

Small Scale Old Age and Widow Allowance for the Poor in Rural Bangladesh: An Evaluation

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SUMMARY

This study was done to explore the process of targeting, selection and benefits distribution and the use of the allowances, satisfaction, and the association of old age and widow allowances with various factors (e.g., expenditure on food and food intake behaviour, self-reported illness and health-related quality of life). These allowances are provided by the government of Bangladesh to poor widows and the elderly persons (≥ 65 years). A cross-sectional quantitative survey was conducted in 10 districts of Bangladesh where BRAC RED has been maintaining a demographic surveillance system since 1995 in 52 villages. All ever-married single women irrespective of socioeconomic status and age, and all elderly persons (≥ 60 years) were sampled for this study totalling 5,524 participants. Of these 4,824 could be interviewed. Non-response rate was 13% for the overall sample (including single women and elderly persons) and 15% among the elderly persons. The findings are organized into two sections: the first section deals with targeting, selection and benefits distribution process while the second section deals with the use of the allowances, their satisfaction with it, and association of the benefit with various socioeconomic factors.

Findings reveal that the vulnerable people were more likely to benefit than the poor, but both groups benefit significantly more than the non-poor. In practice, selection processes appear to be dominated by UP members and chairmen. Most of the respondent population actively lobbied to be selected as beneficiaries, suggesting a far greater willingness to engage politically among an elderly and marginal population than would necessarily have been expected. Beneficiaries appeared to be in a better position to access valuable information about government assistance programmes from UP representatives compared to those who did not benefit. Beneficiaries were more likely than non-beneficiaries to believe that the selection process was fair, and poor non-beneficiaries were most likely of all groups to believe process was unfair and to have grievances with the process. However, a similar proportion of both beneficiaries and non-beneficiaries went to the lengths of actually making a complaint, most to the UP representatives. There was some evidence of corruption in the process of beneficiary selection and in the distribution of benefits. Implications of these preliminary findings include that wider access to unbiased public information about eligibility, the selection process, and the beneficiary list are likely to help improve targeting to the poor and vulnerable, and may reduce leakage and corruption. NGOs currently appear to play a negligible role in promoting the rights of the poor and vulnerable in the areas studied.

About 15% of the beneficiaries invested money for income generating activities beyond consumption. Among the beneficiary households, expenditure on protein consumption was significantly higher and carbohydrates consumption was lower compared to the eligible non-beneficiaries. A small proportion of participants perceived that their body weight was improved in last three months and improvement was significantly higher among the beneficiaries compared to eligible non-beneficiaries. Prevalence of self-reported illness in last 3 months was significantly higher among the beneficiaries compared to the eligible non-beneficiaries. Assessment of health-related quality of life of elderly persons shows that beneficiaries attained significantly higher scores in the social and economic dimensions and lower scores in the physical dimension compared to the eligible non-beneficiaries. On the other hand, in all the dimensions non-eligible participants attained significantly higher scores compared to both beneficiaries and eligible non-beneficiaries. Elderly persons who were involved in paid work, literate, men, currently married and belonged to younger age group attained significantly higher health-related quality of life scores.

The majority of beneficiaries (93%) expressed satisfaction about the ongoing allowance scheme. This assistance 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. This positive outcome of allowance, although small, justifies its continuation and expansion to bring more individuals in its net.

INTRODUCTION

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. Research indicates that cash transfer impacts on level of poverty and vulnerability of the recipient households, facilitates access to essential healthcare services as well as improves intra-household relationship (Lloyd-Sherlock 2006). Recent research demonstrates that cash transfer reduces household's probability of becoming poor by 21% in Brazil and 11% in South Africa (HelpAge 2006). Evidence shows that cash transfer impact not only among the beneficiaries but it also impacts on the lives of fellow household members. In South Africa for instance, drop out rate of student was reduced and improved nutritional status of children in the beneficiary of cash transfer households (Jones *et al.* 2007). Hence, cash transfer has increasingly become popular in many countries for reducing poverty.

Although formal social assistance has significant effects on the lives of the beneficiaries, this is offered in a limited scale globally due to constraint of resources. This is substantially minimal in the low-income countries. Hence, 70% of the world population, eligible for social security assistance, rely on informal social assistance (World Bank 1994). Evidence shows that extended family system has been gradually disappearing in low-income countries which has important repercussion on the lives of elderly persons. Hence, the plight of elderly persons needs to be addressed (Senior Citizen 2007). Similar to the elderly persons, the poor ever-married single women are vulnerable in many aspects and deserves this sort of assistance for their welfare.

In Bangladesh, until late nineties unlike government employees there was no provision of life-long formal social security assistance for the elderly persons and the poor ever-married single women. It may be mentioned here that considering the needs of ever-married single poor women, the government initiated vulnerable group development (VGD) programme before the inception of cash transfer scheme. Through this programme beneficiaries receive 30 kg food grains per month for two years and skill development training to initiate income-generating activities.

In 1998, the cash transfer scheme was introduced for these segments of the population. Since its inception the beneficiaries have been increased from 0.5 million in 1998 to 2.2 million in 2006 (0.6 million widow and 1.6 million elderly persons). Beneficiary selection processes are supposed to follow similar procedures for both allowance schemes (Box 1). Allowances are provided from the government revenue and allocation is 0.03% of the gross domestic products (GDP) (HelpAge 2008). Beneficiary lists are officially supposed to be drawn up at the ward level, and screened by *upazila*-level committees.¹ The now-formally defunct *Gram sarkar*² was originally responsible for initial ward-level selection. In 2007, exclusion criteria were changed to include elderly people.

The following procedural conditions govern the selection process:

- Applications by elite people, mass media and local people will be recognized.
- *Upazila*-level applicants to submit applications to the *upazila* social welfare officer.
- To select the beneficiaries, there will be an *upazila*-level committee, and a *Gram sarkar* committee at ward and union levels.
- In 'c' grade municipalities, applications should be submitted to the *upazila* social welfare officer.
- In 'a' and 'b' grade municipalities, applications should be submitted to the deputy director of the district social welfare office.

In practice, the union *parishad* member or chairman is likely to take key decisions regarding who makes it on to the beneficiary list. Research on other social safety net programmes has shown that lobbying by poor people is an important factor in how beneficiaries are selected. For the VGD programme, Matin and Hulme found women actively lobbying local elites and NGO staff to be selected (2003), while Ahmed *et al.* found more than two-thirds who attempted but failed to join the programme were told their turn would come: 'persistent expression of demand by applicants played a very important role' (Ahmed *et al.* 2004a).

¹ In general, there are between 1 and 3 villages in each ward, and nine wards in each union. There are around 4,484 unions in the country, under more than 480 rural thanas or *upazilas* (sub-districts). The lowest level of public administration is the *upazila*, but each UP has a council, to which representatives are elected. The UP council features a chairman, a member for each ward, and a woman member for every three wards, all of whom are elected.

² This was an experiment with village councils introduced in 2003. 40,000 *Gram sarkars* were constituted on the basis of selection, but the Act establishing these was declared illegal by the High Court in 2006 (BRAC 2006).

