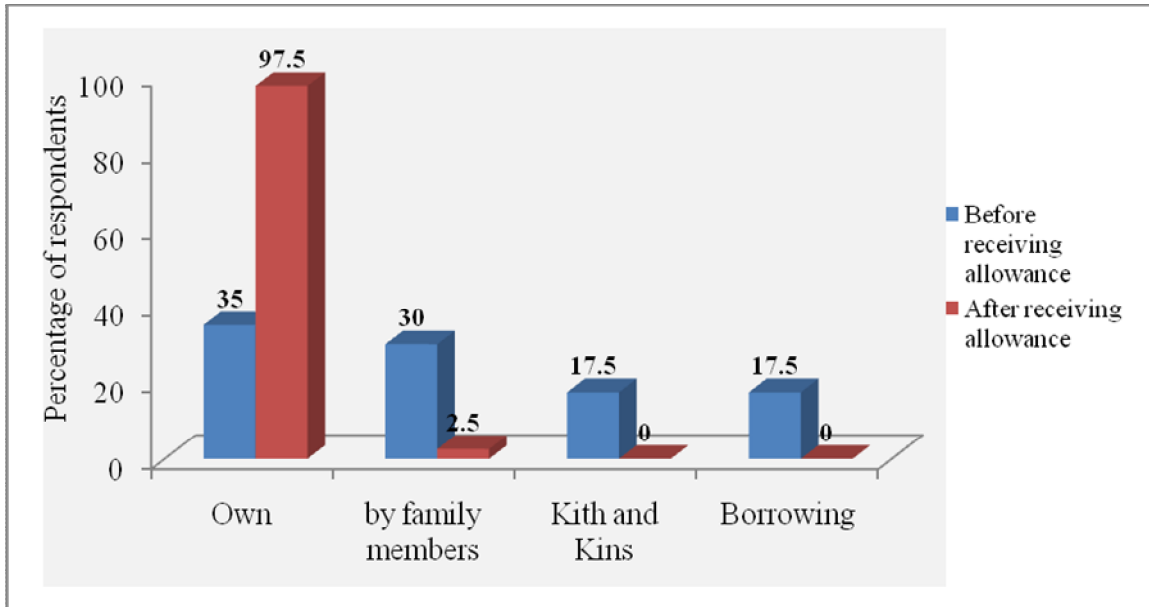


Figure 3.12: Mode of purchasing medicine by the respondents during illness

3.3.2 Sources of money

From the figure 3.11 it is seen that most of the respondents have met their necessary medicine by their own cost. Here, it could be said that they become self dependent after receiving the allowance. From the Figure 3.13 it is observed that most of the respondents (94.87 per cent) have met their essential medicine with the help of allowance.

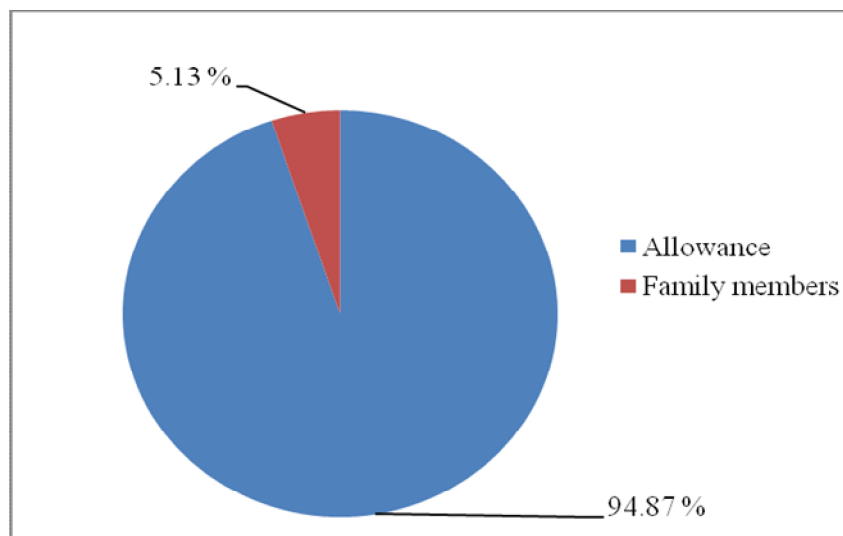


Figure 3.13: Sources of money when purchased medicine by own cost

3.3.3 Monthly expenditure for medicine

The need of about 65 per cent of the respondents fall the range of below Tk. 100 and Tk. 100-200 to purchase their necessary medicine (Figure 3.14). It is easy to fulfill this minimum requirement by the allowance received.

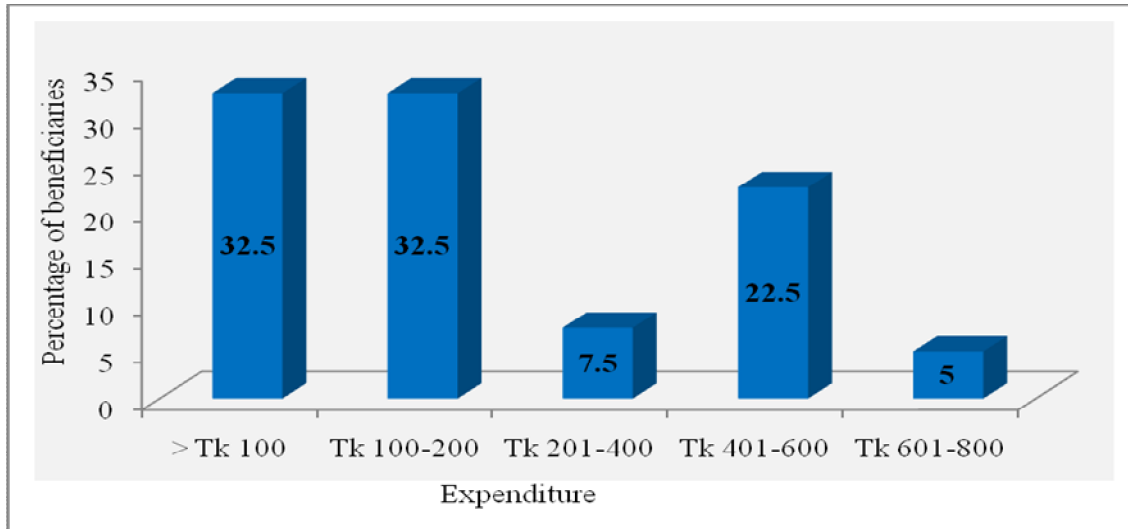


Figure 3.14: Monthly average expenditure for purchasing medicine by the respondents

