Compare and contrast NGO/MFIs developed social safety net services (SSNs) in Bangladesh and state managed SSNs measures in Canada

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Abstract
Social safety net (SSN) measures are usually managed by the state for the vulnerable people like seniors, physically and mentally disability diagnosed people, vulnerable widowed and people living with the economic crisis. Recently many NGOs of Bangladesh have developed social safety net services for the vulnerable poor people in Bangladesh. The paper is an attempt to find out (1) what are the SSNs measures are taken by NGOs/MFIs in Bangladesh and how they work; (2) to discern what are the state managed Canadian SSNs services that have served to Canadian vulnerable people and or people living with economic crisis; and (3) compare and contrast SSNs strategies governed by NGOs/MFIs in Bangladesh and public agencies have managed in Canada. This study follows descriptive ethnographic and participatory observation methods working with Grameen Bank and BRAC Bangladesh as well as researcher working experience with Toronto Social Services and Ontario Disability Support Services in Canada. Study uses secondary data and reviews works of literature to provide evidence of the narrations.

The research finds Grameen Bank, BRAC and Nijera Kori Bangladesh have developed different SSNs services for vulnerable people in Bangladesh as an alternative of the state-managed SSNs services although Bangladesh Government has initiated many SSNs services through its public and external resources. However, government supported SSNs services are yet not massively reached to all vulnerable people in Bangladesh who have suffered from poverty. Contrarily, Canada SSNs programs are universally followed by the Social Acts of Canada. The Canadian SSN many services have reached massively to its vulnerable population to address their social and economic crisis and poverty. However, SSN financial supports have not complied with the rise of prices in Canada at different time. By reading this paper, readers could learn different social security measures developed by NGOs and MFIs in Bangladesh and the state managed SSNs measures in Canada that are narrated in the paper.

Key words: BRAC-IGVGD program; Bayashka Vatha; Canada Universal Health Care; Employment Insurance; Food for Works, Food for Education; Food vouchers, Old Age Pension; Grameen Bank Emergency Fund; Grameen Pension Scheme; Grameen higher education loans; National Childcare Benefits; Ontario Disability Support Program; School Feeding Program; Social Housing; and VimoSEWA.

1. Introduction
There has been a greater diversification of social protection coverage through a combination of government, and non-governmental provisions in different countries. For example, in Bangladesh private sector business organizations, private banks and private foundations donate funds to the Prime Minister Relief Funds. This money is using to provide relief to flood victims, drought rehabilitation, and other natural disasters. The Bangladesh Islamic Bank donates a million of dollars to the government agencies for public relief and rehabilitation programs. Grameen Bank, BRAC and other NGOs have developed social security measures for the destitute women and poor people for overcoming their poverty; many NGOs have healthcare services for the poor at lower costs that assist them to receive medical services for their family members. Although recently developing countries are destined towards a western welfare state model, the paper explores areas of organizations contributing to social safety net measures in Bangladesh; find out organizations contributing to social policy inputs including non-state private, NGOs/MFIs, international NGOs and public institutions; and narrates comprehensive set of concepts of different social protection systems. On the other hand, Canada has Universal
Health Care Services to its all citizens. Canada also has social assistance ‘income support program’ which is given only to those who have exhausted all other avenues of support and can prove they are in need (Raphael, 2007).

The Welfare State Services of Canada is unique and world-famous. Moreover, Canada has private health insurance like Blue Cross is providing life insurance coverage to its clients. However, Canada non-state and non-market organizations are peripheral within a welfare mix contribution to public welfare. The Center for Policy Dialogue (CPD) Bangladesh calls it ‘semi-public’ safety net measures. This paper explores what are the public, private and NGOs social safety net measures exists in Bangladesh and in Canada. Moreover, the paper talks about social policy of Bangladesh that has wider concepts that are different from the conventional western social policy state funded. The purpose of writing this paper is also to inform the readers’ about different initiatives of social protection measures taken by different public institutions, private foundations and NGOs/MFIs, and how bottom people particularly destitute women are benefiting from these institutional services in Bangladesh and Canada.

Both Bangladesh and Canada have acknowledged welfare investments are the investments in ‘human capital’ to uplift the bottom people’s sustainable development in their livelihoods. There is a lively debate about state sponsored social safety net services and non-state social protection measures. For example, when the welfare management approach is brought into the Bangladesh context, a few more social safety net measures are introduced by the government’s own funds, international funding support to government and NGOs/MFIs services to bottom people. Canadian social safety net services mostly from public institutions. Even though usually, state sponsor Canada welfare system recently acknowledge both state, labour market, family and NGOs contributions, community based organizations in the field of social safety measures, public financing support and governing still in is predominant.

2. Objectives of the study
(1) To find out what are the SSNs measures are taken by NGOs/MFIs in Bangladesh and how they work;
(2) To discern what are the state managed SSNs services in Canada that have served to Canadian vulnerable people and or people living with economic crisis; and
(3) To compare and contrast SSNs strategies governed by NGOs/MFIs in Bangladesh and publicly managed SSNs services in Canada;
(4) To explore what are the challenges they are facing in providing social safety nets services to their citizens; and
(5) The paper also discerns the history of social security measures taken by different countries in the world.