Box 1. Official criteria for beneficiary selection for the old age and widowed/abandoned women's allowances

Criteria	Old age allowance	Widowed and abandoned women's allowance
Priority groups/eligibility	Priority for <ul style="list-style-type: none"> • the oldest • those not less than 65 years of age 	Priority for women who are <ul style="list-style-type: none"> • widowed • abandoned • divorced • otherwise separated from or not living with their husbands
Physical/health	Priority for <ul style="list-style-type: none"> • those least physically able • those suffering from physical or mental illnesses or disabilities 	Priority for women who are <ul style="list-style-type: none"> • elderly • disabled or physically incapacitated
Income	Not more than Tk 3,000 per annum	
Socio-economic	Priority for <ul style="list-style-type: none"> • older freedom fighters • the destitute • refugees • landless • widows/widowers • divorced • childless • separated from family 	Priority for the following women: <ul style="list-style-type: none"> • destitute • abandoned by their husbands • have at least two children under 16 years
Other	Priority for those who spend a high proportion of their income on food, healthcare, shelter and other expenses. Those who spend all their earnings on food should be given priority Priority for landless applicants (ownership of less than 0.5 acres of land is defined as landless)	
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 • recipients of regular assistance from any non-government agency or social welfare institution • residents of city corporations¹ • day labourers, domestic servants and professional beggars 	The following are to be excluded: <ul style="list-style-type: none"> • government or non-government employees • recipients of pension allowances • VGD cardholders • recipients of other government allowances • recipients of regular assistance from any other non-governmental or social welfare institute • women who have remarried

Source: Implementation Manual for the Old Age Allowance Programme, Ministry of Social Welfare, December 2004 Implementation Manual for the Widowed and Abandoned Women's Allowance Programme, Ministry of Women and Children's Affairs, April 2004

¹These exclusion criteria are from the Implementation Manual for the Old Age Allowance dated December 2004. In 2007, the allowance was also extended to cover city corporation inhabitants.

Many safety net resources are distributed through local political administrations, usually formal but sometimes informal. Decentralizing targeting and selection processes in safety nets has its advantages, e.g., the efficiency gains in terms of local knowledge of the community. At the same time, it entails some loss of central control over resource distribution with potential for wider scope for corruption and leakage. 'Whether community discretion leads to better or worse targeting depends entirely on the interplay between national politics and local politics and the pressures brought to bear at each level' (Pritchett 2005: 25). While there has been some attention to the matter of the interplay between national and local politics in safety nets in Bangladesh (Hossain 2006), local political factors in how effectively safety nets are targeted have received little attention until recently, although their central importance in how well safety nets perform is increasingly recognized:

Political influences are likely to come into force most decisively at the level of implementation, and the institutions chosen for making lists and handling delivery. Does provision go through corrupt channels, reinforce patronage networks or miss out the poor? ... In some countries actors at local levels may be decisive in implementation and depart from central policy intentions. Ignoring the political nature of mechanisms for targeting runs the risk of delivery failure, whatever the motivation (Cliffe 2006: 24-5).

Safety nets may be used as part of the resources with which local political elites reward their clients within their patronage networks. In practice, local political leaders may siphon off resources intended for poor beneficiaries directly into their own or the pockets of supporters. Or they may select their own factional supporters, relatives or political activists as beneficiaries of programmes, including those who are not poor.

The evidence for Bangladesh suggests that leakage, corruption and the use of safety net resources for patronage purposes are characteristic of government food security programmes for the poor. While there remains considerable doubt about its magnitude, there is no disagreement about leakage and corruption on levels that warrant action. There has, however, been little empirical evidence about corruption or leakage in either the old age or the widows' allowance to date, nor have targeting and selection been explored in depth.

The literature on how other safety nets work in the particular socio-political context of Bangladesh suggests two dimensions of local politics to understand how targeting, selection and the distribution of benefits take place in practice:

-
1. **Political expectations.** There is strong moral and political pressure on local elites, whether as patrons, respected community leaders, or as politicians, to provide for the poor. The strength of this expectation is likely to vary between social contexts, but local leadership appears to be substantially crafted on the ability to deliver, regularly demonstrated (Hossain 2005).
 2. **Poor people lobby.** There is evidence that poor women are more successful at gaining access to safety nets if they do the political work involved in laying claim to them (Matin and Hulme 2003; Ahmed *et al.* 2004a).

To our knowledge, since the inception of old age and widow allowance scheme in Bangladesh, no population-based study was done to examine the targeting, selection, and distribution process of the benefits and association of these allowances with socioeconomic and health indicators. This study aims to provide some insights on these issues.

Objectives

The study aims to:

- i. explore the targeting, selection and disbursement process; process of use of the allowances by the beneficiaries and their satisfaction,
- ii. explore their opinions regarding the role of government and non-governmental organizations towards poor single women and elderly persons, and
- iii. examine the association of the widow and old age allowance with expenditure on food, food intake behaviour, perception about change in body weight, prevalence of self-reported illness and health-related quality of life of the elderly persons.

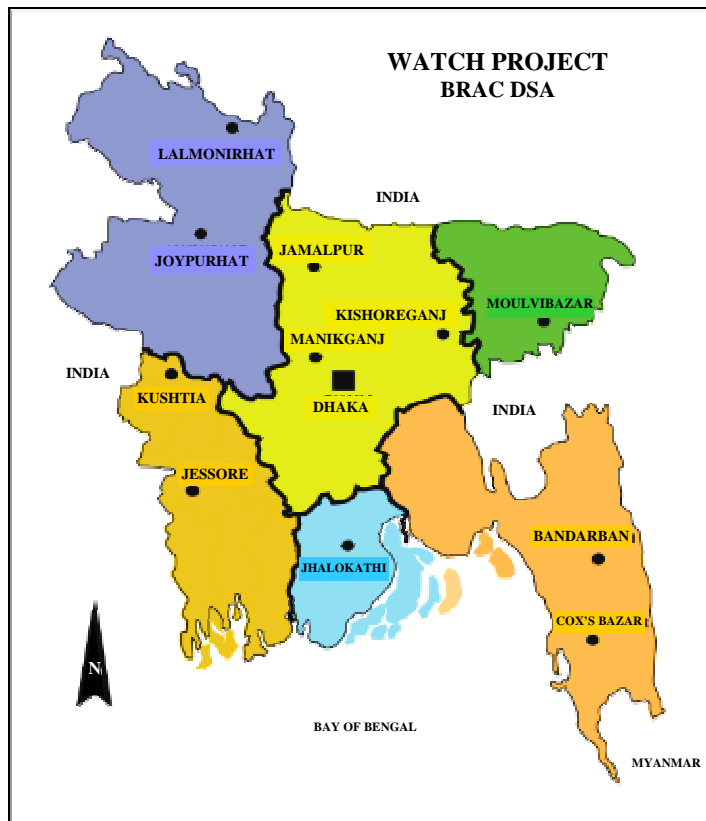
MATERIALS AND METHOD

Syed Masud Ahmed, AKM Masud Rana, Naomi Hossain

Study settings

This cross-sectional study was conducted in 10 (out of 64) districts of Bangladesh where BRAC (formerly known as Bangladesh Rural Advancement Committee), a non-governmental organization has been maintaining a demographic surveillance system since 1995 in 52 villages (Fig 1). The selected districts are geographically representative (Ahmed *et al.*, 2004b). At least one *upazila* is taken from each of the six administrative divisions of the country.

Figure 1. Map showing the study areas across the country



Sample

All ever-married single women irrespective of socioeconomic status and age, and all elderly persons (≥ 60 years) were sampled for this study totalling 5,524 participants. Of them, 4,824 were interviewed. Non-response rate was 13% for the overall sample (including single women and elderly persons) and 15% among the elderly persons.

Data collection tools

Two modules of pre-tested structured questionnaires were used to collect data on different indicators. The first module consisted of socio-demographic profiles of the participants; selection, and disbursement process of allowances; household's expenditure on food in last 24 hours, food intake behaviour and perceived change in body weight in last three months; and information on self-reported illness. The food items included: rice, wheat, meat, lentils, fishes, milk, eggs, vegetables and fruits. This module was administered to all the study participants irrespective of age.

The second module consisted of health-related quality of life (HRQoL) assessment tools administered only among the elderly persons. This assessment was done based on 24 items distributed across six dimensions and compared between beneficiaries and eligible non-beneficiaries as well as non-eligible. The reliability of the instrument was confirmed by Cronbach's Alpha, which was 0.87, indicating high reliability of the instrument.

Both sets of questionnaires were pre-tested in a village outside our study areas for ascertaining consistency, appropriateness of languages, sequencing of the questions, and to have an insight into the field operation procedure. These were then edited in the light of feedback received. The easily identifiable color-coded questionnaires were backed by an instruction manual in Bangla for the interviewers.