3.4 Affordability of Clothes

3.4.1 Purchase of clothes

Half of the respondents have purchased clothes by their own cost, 40 per cent by family members, 7.5 per cent by kith and kins and rest of the respondents by other sources like Zakat (Figure 3.15). It is revealed that purchasing of clothes by their own cost is a burden for them.

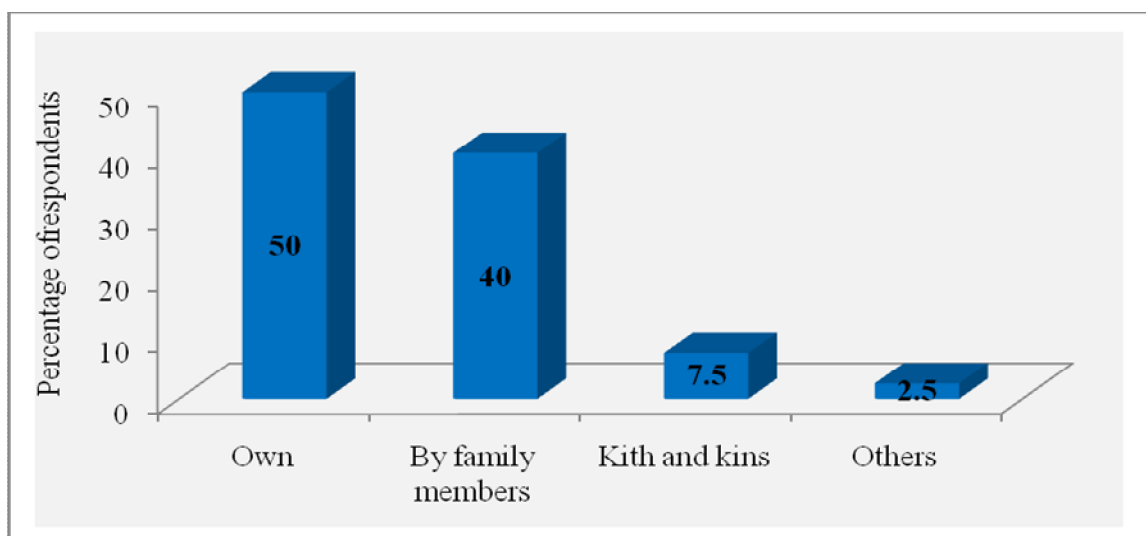


Figure 3.15: Mode of purchasing clothes by the respondents

3.4.2 Sources of money

From the figure 3.14 it was found that 50 per cent of the respondents have purchased their clothes by own. Most of the respondents (32.5 per cent) among the 50 per cent have purchased clothes by the allowance (Figure 3.16).

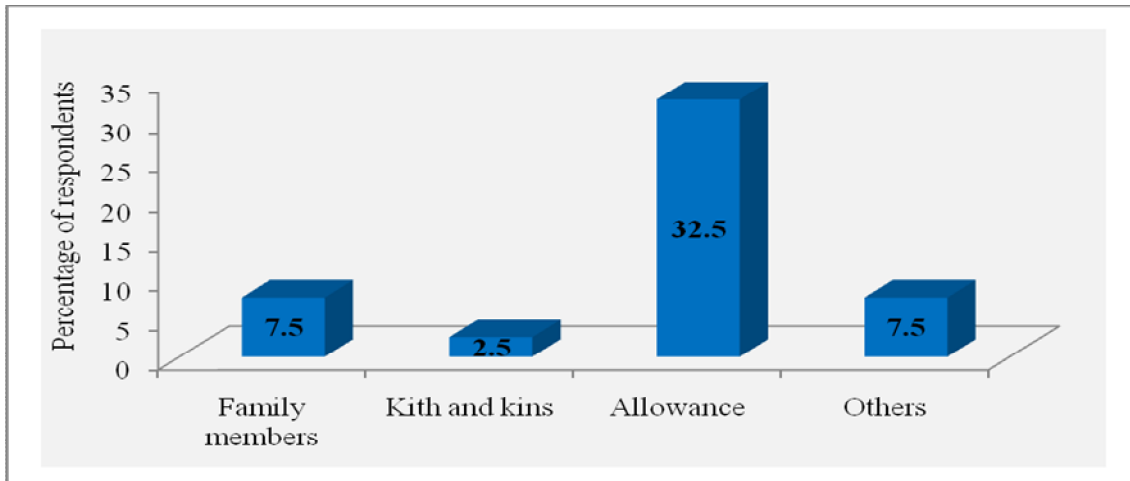


Figure 3.16: Sources of money when purchased clothes by own

3.5 Improvement of quality of life

All the respondents have opined that after receiving the allowance the quality of life of the respondents have improved significantly.

3.5.1 Comparison between two unions

Most of the respondents of both the unions mentioned that their quality of life in terms of fulfillment of basic needs (foods, clothes and medicine) has improved (Figure 3.17). Between the two unions, the higher percentage of respondents represent Dakua union has fulfilled their basic needs than those of the Galachipa union.