3. Methodologies
This study follows descriptive ethnographic and participatory observation methods working with Grameen Bank and BRAC Bangladesh as well as Toronto Social Services (TSS) and Ontario Disability Support Services (ODSP) in Canada. The study uses secondary data and review literature to provide evidence of the narrations.
4.0. Meaning of social safety nets

The Social security is basic human rights (Chappell, 2006; Hick, 2004; Pal, 1987; Raphael, 2007; Rice & Michael (2000); and Sobhan, 2004). Social safety nets are programs that offer protection to poor people by providing income through cash transfer programs, subsidies on staple foods and other items, employment services to unemployed people by the employment support agencies for developing their social capital and human capital development (Chappell, 2006; Epstein, 1980; Eichler, 1987; Findlay, 1983; Hossain & Ali, 2012; Hussain & Mahbub, 1995; Mahmud, 2004; Raphael, 2007; Steinhauer, 1995; and Zhiqin, 2002). Social security-the protection that a society provides to individuals and households to ensure access to healthcare and to guarantee income security-is an essential element of the safety net that keeps working people and their families from failing into poverty. Social safety nets are part and parcel of social development (Clarke, 1991; Feit & Feit, 1996; Laliberte, 1998; Mahmud, 2004; and Raphael, 2007). In 2001, the ILO Conference defined principles and approaches of basic social security. It is considered that there is no single right model of social security, and that priority should be given to policies and initiatives that can bring social security to those who are not covered by existing systems. Social security should promote and be based on the principle of gender equality. This program should be open to all who are eligible. World Bank finds social safety net programs protect families from the impact of economic shocks, disasters, and other crises.

According to Business Dictionary it is the social welfare services provided by a community of individuals at the state and local levels. These services are geared toward eliminating poverty in a specific area. Social safety net works in conjunction with a number of other poverty reduction programs with the primary goal of reducing/preventing poverty. Social safety nets and anti-poverty programs have overlapping target populations particularly in Bangladesh. The targets of social safety nets are those people adversely affected by natural or economic crises or sudden shocks, accidents who mostly are poor people. They are the same people who are the targets of anti-poverty programs (Science Direct). Social safety net is a social protection systems help the poor and vulnerable cope with crises and shocks, find jobs, invest in the health and education of their children, and protect the aging population. Social safety net programs are crucial to ensure that all groups of the population have reasonable access to minimal income and basic social services in the event of diverse contingencies such as involuntary unemployment, old age or sudden natural and economic crisis. Fewer than 10 percent of people in the poorest countries have social security coverage. This has an enormous impact on their lives and on work itself (Hossain & Ali, 2012; Kabir, 2007).

According to the ADB’s definition of social protection contains five components: 1) labor market policies and programs designed to facilitate labor adjustments and promote the efficient operation of labour markets, (ii) social insurance programs to cushion the risks associated unemployment, disability, sickness, maternity, work injury, and old age, (iii) social assistance and welfare service programs to provide a floor for those with no other means of adequate support, (iv) micro and Area-based Schemes to cushion the risk to agricultural incomes from crop failure or temporary market disruptions, and address reduction of risk and vulnerability at the community level: and (v) Child Protection. Of the five components, the first three (labour markets, social insurance and social assistance) are normally included in any social protection strategy. Recently a growing number of developing countries are investing in social safety nets –
to improve the lives and livelihoods of billions of poor and vulnerable people. Safety net programs include cash and in-kind transfers targeted to poor and vulnerable households, with the goal of protecting families from the impact of economic shocks, natural disasters, and other crises. Yet in low-income countries around the world one in five of the world’s poor still lack safety net coverage.

4.1. What is the role of safety net?
Safety net programs have two key functions in economic policy. Their traditional role is to redistribute income and resources to the needy in society, helping them overcome short-term poverty. More recently identified role for safety nets is to help households manage risk (Rahman & Hossain, 1995; Raphael, 2007; and Rice & Michael, 2000). Safety nets can increase options for the poor. Safety nets can bring potentially higher returns to poor households, such as growing high yielding varieties of crops and using modern farming methods particularly in Bangladesh. When hard times hit households, safety nets reduce the need to make hasty decisions that diminishes the chances of escaping poverty in the long run. At the national level, if sound safety nets are in place, the pension program can focus on improving the efficiency of providing benefits to contributing workers rather than finding ways to provide cash transfers to those who have not made adequate contributions. Recently Canada moving towards SSN institutional approach instead residual approach in Canada

4.2. Why safety nets needed?
The elderly and disabled are often more immediate threatening than those faced by others in society (Feit & Feit, 1996; Rahman & Hossain, 1995). These risks can be either household (i.e., illness, disability or death and unemployment), community based (i.e., floods, famine) or nationwide drought, global financial risk or shift in terms of trade) (Hossain & Ali, 2012). The adverse effects of these risks can be found in Bangladesh and will be far more damaging to the poor than those better-off in terms of income, physical and mental well-being, and long-term human development. For example, in Bangladesh, poor people, low income may force them to sell their land, their livestock or their tools, send their children to work rather than to school, or eat less. These drastic measures may help families survive from day-to-day, but they will make it that much harder for these families to escape poverty in the future (Hussain & Ali, 2012; Kabeer, 1997; Mahmud, 2004; Raphael, 2007).