Data collection

A total of 37 field investigators were recruited and given weeklong hands on training on the questionnaires and procedures of data collection. Principal investigators conducted the training of field investigators. Following the training, the field investigators were divided into 10 teams. The distribution was done based on the sample size of the area and accordingly, three to four investigators were assigned in each team.

The study passed through the usual institutional review process at BRAC Research and Evaluation Division (<http://www.brac.net/research>) for ethical approval. The final questionnaires were administered in face-to-

face interview at home of the study participants by the field investigators after obtaining informed verbal consent. The participants were informed about the objectives of the study and their autonomy to discontinue at any point of the data collection and given assurance that the data will be analyzed anonymously and confidentially.

A field investigator from each team was assigned as team leader for supervision of the data collection activities over and above her/his own scheduled data collection, and 40% of her/his time was earmarked for this. Besides, the field investigators crosschecked each others filled-in questionnaires at the end of the day. Households were visited on two repeated occasions at intervals, if the first attempt was not successful due to absence of the respondents. When these repeated attempts failed, the interview was called-off for the particular household.

For quality control of data five independent monitors were employed to oversee the field activities and to ensure that the data collection was performed as instructed. The monitors checked all the filled-in questionnaires at the field stations where field investigators stayed during data collection. If inconsistent and missing information found in any questionnaire, re-interview was done to make a correction for the inconsistencies and to collect the missing information. This was possible as the field investigators resided nearby the study areas. The principal investigators supervised the overall data collection activities.

Intervention

The government-supported cash transfers schemes namely widow and old age allowances, are being offered for the past decade in rural Bangladesh. Of these, old age allowance is offered to the poor elderly persons who are ≥ 65 years old while widow allowance is offered to the ever-married poor single women e.g. widows, abandoned and divorced women irrespective of age. An encouraging feature is that over the years both the number of beneficiaries as well as the amount of allowance per capita increased (from US\$ 2 in 1998 to 2.9 in 2006), disbursed quarterly. However, due to the paucity of resources, substantial numbers of eligible people remained out of this scheme.

Dependent variables

The dependent variables include selection, implementation and disbursement process of the allowance, the households; expenditure on food items in the preceding 24 hours, individual food intake practice daily and weekly, prevalence, and duration of illness. The food items were categorized into carbohydrates, protein, fruits and vegetables. Carbohydrates include rice and wheat. Protein includes fish, meat, eggs and lentils. Health-related quality of life was assessed based on six

dimensions such as physical, psychological, social, spiritual, economic, environment as well as overall HRQoL scores.

Explanatory variables

The explanatory variables include age, sex, education, marital status, family size, present occupation, economic status, and duration of benefits for beneficiaries only and involvement in NGOs activities. Educational status was categorized into two groups such as illiterate and literate. Illiterate was considered, when individual reported that they couldn't read or write Bangla language. Marital status was categorized as married and single. Married group comprised currently married individuals while single group comprised widows, widowers, divorced and abandoned.

Current occupation of the respondents was divided into paid and unpaid work. Paid work was considered when individuals reported that they were involved in any income earning activities. On the other hand, unpaid work represents persons who did not involve in any income earning activities such as old, unable to work, unemployed and performed household work. Poverty status was measured based on whether the household was eligible to become member of the BRAC-operated development programmes as well as based on self-assessment of the household member. BRAC eligible was considered when a household owns less than 50 decimal of land including homestead and any member of household sells manual labour at least 100 days or more in a year in order to maintain livelihood. Furthermore, the self-assessment of economic status of households was done based on income and expenditure, which is categorized as deficit and non-deficit. To determine these categories the respondents were asked to assess their household economic status. Deficit category represents always and occasional deficit. Non-deficit represents break even and surplus categories.

Analyses

Both bi-variate and multivariate analyses such as chi-square, independent t tests and linear regressions were performed to examine the group level differences in socioeconomic and demographic indicators as well as food consumption, body weight in last three months, morbidity, and health-related quality of life (HRQoL) was assessed only among the elderly persons. In exploring the selection, implementation and disbursement processes and to examine association of cash transfer with expenditure on food items of the households, individual food intake behaviour and prevalence of self-reported illness, the analyses were done for 811 persons who received allowances or was a member of the recipient households, 1,660 eligible non-beneficiaries and 2,353 non-

eligible individuals totalling 4,824. For HRQoL assessment, analyses were done for 509 beneficiaries, 1,224 eligible non-beneficiaries and 2,098 non-eligible individuals totalling 3,831.

FINDINGS AND DISCUSSION

TARGETING, IMPLEMENTATION AND DISTRIBUTION OF BENEFITS

Naomi Hossain and Nahleen Zahra

This section of the report presents findings from the survey on targeting, beneficiary selection processes, and the distribution of benefits under the old age and the widows' allowances schemes. The section concludes with an assessment of the factors influencing how local political representatives target and select beneficiaries.

Targeting: who benefits from the allowances?

Table 1a shows that just under half of the respondent population or 47% are poor based on the definition of poverty used by BRAC, however, according to the food security status reported by respondents suggest that vulnerability affects a considerably higher proportion of this elderly and widowed population: 62% reported always or sometimes being in food deficit, compared to only 38% reporting breaking even or being in surplus. When disaggregated (Table 1b), the elderly, widowed/abandoned women were found more likely to be vulnerable to food insecurity than to be designated as poor. Table 1b shows that similar proportions of elderly people and widowed/abandoned women reported being food-insecure, and were designated as poor. For this reason, where relevant, the discussion which follows will present and discuss findings on these groups in aggregate.

Table 1a. Poverty and food security status in the respondent population

Indicators		Personally beneficiary		Non-beneficiary		Beneficiary in household		All respondents	
		No.	%	No.	%	No.	%	No.	%
Food security status	Deficit	595	87.0	2,299	57.0	99	84.0	2,993	62.0
	breakeven/surplus	98	14.0	1,707	43.0	19	16.0	1,824	38.0
Poverty status	Poor	509	73.0	1,659	41.0	82	69.0	2,250	47.0
	non-poor	184	27.0	2,347	59.0	36	31.0	2,567	53.0
Total		693	100.0	4,006	100.0	118	100.0	4,817	100.0

Table 1b. Poverty and food security status among the elderly, and widowed/abandoned women

Indicators		Elderly		Widowed/abandoned	
		Number	%	Number	%
Food security status	Deficit	378	87.0	217	85.0
	breakeven/surplus	59	14.0	39	15.0
Poverty status	poor	317	73.0	193	75.0
	non-poor	120	27.0	63	25.0
Total		437	100.0	256	100.0

Table 1a also shows that both programmes are better targeted to the self-reported food insecure, with some 87% of food insecure people personally benefiting from the allowances, compared to 14% of those reporting breaking even or being in surplus. By contrast, when we look at poverty status, a less impressive 73% of those benefiting personally are poor, and as many as 23% are classified as non-poor. A further 69% of those who do not benefit personally but whose households include a beneficiary are also poor, with some 31% of that group being defined as non-poor.

Table 2 shows that around 14% of the respondent population benefitted personally from the allowances. A further 2% were from households in which another member was a beneficiary of either allowance.³ In terms of targeting, 23% of the poor were direct beneficiaries of the allowances, and 20% of the food insecure respondents. Interestingly, 5% of the food-secure and 7% of the non-poor were also direct beneficiaries.

The selection process

Table 3 shows that more than 90% of respondents, beneficiaries and otherwise, felt that the local member or chairman was the key decision-maker on this issue. The assumption that the chairman/member are the most important actors in selection decisions is affirmed by reported experiences of being selected as beneficiaries: some 96% of beneficiaries had been selected (received cards) through either the member or the chairman, usually the member (Table 4). A similar proportion of both the poor and the non-poor beneficiaries reported having been selected by members and chairmen.

³ The rule is that there should be only one old age allowance or widow's allowance card per household.