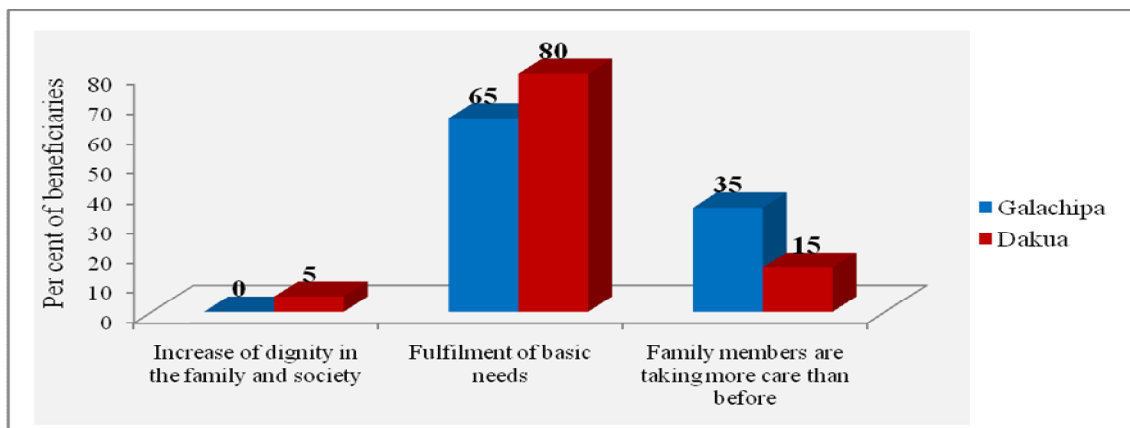


Figure 3.17: Comparison between two unions for the improvement of quality of life of the respondents

Case 1: Old age allowance adds value to Shari Jan's life

Ms. Shari Jan, a 90-years' old woman lives at Muradnagar village of Galachipa union, has lost her husband during 1970. She is blessed with two sons. She has no piece of land except homestead. She stays at her own shabby home with her younger son and wife, and two grandsons. Her son is a rickshaw puller and the only earning member of the family. At this age she is supposed to lead a happy life but the irony of fate is that she has no source of income to buy food, clothes and medicine. In other words, she has to lead her life in a miserable condition. She is counting every moment of her expiry. One day, all on a sudden, she comes to know that the government is pleased to provide allowances to the old people of the society. She communicates with the local UP member and appeals for the allowance. During 1998, as on the inception of the program, she has been selected for the allowances which gives her a new hope for living. It is worth mentioning here that after getting the old age allowance her daily minimum requirements for food, clothes and medicine has fulfilled. Thus, the old age allowance program brought a positive change in the life of a distressed woman.



3.5.2 Increase of dignity in the family

Most of the respondents (97.5 per cent) have noticed that their dignity in the family has increased by this program (Figure 3.17). 60 per cent of those respondents have expressed that their dignity has increased, and this is manifested by the factor that the family members take more care than before, and 30 per cent can now actively participate in decision-making process in the family (Figure 3.18).