Table 2. Beneficiaries by food security and poverty status

Status of study participants	Self-reported food security status			BRAC poverty definition		
	Sometimes/always deficit	Break-even/surplus	Total	poor	non-poor	Total
Personally a beneficiary	595 (20.0)	98 (5.0)	693 (14.0)	509 (23.0)	184 (7.0)	693 (14.0)
Beneficiary in the household	99 (3.0)	19 (1.0)	118 (2.0)	82 (4.0)	36 (1.0)	118 (2.0)
Non-beneficiary	2,299 (77.0)	1,707 (94.0)	4,006 (83.0)	1,659 (74.0)	2,347 (91)	4,006 (83.0)
Total	2,993 (100.0)	1,824 (100.0)	4,817 (100.0)	2,250 (100.0)	2,567 (100.0)	4,817 (100.0)

Status of study participants	Self-reported food security status			BRAC poverty definition		
	Sometimes/always deficit	Break-even/surplus	Total	poor	non-poor	Total
Personally a beneficiary	595 (20.0)	98 (5.0)	693 (14.0)	509 (23.0)	184 (7.0)	693 (14.0)
Beneficiary in the household	99 (3.0)	19 (1.0)	118 (2.0)	82 (4.0)	36 (1.0)	118 (2.0)
Non-beneficiary	2,299 (77.0)	1,707 (94.0)	4,006 (83.0)	1,659 (74.0)	2,347 (91)	4,006 (83.0)
Total	2,993 (100.0)	1,824 (100.0)	4,817 (100.0)	2,250 (100.0)	2,567 (100.0)	4,817 (100.0)

NB. Figures in parentheses indicate (%)

Table 3. Influence over the selection process

	Beneficiary	Non-beneficiary	Total
Person deciding who receives the old age/widow allowance			
Member/Chairman	757 (93.0)	3,662 (91.0)	4,419 (92.0)
Local influential person	50 (6.0)	300 (7.0)	350 (7.0)
Others/Don't know	4 (0.4)	44 (1.0)	48 (1.0)
Total	811 (100.0)	4,006 (100.0)	4,817 (100.0)
	Beneficiary	Non-beneficiary	Total
Person deciding who receives the old age/widow allowance			
Member/Chairman	757 (93.0)	3,662 (91.0)	4,419 (92.0)
Local influential person	50 (6.0)	300 (7.0)	350 (7.0)
Others/Don't know	4 (0.4)	44 (1.0)	48 (1.0)
Total	811 (100.0)	4,006 (100.0)	4,817 (100.0)

NB. Figures in parentheses indicate (%)

Table 5 compares how the poor and the non-poor understand whom the programmes are supposed to be targeted to. Around one-third of both the poor and the non-poor beneficiaries felt that age was a factor taking into account, while almost half, 45% of the poor and 46% of the non-poor felt that the level of poverty of the individual was taken into account.

Table 4. Person who arranged for the respondent to get a card %

Who arranged	Self-reported food security status			Poverty status		
	Deficit	surplus	Total	Poor	non-poor	Total
Chairman	152 (26.0)	26 (27.0)	178 (26.0)	133 (26.0)	45 (24.0)	178 (26.0)
Member	419 (70.0)	70 (71.0)	489 (70.0)	358 (70.0)	131 (71.0)	489 (71.0)
Relatives	10 (2.0)	1 (1.0)	11 (2.0)	7 (1.0)	4 (2.0)	12 (2.0)
Gram						
Sarkar	11 (2.0)	1 (1.0)	12 (2.0)	8 (2.0)	4 (2.0)	12 (2.0)
Guard/ chowkidar	3 (0.5)	0 (0.0)	3 (0.5)	3 (0.5)	0 (0.0)	3 (0.4)
	595	98	693	509	184	693
Total	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)

NB. Figures in parentheses indicate (%)

Table 5. Factors taken into account during beneficiary selection (old age allowance only)

	Old age allowance					
	Poor		Non-poor		Total	
	No.	%	No.	%	No.	%
Age	183	33	63	32	246	32
Level of poverty	250	45	91	46	341	45
Widowhood	0	0	0	0	0	0
Illness	67	12	23	.4	97	13
Whether they have adult children who can help them	51	9	17	9	72	9
Recommendations from influential people	1	.2	2	1	3	.4
NA	3	.5	0	0	3	.4
Total	555	100	196	100	762	100

Note: totals amount to more than 100 because of multiple responses.

Although marital status is supposed to be taken into account according to official guidelines, none of the beneficiaries mentioned this. Health status and the presence of adult children who can help were also seen as important factors; these are both in line with official eligibility criteria. Interestingly, while the poor almost universally believed they were eligible for the allowances, some 50% of the non-poor also believed so (Table 6).

Table 6. Eligibility for receiving the allowance (%)

Whether eligible or not (%)	Poor	Non-poor	Total
Yes	2,187 (97.0)	1,276 (50.0)	3,463 (72.0)
No	63 (3.0)	1,291 (50.0)	1,354 (28.0)
Total	2,250 (100.0)	2,567 (100.0)	4,817 (100.0)

Next, we wanted to explore to what extent do poor people actively lobbied to become beneficiaries of the old age and widows' allowances. Table 7

shows that lobbying is crucial: beneficiaries were more likely to have made active efforts to get a beneficiary card, with fully 92% of poor beneficiaries and 90% of non-poor beneficiaries reported having done so. However, 82% of the poor who had not succeeded in becoming beneficiaries had also lobbied for cards. Almost all of those who had tried to get cards had lobbied to the members or chairmen. Such extensive lobbying is a striking finding, as it suggests a far higher level of political agency among poor, vulnerable, elderly and marginal groups than is normally assumed to be the case. It also suggests that local political representatives are likely to face considerably more scrutiny and demands for accountability than is commonly assumed. The extent to which the potential beneficiaries are informed and politically engaged to make demands on local political representatives is likely to determine how responsive they are to the poor and the vulnerable people.

Table 7. Extent of lobbying to be selected as beneficiaries (%)

Whether tried to get a card	All	Beneficiary			Non-beneficiary		
		Poor	non-poor	Total	Poor	non-poor	Total
Yes	2,627 (76.0)	544 (92.0)	195 (90.0)	739 (92.0)	1,308 (82.0)	580 (54.0)	1,888 (71.0)
No	836 (24.0)	46 (8.0)	21 (10.0)	67 (8.0)	289 (18.0)	480 (45.0)	769 (29.0)
Total	3,463 (100.0)	590 (100.0)	216 (100.0)	807 (100.0)	1,597 (100.0)	1,060 (100.0)	2,657 (100.0)

NB. Figures in parentheses indicate (%)

Not everyone lobbies, however, and it is likely to be the most vulnerable and poorest groups who fail to do so. Table 8 presents findings from questions intended to explore why some people lobby while others do not. About 46% of those who had not tried to get a card did not attempt because they either felt that they were not eligible, or had no need, being sufficiently well-off not to feel for lobbying members, or in a small number of cases, they received cards without lobbying. About 47% of those who had not lobbied had not done so because they felt or knew themselves to be excluded from access to the cards. One third of all respondents felt that they were unlikely to receive the cards because they did not usually receive much assistance from the government. Whether this is because they are not seen as poor or vulnerable enough, or because they are actively excluded despite eligibility is not clear. But 14% of all respondents had not lobbied for cards because of what can be termed failures of the governance of the safety net programme, along three dimensions:

- 1) Ten percent of these respondents reported lacking 'good relationships' with those with the power to distribute resources. This strongly suggests the use of safety nets for patronage purposes, rather than selection of beneficiaries on the basis of need.

It also suggests the practices are so well-established that many people feel there is no point in expending energy on lobbying.

- 2) Another 3% reported their inability 'to pay for the card', suggesting that bribes are exchanged for cards. Given that the poorest will be least well-placed to 'invest' in the card, this may limit their possibility of being selected.
- 3) A further 1% reported lacking any information about the programme, suggesting that better information dissemination by the programme is needed.

Table 8. Reasons for not lobbying

	Reasons for not lobbying to get a card	Frequency	%
Eligibility/lack of necessity	There are other people more deserving than I am	278	33.0
	There are not enough cards for all the poor people	46	6.0
	Husband/other family member gets allowance	29	3.0
	Well-off financially/have land	8	1.0
	Member came to house and gave it	20	2.0
	Son is employed/husband is alive	6	1.0
	Have made list several times before, so haven't gone again	1	0.0
	Governance failures	Don't have good relationship with those who give out cards	84
Couldn't afford to pay for the card		22	3.0
Due to lack of information		11	1.0
Exclusion	I normally don't get much	272	33.0
	Ashamed	50	6.0
	Was physically unable	9	1.0
All	Total	836	100.0

Table 9 sheds further light on the local politics of beneficiary selection. The most widespread tactic is persistent pressure which more than two-thirds of beneficiaries reported. Around 21% used their social and political networks, while the remaining 11% did not have to take any action.

Table 9. Actions taken by beneficiaries to get selected

Actions reported in lobbying for a card (beneficiaries only)	Frequency	Percent
Repeatedly requested	455	69.0
Requested through other people	73	11.0
Got card without any effort	71	11.0
Use of political connections/activities	64	10.0
Total	663	100.0

The role of information in accessing safety nets

Almost all (more than 99%) respondents knew about the various government assistance programmes, but there were differences in how different groups received information. Table 10 shows that among those who were currently benefiting from the old age or widows' allowances, more than half (56%) had information about government safety nets from UP members or chairmen, while under one-third (29%) had heard from their neighbours. This pattern is reversed for non-beneficiaries, for whom just over half (54%) had heard from their neighbours, while one-third (32%) had information from UP chairmen or members. Other important sources of information were the UP, the now officially defunct *gram sarkar*,⁴ and to a more limited extent, relatives and other government officials.

Comparing the sources of information according to whether the respondents were poor or not, it seems that the poor were more likely than the non-poor to know about government assistance programmes from the UP members and chairmen, and to rely on neighbours and relatives less than the non-poor (Table 10). The UP *chowkidar* played an important role for a higher proportion of the poor than for the non-poor, whereas the media was a source of information for the non-poor, but not the poor.

Table 10. Sources of information about government assistance programmes

Source of information about allowances	Beneficiary			non-beneficiary		
	Poor	Non-poor	Total	Poor	Non-poor	Total
Neighbour	162 (27.0)	77 (35.0)	239 (29.0)	867 (52.0)	1,315 (56.0)	2,182 (54.0)
Member/ Chairmen	336 (57.0)	120 (55.0)	456 (56.0)	555 (33.0)	735 (31.0)	1,290 (32.0)
<i>Chowkidar</i>	59 (10.0)	11 (5.0)	70 (9.0)	153 (9.0)	109 (5.0)	262 (7.0)
Relatives	8 (1.0)	4 (2.0)	12 (1.0)	33 (2.0)	90 (4.0)	123 (3.0)
<i>Gram sarkar</i>	20 (3.0)	5 (2.0)	25 (3.0)	33 (2.0)	58 (2.0)	91 (2.0)
Influential people of the area	1 (0.0)	2 (1.0)	3 (0.0)	8 (0.0)	9 (0.0)	17 (0.0)
Government official	5 (1.0)	1 (0.0)	6 (1.0)	2 (0.0)	12 (1.0)	14 (0.0)
Total	591 (100.0)	220 (100.0)	811 (100.0)	1,659 (100.0)	2,347 (100.0)	4,006 (100.0)

NB. Figures in parentheses indicate (%)

⁴ This was an experiment with village councils introduced in 2003. 40,000 *Gram Sarkars* were constituted on the basis of selection, but the Act establishing these was declared illegal by the High Court in 2006 (BRAC 2006).

The public availability of a list of beneficiaries is an important tool for ensuring transparency and preventing corruption. Almost half (47%) of all the respondents were not sure or did not know if a list of beneficiaries existed, while a further 5% thought that no such list existed (Table 11). An almost equal proportion, believed that a list existed. Whether they were poor or not, beneficiaries were significantly more likely to know of the existence of a list of beneficiaries. Non-beneficiaries were more likely to think no list existed. One reason for this difference is likely to be that beneficiaries became aware of the list in the process of having their names and details registered at the time they became beneficiaries.

Table 11. Knowledge of a list of beneficiaries (%)

	Poor			Non-poor		
	Beneficiary	Non-beneficiary	Total	Beneficiary	Non-beneficiary	Total
Knows about beneficiary list	423 (72.0)	692 (42.0)	1,115 (50.0)	146 (66.0)	1,047 (45.0)	1,193 (46.0)
% that have seen the list	142 (34.0)	54 (8.0)	196 (100.0)	41 (28.0)	88 (8.0)	129 (100.0)

Table 11 shows that the poor beneficiaries were the most, and poor non-beneficiaries the least likely of all the groups to know of the existence of a list, and to report having seen it. The non-beneficiaries, especially the poor, were least likely to know about the list and only a very small proportion (8%) have actually seen it (Table 11).

Accountability

Although only a small proportion of beneficiaries were found to be among the non-poor, the survey found serious concerns among the respondent population about the fairness of the selection process (Table 12). As Table 12 shows, the population is almost evenly split on the fairness of the selection process. Eighty-five percent of the poor, and 86% of the non-poor beneficiaries trusted the process to be fair. On the other hand, 59% of the poor who did not benefit perceived that the process was unfair, compared to 39% of the non-poor non-beneficiaries, and 10 and 11% of the poor and non-poor beneficiaries respectively.

Table 12. Views on the selection process (%)

	Beneficiaries		Non-beneficiaries		Total
	Poor	Non-poor	Poor	Non-poor	
Thinks the selection process is fair	503 (85.0)	189 (86.0)	459 (28.0)	1,032 (44.0)	2,183 (45.0)
Have any complaints about the selection process	47 (8.0)	17 (8.0)	1,004 (61.0)	834 (36.0)	1,902 (39.0)

Table 12 also shows that poor non-beneficiaries are considerably more likely to have complaints about the selection process than all other groups, with 61% reported having complained. Just over one-third or 36% of the non-poor who were not benefiting also complained. Findings also show that a similar proportion of both beneficiaries and non-beneficiaries who had grievances with the process went to the effort of voicing complaints (29%).

Table 13 summarizes the experience of making a complaint. Most (88%) of those who complained went to their UP members/chairmen to do so, but a wide range of other influential persons were also contacted. Regarding consequences of complaints: the members and chairmen typically promised cards, with 61% of all complainants reported such experience. But 27% of those further complained that this promise had not been met. Eleven percent reported being unable to pay for the card, suggesting that the card had been offered in return for payment after complaining. A small number had been turned down on grounds that they had not voted, were not related or for other discretionary reasons were not chosen by the UP members/chairmen, or faced abuse as a result of the complaint. In two cases, it was reported that chairmen had taken the money but not provided the card.

Table 13. The experience of complaining for being not included in the beneficiary list

	Frequency	Percent
Person complained to		
Member/chairman	490	88.0
Neighbour	16	3.0
<i>Matbar</i>	11	2.0
<i>Gram sarkar</i>	11	2.0
Influential person	11	2.0
Political person	8	1.0
Guard	6	1.0
Others	7	1.0
Total	560	100.0
Consequences of the complaint?		
Said they would give card when it is ready	188	34.0
Said they would give card when ready, but didn't	152	27.0
Couldn't afford to pay money for card	61	11.0
Nothing happened	27	5.0
Not enough cards relative to poor people	27	5.0
Didn't get because didn't vote	20	4.0
Didn't get because too young	16	3.0
Didn't get because son works/earns	15	3.0
Didn't get because well-off	11	2.0
Husband/wife/other family member gets allowance/stipend	10	2.0
Others	33	5.0
Total	560	100.0

Table 14 presents responses to a question about what could be done to make the selection process fairer. The majority of the respondents, (67%) opined that visits to potential beneficiaries' homes would ensure fairer selection, presumably because it would provide better information about their true state of need. The respondents displayed considerable faith in the army (due to positive reputation of lack of corruption in the distribution of benefits), with nearly one quarter (24%) of respondents supporting army involvement in selection processes. The only other actions that attracted support were a process of open selection in front of the whole community (10%) and support for NGO involvement (only 5%).