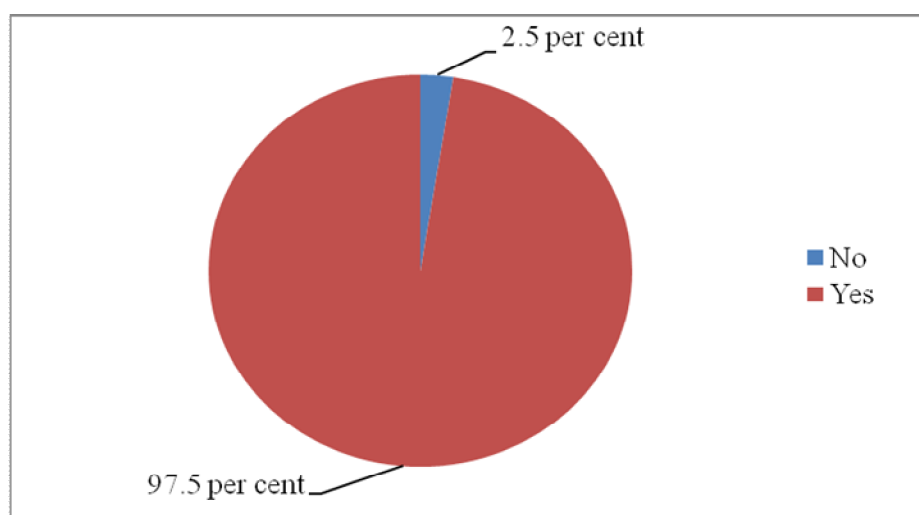


Figure 3.18: Increase of dignity in the family of the respondents

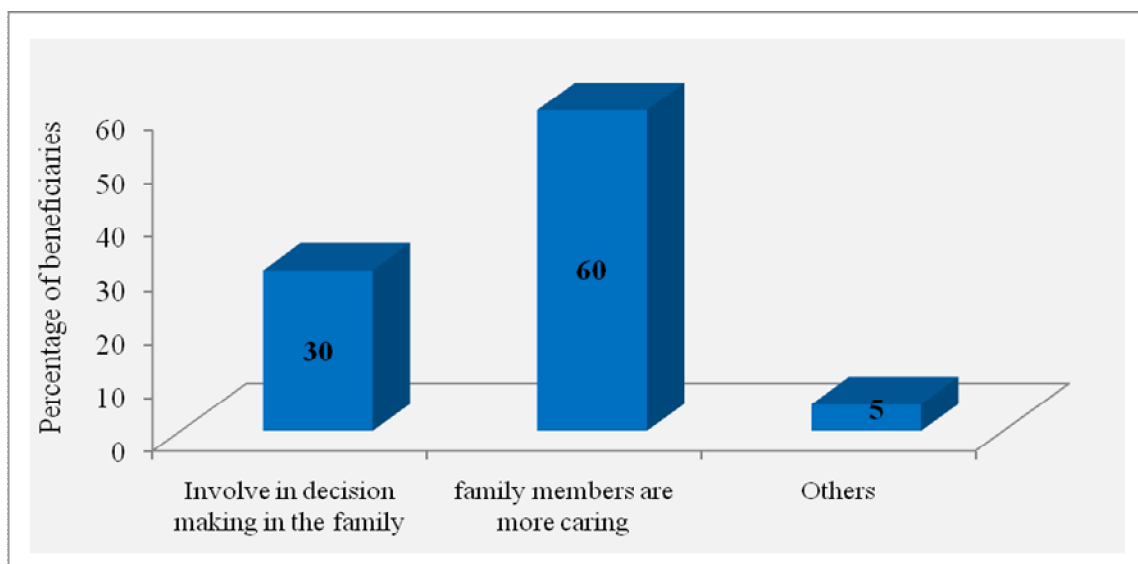


Figure 3.19: Nature of dignity increases in the family of the beneficiaries

3.5.3 Observations of Key Informants

Ten key informants (KI-01 – KI-10) of this study have made their observations about the beneficiaries of the old age allowance program; these are presented in Table 3.1. From the table it is seen that most of the key informants have observed that the beneficiaries of the program can meet their minimum basic needs (foods, clothes and medicine). This observation is similar to the beneficiaries' information.

Table 3.1: Improvement of quality of life of beneficiaries that noticed by the key informants

No. of key informants	Type of key informants	Different types of improvement of the beneficiaries that noticed by the key informants
KI-01	Teacher	i) They do not feel helpless, ii) They can meet their minimum basic needs e.g. own pocket money, purchase medicine and clothes, iii) Family members are taking more care than before
KI-02	Female UP Member	i) They can meet their minimum basic needs e.g. own pocket money, purchase medicine and clothes, etc. ii) They can purchase minimum one Shari/Lungi in a year
KI-03	Local elite and social worker	i) They can meet their own pocket money, ii) They can purchase their necessary medicine during illness, iii) They are not dependent on others
KI-04	Male Up Member	i) They can purchase their necessary medicine during illness, ii) Sometimes they can eat comparatively better food when they want, iii) Increase of importance in the family and the society

No. of key informants	Type of key informants	Different types of improvement of the beneficiaries that noticed by the key informants
KI-o5	Local elite	i) They can purchase their necessary medicine during illness, ii) Sometimes they can eat comparatively good food when they desire, ii) They do not feel helpless
KI-06	Local elite and Ex-UP Member	i) They can purchase their necessary medicine during illness, ii) Sometimes they can eat comparatively good food when they desire, iii) Increase of importance in the family and society, iv) They can purchase minimum one Shari/Lungi in a year
KI-07	Local elite and Ex-UP member	i) They can meet their minimum basic needs e.g. own pocket money, purchase medicine and clothes, etc. ii) They can purchase minimum one Shari/Lungi in a year
KI-08	Female UP Member	i) They can meet their minimum basic needs e.g. own pocket money, purchase medicine and clothes, etc.
KI-09	Male UP Member	i) They can purchase their own medicine during illness, ii) Sometimes they can eat comparatively good food when they want, iii) Family member are taking more care than before
KI-10	Male UP Member	i) They can purchase their own medicine during illness, ii) They can purchase minimum one Shari/Lungi in a year

Source: Survey data

3.6 Satisfaction by the Respondents

All of the respondents of both the unions have expressed their satisfaction in getting this allowance. The most of the respondents of both the unions are moderately satisfied by the program (Figure 3.20). From the data it is revealed that this program has significant impacts on the beneficiaries.

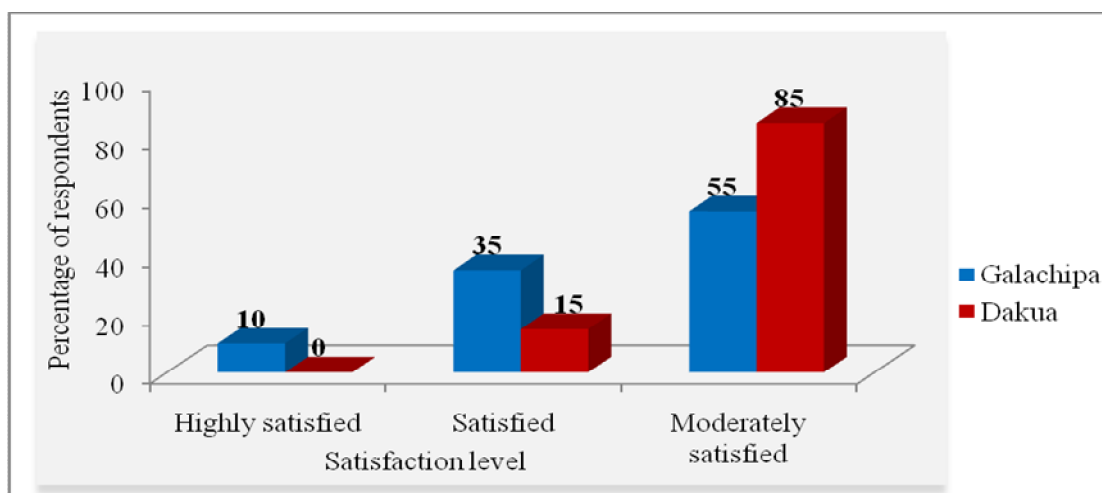


Figure 3.20: Comparison between two unions of satisfaction level of the respondents

3.7 Perception about the program

3.7.1 Perception of the Respondents

Most of the respondents are moderately satisfied but they have given opinion about the increase of allowance with a view to maintain minimum livelihood with dignity. The 45 per cent of respondents have given impression about the amount of allowance that it needs to be increased up to Tk. 600 (Figure 3.21).