Table 14. Perceived ways to make the process fairer

Responses	Number	%
Visit potential beneficiaries' houses	1,345	67.0
Take help from the army in selection	495	24.0
Openly select in front of everyone	215	10.0
Involve NGOs in the selection process	100	5.0
Others	13	2.0
Total	1,994	108

Note: this was only asked of those who did not think the selection process was fair. Multiple responses were allowed.

Only 3% of the respondents could identify any initiatives to make the process fairer (Table 15). Of these, 47% had made requests to the chairman or member, suggesting that these were claims for personal entitlements rather than requests for a fairer process. But there were also more confrontational approaches, with poor non-beneficiaries asking members why they had not got cards (14%); protests over the selection process (12%); and going collectively to the UP (5%). The small proportions of respondents claiming knowledge of actions taken to make the process fairer suggests that there is some acceptance of the current situation; however the forms of action taken also suggest a willingness to confront the relevant authorities among those who choose to act.

The beneficiaries were asked whether they had to pay money to access their benefits. Some 12% of all the beneficiaries, whether poor or non-poor, reported paying to receive their cash allowances (Table 16). The overwhelming majority, or 57%, reported making payments to cashiers and other bank employees, while 25%, mostly the non-poor, reported making payments to the UP member. The total numbers reporting making payments are small, and so these results should be treated with caution.

Table 15. Actions taken to make the selection process fairer

Types of action reportedly taken	Frequency	Percent
Went to chairman/member and requested	99	47.0
Poor but non-beneficiaries asked member reason for not getting cards	29	14.0
Protested/fought	25	12.0
Told member/chairman that they would have to find an appropriate card holder	16	8.0
Everyone went to council to get card made	11	5.0
Neighbours took name	6	3.0
Told member that others get card/rice, and they should get it too	5	2.0
All poor people went to <i>gram sarkar</i> together	5	2.0
Others	14	4.0
Total	210	100.0

Table 16. Payments to access benefits (beneficiaries only)

	Poor		Non-poor		Total	
	No.	%	No.	%	No.	%
Did you pay anyone to withdraw money from the bank?						
Yes	61	12.0	22	12.0	83	12.0
No	439	88.0	159	88.0	598	88.0
Total	500	100.0	181	100.0	681	100
Whom did you pay?						
Bank employees	41	68.0	7	32.0	48	57.0
Guard	4	7.0	2	9.0	6	7.0
Member	10	16.0	11	50.0	21	25.0
Peon	5	8.0	0	0.0	5	6.0
don't know	1	2.0	1	5.0	2	2.0
UP employee	0	0.0	1	5.0	1	1.0
Total	61	100.0	22	100.0	83	100.0

Further findings relating to corruption in the distribution of benefits include those who reported making payments, 36% had to pay once, 28% more than once, 8% reported paying several times, while 11% reported of making payments each time they went to collect their allowances. Only seven beneficiaries reported having complained about these payments, usually to the bank manager or their member.

Discussion

We attempted to assess how effective local representatives are in targeting the poor and vulnerable, to assess who benefits and why, and to explore the role of information and mechanisms of accountability in ensuring that allowances reach the poor and vulnerable. It found that the vulnerable were more likely to benefit than the poor, but more than half of the vulnerable and nearly half of the poor are currently excluded from

the allowances, The local political representatives appear to be better at targeting those who are vulnerable to food insecurity than targeting the poor. This suggests that they are able to take into account additional factors which are less readily observable. Overall, only 23 % of the poor and 20 % of the vulnerable benefitted, suggesting there is considerable scope for widening coverage.

Although the official selection process is supposed to involve several stages and screening processes at different administrative levels, in practice, UP members and chairmen appear to play the decisive role. For the old age allowance, respondents' views suggest that many of the official eligibility criteria are being taken into account in selection decisions. At the same time, while virtually all the poor felt that they were eligible to be beneficiaries, half of the non-poor also felt entitled highlighting the lack of clarity about the priority accorded to income poverty as a criterion for eligibility.

Most respondents actively lobbied to be selected as beneficiaries. This is in line with the official guidelines which indicate that an application needs to be made to the relevant official. However, it also indicates a far greater willingness to be pro-active to ensure access to government resources among an elderly and otherwise marginal population than expected. Those who did not lobby, however, were divided between those who believed themselves to be ineligible (mainly the non-poor), and those who were excluded for various reasons, which included perceived bias and corruption in the selection process.

Access to information about government assistance programmes also plays a significant role. The findings suggest that beneficiaries, whether poor or non-poor, were more likely to access information about government assistance programmes from the UP representatives. By contrast, the non-beneficiaries (both poor and non-poor) relied on apparently less valuable sources of information like neighbours or relatives. The poor who have failed to benefit from the allowances were least likely to know of the existence of a list of beneficiaries, although this group stands to benefit most from the open publication of such a list.

The beneficiaries were considerably more likely than non-beneficiaries to believe the selection process was fair. Poor non-beneficiaries were most likely of all groups to believe that the process was unfair, and to have complaints about the process. However, a similar proportion of both beneficiaries and non-beneficiaries complained, mostly to the UP representatives. It seems clear that in most cases, people voice complaints for their own entitlements rather than for unfair selection process. However, findings also suggest that there is some recognition of the need to make more collective demands for a fairer process. Finally, there are some evidences of corruption in the process of beneficiary selection and the distribution of benefits. There were indications that

inability to pay for cards led to exclusion from the allowances, suggesting that such payments were reasonably routine. This would automatically exclude some of the poorest, as the survey findings suggest. More concretely, some 12% of the beneficiaries reported of making payments mostly to bank staff to receive their cash allowances.

These preliminary findings warrant further analysis. An additional in-depth qualitative research is ongoing to shed more light on the processes of selection and leakage identified by the survey. One implication is that greater clarity about the eligibility criteria is likely to help improve the chances of the poor being selected; wider access to unbiased public information about eligibility, entitlement, the selection process, and the beneficiary list are also likely to help improve targeting to the poor and vulnerable, and may reduce leakage and corruption. NGOs appear to play a negligible role in the areas studied, suggesting there is considerable scope for NGO engagement in the process to ensure those currently excluded have a greater chance of being selected.

USES, SATISFACTION AND ASSOCIATION OF ALLOWANCE WITH SOCIOECONOMIC AND HEALTH INDICATORS

AKM Masud Rana and Syed Masud Ahmed

This section provides a brief socioeconomic profile of the study participants, use and satisfaction about allowance, and opinions of study participants regarding the roles of government and non-government organizations for elderly persons and ever-married single poor women. Furthermore, it presents association of allowance with different socioeconomic and health indicators.

Profile of the study participants

Table 17 shows that the beneficiaries and eligible beneficiaries were comparable except mean age and occupation. The beneficiaries were older, and more frequently involved in paid work than their counterpart. Also, the beneficiary group was significantly different than the non-eligibles.