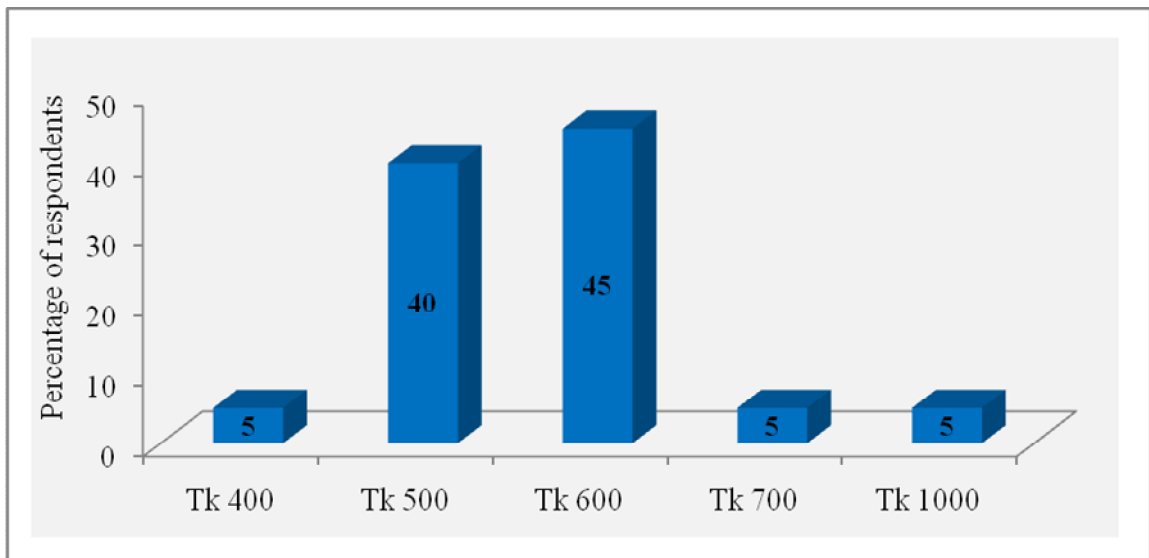


Figure 3.21: Opinion of the respondents about the increase of allowance

3.7.2 Perception of the key informants

The 3 key informants out of 10 have expressed their opinion about the evaluation of old age allowance program is good and another 3 key informants' evaluation is somewhat helpful (Figure 3.22).

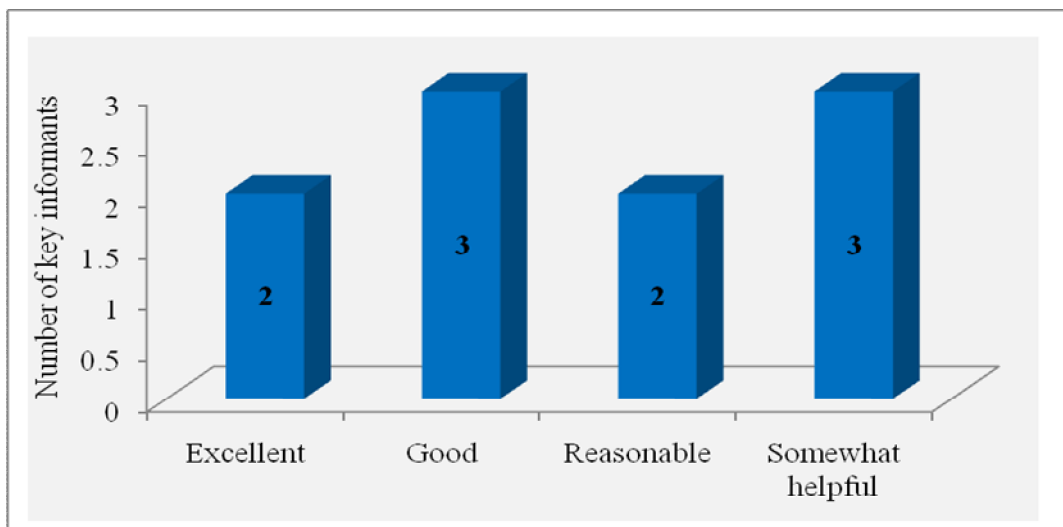


Figure 3.22: Evaluation of key informants about the old age allowance program

Another perception of key informants about the increase of the allowance is 60 per cent of the key informants opined that it needs to be increased up to Tk. 600 (Figure 3.23). The same opinion have expressed by the program beneficiaries.

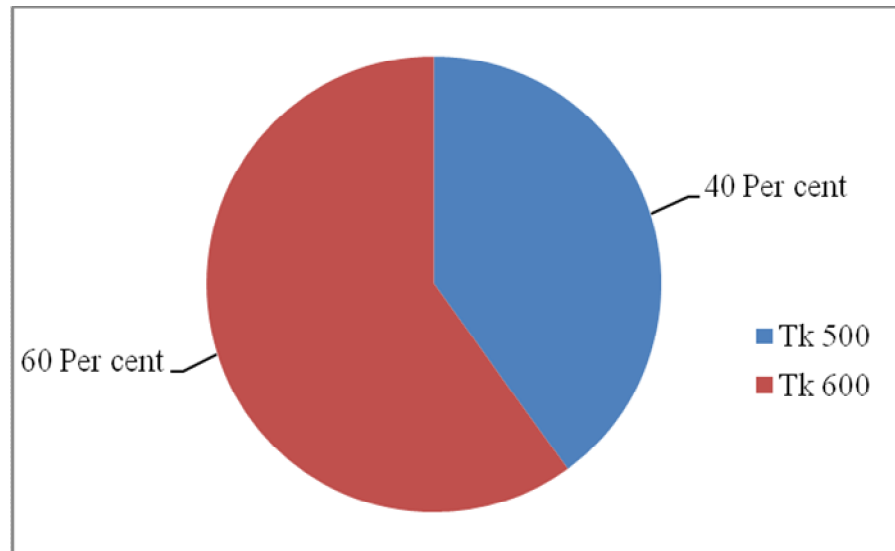


Figure 3.23: Opinion of key informants about the increase of the allowance

3.8 Medium of getting Allowance

From the figure it is observed that most of the respondents (77.5 per cent) have got allowance through UP Member followed by UP Chairman (12.5 per cent), 7.5 per cent themselves and 2.5 per cent through political leaders (Figure 3.24).