Table 17. Socioeconomic and demographic profile of the study participants by beneficiaries, eligible non-beneficiaries and non-eligible

Indicators	Beneficiaries	Eligible non-beneficiaries	Non-eligible	P values	P values
	1	2	3	1 vs 2	1 vs 3
Age (in years) (mean ±sd)	64.8 (13.0)	61.2 (13.3)	66.1 (10.6)	P<0.001	P<0.001
Household size (mean ±sd)	4.3 (2.4)	4.4 (2.4)	5.8 (3.2)	ns	P<0.001
Sex					
Men	30.7	33.6	46.3	ns	P<0.001
Women	69.3	66.4	53.7		
Occupation					
Paid work	28.9	40.6	30.2	P<0.001	ns
Unpaid work	71.1	59.4	69.8		
Marital status					
Married	39.5	36.5	59.8	ns	P<0.001
Single	60.5	63.5	40.2		
Education					
Illiterate	83.1	81.2	58.5	ns	P<0.001
Literate	16.9	17.8	41.5		
n	811	1,660	2,353		

Proportion of beneficiaries invested allowance for income generating activities

About 15% of the beneficiaries invested their allowance for income generating activities. Of them, proportion of women was slightly higher compared to men. The mean investment was Tk. 149, which was slightly higher among women than men (Table 18).

Table 18. Proportion of beneficiaries invested money in income generating activities by sex

Indicators	Men	Women	All
Proportion of beneficiaries invested allowance for IGA	12.0	15.8	15.0
Mean investment (in Taka)	114	164	149.0 (Range:70-5,400)

Satisfaction and dissatisfaction about old age allowance

Table 19 indicates that majority of the beneficiaries were satisfied about the ongoing allowance scheme for the elderly and the women. Satisfaction was significantly higher among women. The reasons of satisfaction include can spend money for food, medicine and receive some money without any work. On the other hand, a small proportion of participants expressed dissatisfaction about the allowance. The reasons of dissatisfaction include inadequate money is given and some women recipients opined that they could not spend money on your own.

Table 19. Expressed satisfaction or dissatisfaction about allowance scheme by sex of the study participants

Whether satisfied or not	Men	Women	All
Yes	89.4	94.9	93.2
No	10.6	5.1	6.8
Reasons of satisfaction*			
Can spend money for food	70.6	76.2	73.5
Can spend money for healthcare	19.1	17.8	18.2
Get money without work	34.3	16.6	20.2
Reasons of dissatisfaction*			
Inadequate money	100.0	95.8	97.9
Others (cannot spend money on your own)	0.0	12.5	6.4

* Multiple responses are considered

Opinions of study participants regarding the roles of government and non-government organizations for widows and elderly persons

We solicited the opinions of the study participants regarding the roles of government and non-government organizations for poor widows and elderly persons. Participants opined that both the government and NGOs may provide assets for income generating activities (IGAs) or financial assistance for such activities through provision of low-interest or interest-free loan. To make the IGA endeavour successful complementary assistances i.e. food, clothes, tin, latrine, tubewell and healthcare may be provided (Table 20).

Table 20. Opinions regarding the roles of government and non-government organizations for widows and elderly persons

Opinions regarding the roles of government and non-government organizations	Government %	Non-government organizations %
Providing financial assistance through low interest or interest free loan	49.3	43.5
Providing assets for income generating activities (IGA)	19.7	27.4
Providing commodities (food, clothes, tin., latrine, tube well etc.)	75.4	41.6
Providing healthcare	25.4	26.6

Multiple responses are considered

Expenditure on food items during the last 24 hours

Table 21 shows that expenditure on carbohydrates consumption (rice/wheat) was significantly higher among the eligible non-beneficiary households while protein consumption was significantly higher in the beneficiary households. On the other hand, expenditure on all of the items was significantly higher in the non-eligible households compared to both the beneficiaries and eligible non-beneficiaries. In the non-eligible households, total expenditure on food items during the last 24 hours was about double than both beneficiary and eligible non-beneficiaries households.

Individual food intake behaviour

Food intake behaviour showed no significant difference between the beneficiaries and eligible non-beneficiaries for most of the items except vegetable consumption where higher proportion of eligible non-beneficiaries consumed vegetables. However, higher proportion of participants from non-eligible group consumed different food items compared to beneficiaries and eligible non-beneficiaries (Table 22).

Table 21. Expenditure on food items in last 24 hours among beneficiaries, eligible non-beneficiaries and non-eligible households

Expenditure on food (in taka)	Beneficiaries (mean)	Eligible non-beneficiaries (mean)	Non-eligible (mean)	P values	P values
	1	2	3	1 vs 2	1 vs 3
Carbohydrates (rice and wheat)	44.8±29.2	47.4±27.9	61.5±37.7	P<0.05	P<0.001
Protein intake (fish, meat, egg, lentils and milk)	19.4±34.0	16.2±25.1	54.2±69.3	P<0.05	P<0.001
Vegetables intake	14.5±11.6	14.0±10.3	21.4±14.6	Ns	P<0.001
Fruits	0.2±1.8	0.1±1.3	3.4±14.1	Ns	P<0.001
Total	78.8±58.1	77.8±48.7	140.5±104.9	Ns	P<0.001
n	811	1,660	2,353		

Table 22. Food intake behaviour of the study population

Individual food intake behaviour	Beneficiaries	Non-beneficiaries		P values	P values
		Eligible	Non-eligible		
% of people had chicken 2 times or more in a week	1.0	1.0	11.0	ns	P<0.001
% of people had lentils 2 times or more in a week	64.5	67.7	80.5	ns	P<0.001
% of people had two eggs or more in a week	15.3	12.6	44.2	ns	P<0.001
% of people had fish everyday	3.7	3.0	20.1	ns	P<0.001
% of people had vegetables 2 times or more everyday	84.5	90.1	88.6	P<0.001	P<0.01
% of people had fruits 2 times or more everyday	1.1	1.2	5.8	ns	P<0.001
N	811	1,660	2,353		

Perceived change in body weight in the last three months

A small proportion of participants across the three groups perceived that their body weight has improved. Perceived improvement was significantly higher among the beneficiaries compared to eligible non-beneficiaries while no significant difference was noted between beneficiaries and non-eligible (Table 23).

Table 23. Perceived change in body weight in last three months among the study participants (%)

Body weight	Beneficiaries	Eligible non-beneficiaries	Non-eligible	P values	P values
	1	2	3	1 vs 2	1 vs 3
Improved	4.8	2.4	3.5	P<0.01	ns
n	811	1,660	2,353		

Self-reported illness

Table 24 shows that prevalence of major illness in the last 3 months among the beneficiaries was significantly higher compared to both eligible non-beneficiaries and non-eligible. While no significant difference was noted between the beneficiaries and eligible non-beneficiaries for acute illness in the past 15 days, this was significantly higher among them compared to the non-eligibles. The mean duration of self-reported illness in the last 15 days was significantly higher among the beneficiaries compared to both eligible non-beneficiaries and non-eligible.

Table 24. Prevalence of self-reported major illness in last 3 months and acute illness in 15 days and mean duration of illness among beneficiaries, eligible non-beneficiaries and non-eligible

Prevalence and duration of illness	Beneficiaries	Eligible non-beneficiaries	Non-eligible	P values	P values
	1	2	3	1 vs 2	1 vs 3
Prevalence of major illness in last 3 months (%) and (95% CI)	45.9 (42.4-49.3)	41.1 (36.7-43.5)	35.1 (33.2-37.0)	P<0.05	P<0.001
Prevalence of acute illness in last 15 days (%) and (95% CI)	65.8 (62.5-69.1)	63.5 (61.1-65.8)	52.2 (50.2-54.3)	ns	P<0.001
Duration of illness in last 15 days (mean and SD)	8.1±4.6	7.6±4.6	7.5±4.7	P<0.05	P<0.05
n	811	1,660	2,353		

Health-related quality of life (HRQoL) of elderly persons (≥60 years old)

Table 25 shows that the beneficiaries attained significantly higher scores in the social and economic dimensions. On the other hand, eligible non-beneficiaries attained significantly higher scores in the physical and psychological dimensions. In the spiritual and environment dimensions

as well as overall scores no significant difference was observed between the two groups. To note, non-eligible participants attained significantly higher scores in all the dimensions and overall scores compared to both the beneficiaries and eligible non-beneficiaries.