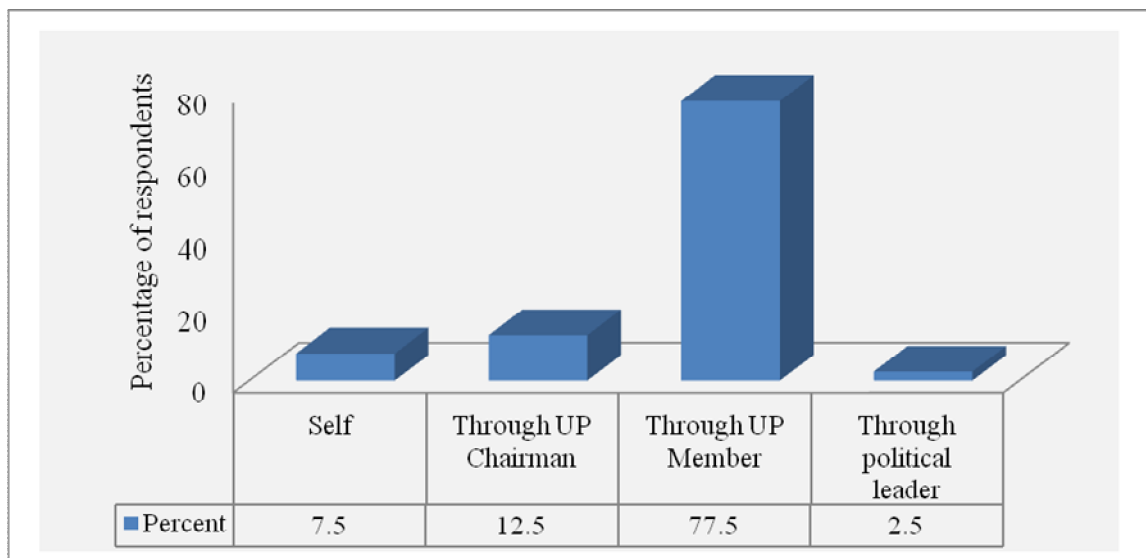


Figure 3.24: Medium of getting allowance by the respondents

From the data it is revealed that UP Member, UP Chairman and political leaders have considerable influences in getting allowances. According to implementation guideline every individual have to be filled application in getting allowance.

Case 2: Wrong selection of beneficiaries leads to wastage

A 68-year old, Mr. Shahjahan Mridha lives at Krishnapur village of Dakua union. His spouse is alive. He is a father of 5 sons and one daughter. His four sons are self employed and the youngest one is studying at the university college. He is the owner of about 20 bighas cultivable land. He represents a reasonably affluent family and has no particular need for the allowance. Due to wrong selection of beneficiaries, he avails the allowance. The money has been diverted to an undeserving avenue, thereby depriving other eligible beneficiaries.

3.9 Problems during withdrawal of allowances

The 90 per cent of the respondents have faced different types of problem during withdrawal of allowances (Figure 3.25). As the older people are not enough capable to go to the Upazila headquarters for withdrawing the allowances, so the different types of problem has to be faced by the older people.

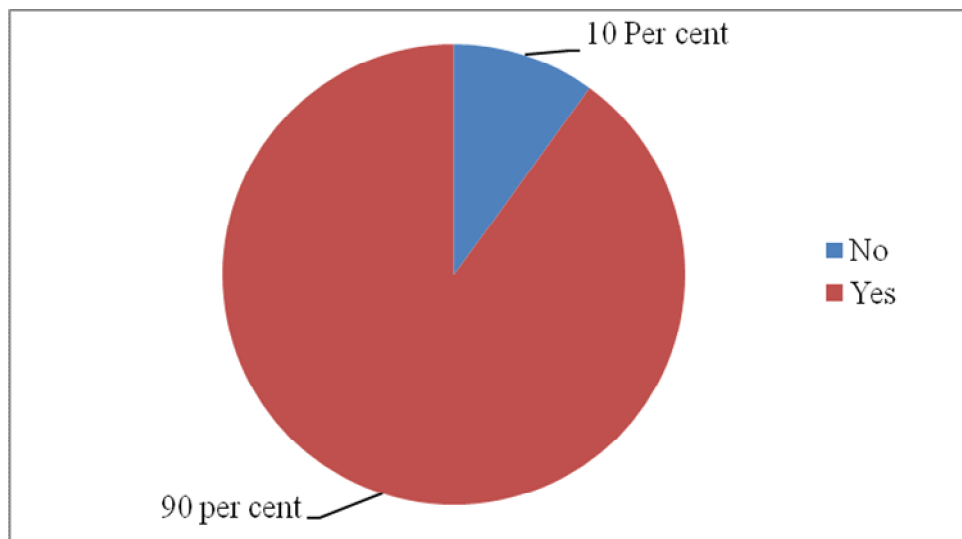


Figure 3.25: Problems during withdrawal of allowances

The problem faces by the respondents during withdrawal of allowances are presented in Table 3.2

Table 3.2: Problem faces by the respondents during withdrawal of allowances

Sl. No.	Problems	Number of respondents	Per cent of respondents
01	Difficulty in opening bank accounts by the beneficiaries	2	5
02	Sufferings and complications during withdrawal of allowances	12	30
03	Transport cost for withdrawing of allowances	18	45
04	Others (Wait for long time in a queue during withdrawal of allowances)	4	10

From the above table it is seen that 95 per cent of beneficiaries are facing problems such as transport cost, sufferings and complications, waiting for long time during withdrawal of allowances.

3.10 Discussion

From the above findings it can be mentioned here that the old age allowance has some significant impacts on the beneficiaries in terms access to food, health facilities, clothes, increase of dignity in the family and improvement of quality of life. Study reveals that most of the respondents fulfill their minimum basic requirements after getting allowances. In case of food intake, the most of the beneficiaries are taking more foods after receiving allowance than before. The medicine is a prime requirement for the older people during illness. From the data it is revealed that the elder poor people can buy their necessary medicine by receiving the allowance. The same observation found by Masud Rana and Masud Ahmed (2008). They showed that receiving old age allowance was significantly associated with attaining higher scores in the social and economic dimensions and lower scores in the physical dimension of Health Related Quality of Life (HRQoL) compared to the eligible non-beneficiaries. A significant impact of old age allowance on some specific dimensions of HRQoL albeit small, justifies its continuation and expansion to bring more individuals in its net. Again, BRAC Research Center (2008) in their evaluation report on Old Age and Widow Allowance indicates that the majority of beneficiaries (93%) expressed satisfaction about the ongoing allowance scheme. These allowances allowed some beneficiaries to initiate income-generating activities. Furthermore, being a beneficiary was significantly associated with increased household

expenditure on protein enriched food, improvement in body weight, social and economic dimensions of health-related quality of life of the elderly persons.

The study indicates that status in the family and quality of life has increased of most of the beneficiaries. All of the respondents have also expressed their satisfaction about the program. Ahmed and Islam (2011) showed in a case study of old age allowance program that an 83-year old Mrs. Mohonna after receiving the pension, her status in the family changed. She was no more considered as worthless but as helpful to the family.

3.11 Factors influencing the operation of the program

From the study it is observed that a set of factors influences the operation of old age allowance program such as influence of local representatives, operation of bank account and wrong selection of beneficiaries. From the field observation, it is seen that old people get allowances through local representatives such as 12.5 per cent by UP Chairman, 77.5 per cent by UP member, 2.5 per cent by political leaders and 7.5 per cent by themselves (Figure 3.23). From these findings it can be said that the UP members and Chairmen have 90 per cent influence in the operation of old age allowance. Again, Bank operation seems to be another influencing factor in the operation this program. Study reveals that 5 per cent of the beneficiaries suffer during opening the bank account while 30 per cent for withdrawal of money from the bank and 45 per cent for transport cost suffer (Table 3.2). From these information it can be said that almost 75 per cent of sufferings related to receiving the money from the bank (withdrawal time and transport cost) which is a matter of great difficulty for the old people. Furthermore, the case studies (one success and one failure) show that in case of right selection of beneficiary can bring a positive change in the life of old people, whereas the wrong selection of beneficiary can cause wastage of money and deprive the poor, old and vulnerable group of the society.

The data presented and analyzed in this chapter and explained the influence of the selected indicators in achieving the objectives of this study. The survey data revealed that the program has considerable impacts on the beneficiaries. A number of factors such as interference of local government and political representatives, wrong selection of beneficiaries and operational difficulty in bank accounts by the beneficiaries negatively affect the operation of the program.

CHAPTER FOUR

CONCLUSIONS AND RECOMMENDATIONS

This chapter intends to draw the major conclusions and suggest some recommendations which may illustrate the process of more pragmatic policy making and implementation.

4.1 Conclusions

Risks and vulnerability are part of everyday life of older people. But the impact on the poor and other vulnerable groups, such as the elderly and disabled, are often more threatening than those faced by others in the society. The adverse effect of risks are more damaging to the poor than those better off in terms of income, physical and mental well being and long term human development. Social Safety Net programs can play an important role in helping households to manage the risks and cope with losses. The old age allowance scheme is an unconditional cash transfer program under the umbrella of social safety nets. Hence, the government of Bangladesh has launched this program in 1998 to protect the elderly poor people from insecurity. The present study is a mere attempt to examine the impacts and implications of this program on beneficiaries. Different researchers have found the effectiveness of this program on the beneficiaries that already discussed in the review of literature chapter. The study reveals that overall food intake in terms of daily food intake pattern, food items in each meal, taking any other foods other than rice and frequency of rice borrowing of the respondents has increased significantly. It is also observed that more food items are taken by the beneficiaries after receiving the allowance than before. It is revealed that both the quality and quantity of food of the beneficiaries has improved by the program. This implies that beneficiary households could spend more money on purchasing food items.

From the findings it is seen that the beneficiaries of the program can fulfill their minimum requirement of necessary medicine during illness by the allowance. The observation of key informants and respondents' information exhibits that the beneficiary of the program can purchase their clothes (minimum one Shari/Lungi in a year) by the allowance. This indicates that the beneficiaries of the program can meet their minimum basic requirements (foods, clothes and medicine) after receiving the allowance. Study also shows that the status of the beneficiaries have increased in terms of family members are taking more care than before and the older people get involvement in decision-

making in the family. Thus, it could be said that the quality of life (fulfillment of basic needs) of the respondents has improved considerably.

Besides, the findings of one of the case studies show that the program is very helpful to the most vulnerable older people if the selection process of beneficiary is proper. Another case study shows that wrong selection procedure leads to wastage of allowance. Finally, the study reveals that majority of the respondents express their satisfaction about the allowance scheme. So, it could be said that albeit the amount of allowance is small, it has significant impacts on the beneficiaries.

Moreover, it is also observed that a number of factors such as interference of local government and political representatives, wrong selection of beneficiaries and operational difficulty in bank accounts by the beneficiaries negatively affect the successful operation of the program. The old age allowance therefore is such a safety net program that can relieve the old people from the unbearable sufferings and pains of negligence.

4.2 Recommendations

Based on field observations the following recommendations are put forwarded for enhancing the performance of the old age allowance program.