Table 25. Comparison of HRQoL scores between beneficiaries, eligible non-beneficiaries and non-eligible group by each dimension and overall HRQoL

HRQoL dimension	Beneficiaries (Mean scores and SD)	Eligible non-beneficiaries (Mean scores and SD)	Non-eligible (Mean scores and SD)	P values	P values
	1	2	3	1 vs 2	1 vs 3
Physical	9.6±3.3	10.5±3.3	11.5±3.5	P<0.001	P<0.001
Psychological	10.5±2.6	10.9±2.5	12.5±2.8	P<0.01	P<0.001
Social	15.3±2.6	15.0±2.6	16.3±2.4	P<0.05	P<0.001
Spiritual	7.0±1.2	6.9±1.5	7.2±1.2	ns	P<0.001
Economic	4.0±1.2	3.8±1.2	5.0±1.6	P<0.01	P<0.001
Environment	9.5±2.0	9.6±2.1	11.0±2.2	ns	P<0.001
Overall	55.7±8.5	56.5±8.7	63.6±9.7	ns	P<0.001

Table 26 shows that men attained significantly higher scores in the physical, psychological, social, economic, environment dimensions and overall scores. However, participants in the higher age group attained significantly lower scores in the physical, psychological, social, environment and overall scores. The literate persons attained significantly higher scores in all the dimensions and overall scores. Currently married participants attained significantly higher scores in the physical, psychological, social, environment and overall scores. Elderly persons who involved in paid work attained significantly higher scores in five dimensions and overall scores except in the spiritual dimension compared to persons involved in unpaid work.

Table 27 shows that being a beneficiary of allowance was significantly associated with higher scores in the economic and social dimensions while significantly lower scores in the physical dimension. It also shows that higher age significantly predicted lower scores in the physical, psychological, social, environment and overall scores. A significant positive association of literacy was noted in all the dimensions and overall HRQoL scores. The total variation across dimensions (R^2) accounted for by the explanatory variables ranged from 1.2%-9.7%.

Table 26. Comparison of mean HRQoL scores of elderly persons by different socioeconomic and demographic indicators

Indicators	Physical	Psychological	Social	Spiritual	Economic	Environment	Overall
Sex							
Men	10.8±3.5 ^a	11.1±2.3 ^a	15.3±2.6 ^b	6.9±1.5	4.0±1.3 ^a	9.8±2.1 ^a	57.9±9.3 ^a
Women	9.7±3.0	10.4±2.4	14.9±2.6	6.9±1.4	3.7±1.2	9.3±2.0	54.9±7.9
Age group (year)							
60-69	10.8±3.3 ^a	11.0±2.3 ^a	15.5±2.3 ^a	6.9±1.4	3.8±1.2	9.7±2.1 ^a	57.7±8.4 ^a
75+	9.4±3.2	10.4±2.5	14.5±2.3	5.9±1.5	3.8±1.3	9.3±2.1	54.4±8.6
Education							
Illiterate	10.0±3.2 ^a	10.6±2.5 ^a	14.9±2.3 ^a	6.8±1.5 ^a	3.4±1.2 ^b	9.4±2.0 ^a	55.6±8.4 ^a
Literate	11.2±3.4	11.3±2.6	15.8±2.3	7.2±1.3	4.1±1.4	10.1±2.2	59.8±8.8
Marital status							
Married	10.8±3.3 ^a	11.1±2.5 ^a	15.3±2.5 ^a	6.9±1.4	3.9±1.2	9.8±2.1 ^a	57.7±8.8 ^a
Single	9.6±3.2	10.3±2.4	14.8±2.3	6.9±1.5	3.8±1.2	9.3±2.0	54.7±8.2
Occupation							
Paid work	11.7±3.2 ^a	11.5±2.3 ^a	16.0±2.3 ^a	6.9±1.4	4.1±1.3 ^a	10.0±2.1 ^a	60.2±8.3 ^a
Un paid work	9.5±3.1	10.4±2.4	14.6±2.6	6.9±1.5	3.7±1.2	9.3±2.0	54.4±8.2

a=p<0/001; b=<0.01; c=<0/05

Table 27. Multiple linear regression analyses examining the association of allowances with different dimensions and overall HRQoL scores

Co-variates	Physical β	Psychological β	Social β	Spiritual β	Economic β	Environment β	Overall β
Sex							
Man=1	-.134 ^a	-.88 ^b	-.049	.086 ^c	-.100 ^b	-.105 ^b	-.116 ^a
Woman=2							
Age (years)	-.205 ^a	-.138 ^a	-.223 ^a	-.020	-.038	-.109 ^a	-.219 ^a
Education							
Illiterate=1	.086 ^b	.067 ^b	.085 ^b	.118 ^a	.056 ^c	.093 ^a	.128 ^a
Literate=2							
Marital status							
Married=1	-.018	-.039	-.026	-.035	.045	.004	-.025
Single=2							
Beneficiary of allowance							
Yes=1	-.073 ^b	-.047	.089 ^b	-.018	.056 ^c	-.022	-.009
No=0							
R ²	9.1%	4.8%	6.9%	1.3%	1.2%	3.7%	9.7%

a=p<0/001; b=<0.01; c=<0/05

Discussion

A positive association of old age and widow allowance with expenditure on food was observed among the recipient households. For instance, expenditure on protein consumption was significantly higher compared to the eligible non-beneficiaries households. This implies that beneficiary households could spend more money on protein consumption. The increased household expenditure on protein food might have benefitted other fellow members as well.

The positive association of allowances with economic and social dimensions of HRQoL of elderly persons is plausible as beneficiaries were able to contribute economically to the household. However, no positive association with the physical dimension was noted among the beneficiaries. It might be due to the fact that the beneficiaries are vulnerable in many aspects such as they were older and involved in paid work less frequently than the eligible non-beneficiaries. This differential profile between two groups may contribute to attain lower scores in this dimension. A positive association of educational status was noted in all the dimensions and overall scores indicates that educational status is an important indicator to have better health-related quality of life in old age. Similar association was observed among the participants who were involved in paid work, being a man of younger age and currently married.

A proportion of participants invested allowance money for IGAs that reflects their motivation level to become self-reliant. Similar attitude was found among the women beneficiaries in South Africa regarding the investment of cash transfer (HelpAge 2006).

The following methodological limitations should be taken into considerations while interpreting results. This is a cross-sectional study, hence no causal association can be derived. Secondly, the representation of higher proportion of vulnerable and aged participants in the beneficiary group could have biased the results. The strengths of this study include: a large number of participants took part in the study and they were selected from all the six administrative regions of the country. Furthermore, face-to-face interview and use of demographic surveillance system enhanced the reliability of the data. Finally, the instrument used in assessing the HRQoL was specifically designed for the elderly persons but used here for widows as well.

Conclusion

This study concludes that majority of the beneficiaries expressed satisfaction about allowance scheme. This assistance allowed some beneficiaries to initiate income-generating activities. Furthermore, being a beneficiary of allowance is significantly associated with household's

increased expenditure on protein consumption, improvement in body weight, and improved social and economic dimensions of HRQoL of elderly persons. Targeting by local political representatives appears to be reasonably effective; a crucial factor here appears to be the willingness and ability of eligible poor and vulnerable people to actively lobby for selection and complain about unfairness in the process, that is, to hold their elected representatives to some form of account. Concerns remain about those who are unable, as a result of physical weakness or lack of social or political capital, to take such action on their own behalf. However, the positive association of allowances with different socioeconomic indicators emphasizes the benefit of its continuation.

RECOMMENDATIONS

Based on the findings of the study following recommendations are made:

- Per capita allocation should be revised based on the annual inflation index;
- Current disbursement procedures may be reviewed further to make it convenient for persons who reside at far-off places from the Bank;
- Instead of offering life-long cash transfer for all the poor, physically able individuals might be provided income generating assets and related supports to enable them to be self-reliant. This may enhance sustainability of the scheme through easing burden;
- Commercial banks and NGOs in the private sector who offer microfinance, may introduce and promote a contributory pension scheme for this group of people through which individuals may have monetary benefits. This might complement the present public allowance scheme.

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