- i) **Increase of allowance amount:** The beneficiaries are getting the amount of allowance is Tk. 300 but majority of the respondents expressed their opinion about the increase of allowance. They opined that it needs to be increased up to Tk. 600. So, the amount of allowance could be increased to a considerable amount of money.
- ii) **Increase of coverage:** In the FY 2012-2013 2.475 million older people are getting the allowance. According to HIES 2010, 4.8 per cent of total population is 65⁺ years. The present coverage is very small than existing vulnerable older people. Hence, the coverage of the program needs to be increased.
- iii) **Fair selection:** The core objective of this program is that to protect the vulnerable elder people from insecurity. So, the selection of beneficiaries should be fair and transparent.
- iv) **Community participation:** Community participation in the overall implementation of the program could be ensured for better performance.

- v) **Disbursement of allowance:** Presently the allowance is disbursed to the beneficiaries through bank account. But majority of the respondents said that they face some problems such as operational difficulty in bank accounts, sufferings and complications and transport cost during withdrawal of allowances. If the allowance money disburse through mobile banking, hence the beneficiaries could be relieved form such problems.

4.3 Implications for Future Research

This study has examined the impacts and implications of the program. The findings have identified the areas where further improvements are required for an effective program. Therefore, it is recommended for in-depth research on that areas can be commissioned. Future research may also be conducted to explore some of the important issues like management of fund, which affects implementation of the program.

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Appendix-I

Social Safety Nets in Bangladesh: An Analysis of Impact of Old Age Allowance Program

Survey Questionnaire for **Beneficiaries** of Old Age Allowance program

(N.B: Your valuable information would be used only for research purpose)

I. Beneficiary's Name

II. Sex: Male Female III. Age:

IV. District: Upazila

Union Ward Village

1. What do you do for living?

Agriculture Day-laborer Beggar Unemployed Housewife Others

2. How many members do you have in your family?

1-3 4-6 7-9 9-11 >11

3. Is your spouse alive? Yes No

4. From when do you receive old age allowance?

Before 6 months 6-12 months 1-2 years 3 years and above

5. Beside old age allowance, do you receive any other allowances? (Freedom Fighter Allowance, Widow Allowance, Handicap Allowance, etc.) Yes No

6. Food intake by beneficiaries:

Questions	Before receiving allowance	After receiving allowance
a. How many times you take your food in a day?		
b. How many items do you take in your each meal?		
c. Do you take any other food items (like Biscuit, Puffed rice, cake etc) other than rice?		
d. If `Yes`, how often do you have this?		
e. Do you need to borrow rice?		
f. If `Yes` how many times do you need to borrow rice in a month?		

7. To purchase food items how much do you have to expense?

Before: Below Tk 500 Tk 500-1000 Tk 1000-1500 Above Tk 1500

After: Below Tk 500 Tk 500-1000 Tk 1000-1500 Above Tk 1500

8. During illness how do you purchase your medicine?
- Before: Own By family members Kith and Kins Borrow Others
- After: Own By family members Kith and Kins Borrow Allowance
 Others
9. If medicines are purchased by your own, what is the source of money?
- By family members Kith and Kins Borrowing Allowance Others
10. What is the probable expenditure on medicine per month?
- Below Tk 100 Tk 100-200 Tk 200-400 Tk 400-600 Tk 600-800
 Tk 800-1000
11. How do you buy your clothes?
- Own By family members Kith and Kins Others
12. If you buy clothes on your own cost, what is the source of money?
- By family members Kith and Kins Allowance Others
13. Do you have any improvement in quality of your life after receiving this allowance?
- Yes No
14. If the answer is `Yes`, what kind of improvement do you have?
- Increase of dignity in the family and society Minimum basic needs (food, clothes and medicine) Family members are taking more care than before Others
15. After receiving this allowance, do you think that your dignity in the family has increased? Yes No
16. How do you think that your dignity in the family has increased?
- Involve in decision-making in the family Family members are more caring
 Others
17. How was your food intake affected by this program?
- Improved quality Increased amount Improved quality and quantity
 No change
18. What did you do before joining this program?
- Agriculture Day-laborer Beggar Unemployed Others
19. Do you think that the amount of the allowance needs to be increased?
- Yes No
20. If the answer is `Yes`, how much?
- Tk 400 Tk 500 Tk 600 Tk 700 Tk 800 Tk 900 Tk 1000
21. Are you satisfied with this present allowance (Monthly Tk 300)? Yes No

22. If the answer is 'Yes', what is the level of your satisfaction?

Highly satisfied Satisfied Moderately satisfied Not satisfied

23. How did you get this allowance?

Self Through UP Chairman Through UP Member Through Political
Leader Through Illegal Process

24. For withdrawing allowance, is there any problem? Yes No

25. If the answer is 'Yes', what are the problems you face?

Opening Bank Account Paying 'speed money' or 'tips' in getting allowances
 Sufferings & complications during withdrawal of allowance Transport cost for
withdrawing allowances Others

Thanks for your cooperation

Appendix-II

Social Safety Nets in Bangladesh: An Analysis of Impact of Old Age Allowance Program

Survey Questionnaire for **Key Informants** about the Beneficiaries of Old Age Allowance program

(N.B: Your valuable information would be used only for research purpose)

I. Name

II. Sex: Male Female III. Profession:

IV. District: Upazila

Union Ward Village

1. Do you know who the beneficiaries of Old Age Allowance Program are?

Yes No

2. How many old people are receiving old age allowance in your village/ward?

3. What is your opinion about Old Age Allowance Program?

Excellent Good Reasonable Somewhat helpful Not helpful

Any associated comments:

4. What did this old people do before receiving the old age allowance?

5. After receiving this allowance, is there any change in their life? Yes No

6. If answer is 'Yes', what kind of changes do you notice?

7. Do you think that this program will continue in the future? Yes No

8. Do you think that the amount of this allowance is sufficient? Yes No

9. If the answer is 'No', what is your opinion?

Thanks for your cooperation