Governments and international financial institutions play an important role in helping households manage daily risks and cope with losses when they occur. The notion that safety nets should be a permanent feature of social policy and not simply a temporary response to crisis is increasingly being embraced by the international development community. But, even when a country prospers, some households will face hard times. During economic downturns, such as the Asian financial crisis and crises in Latin America, problems are much more serious and immediate and the appeals for public action undeniable (Mishra, 1999).

5. Different models of social safety net program in the world
Many Asian countries rely on traditional safety nets provided by family or community. However, the traditional, informal social safety network has gradually diminished with increased industrialization and urbanization. However, according to most researchers, the comprehensive
welfare system is the best form of social safety net where the state provides all kinds of social security to its citizens like Canada. It is remarked that it is the left-wing who argued for government provision of welfare. But, Bismarck’s government in Germany in the 1880s is actually the first to initiate steps towards a welfare state. These views are reflected in the Kaiser’s announcement that: “the cure of social ills must be sought not exclusively in the repression of Social Democratic excess, but simultaneously in the positive advancement of the welfare of the working masses” from Rimlinger-Welfare Policy Industrialization in Europe, America and Russia-Wiley, New York (Chappell, 2006; Hick, 2004). Ensuring workers’ basic needs is one of the main motives behind the introduction of the welfare state. Further justification for it is outlined by the Beveridge Report in Britain, which formed the basis of Britain’s post-war policy and influenced the development of welfare in other countries. It emphasized the need to preserve the population’s morale and efficiency in wartime and to help offset of any social discontent after the war (Briggs, 2006; Chappell, 2006, Raphael, 2007). After World War 11, spending on welfare rose under several non-left governments who all unambiguously stated their belief in it-McMillan in Britain Adenaur in West Germany, de Graulle in France, and Nixon and Kennedy in the US. The social and economic reasons for introducing the welfare state are thus apparent to governments of all colors. However, difficulties soon arose. The continuous rises in economic growth and prosperity which is expected after the war evaporated, particularly from the late 1960s onward reconstruction, has run its course with the return of world slumps (Briggs, 2006; Chappell, 2006; Ralpahel, 2004).

The welfare state became more difficult to finance out of sustained economic growth at exactly the time the burdens of poverty and unemployment placed increasing demands on it. Idea of the ‘welfare state’ means the state accepts responsibility for the provision, where the state accepts responsibility for the provision of comprehensive and universal welfare for its citizens. However, in many welfare states, social protection is not delivered by the state at all, but by a combination of independent, voluntary and government services. Asa Briggs (2006) mentions British welfare state, identified three principal elements: a guarantee of minimum standards, including a minimum income; social protection in the event of insecurity; and the provision of services at the best level possible. This has identified the ‘institutional’ model of welfare: the key elements are social protection, and the provision of welfare services on the basis of right. In practice, social welfare in the United Kingdom is very different from this ideal.

The German social market social safety net measures initiated in the post-war German settlement, which is based on the idea of a ‘social state’, sometimes rendered as a ‘special market economy’. Here the central idea is the general concern to ensure that public expenditure on welfare is directly compatible with the need for economic development and growth. Second, the German economy, and the welfare system, developed through a corporate structure. This principle is developed by Bismarck on the basis of existing mutual aid associations and remained the basis for social protection subsequently. Social insurance, which covers the costs of health, some social care and much of the income maintenance system, is managed by a system of independent funds. Third, there is a strong emphasis on the principle of subsidiarity. This principle is taken in Germany to mean both that services should be decentralized or independently managed and that the level of state intervention should be residual- that is, limited to circumstances which are not adequately covered in other ways (Briggs, 2006; Chappell, 2006).
Higher earners are not covered by the main social insurance system, but are left to make their own arrangements.

The French social protection model is called ‘solidarity and insertion’ social protection. Social protection in French is based on the principle of Solidarity: The commitment is declared in the first article of the French Code of Social Security. This idea refers to cooperative mutual support. Some terms it ‘mutualist’ group (friendly societies) that emphasis that people insured within national schemes are called to contribute and benefit on an equal footing. The French system of welfare is a complex, patchwork quilt of services. However, recent French policy has controlled the expenditure of the social protection. Here the main areas of concern are not dependency or unemployment, but pensions because market-led services present considerable problems in cost control (Kabir, 2004).

Sweden social safety net model is called the institutional redistribution model. Canada is following this model with modification. It is seen as an ideal form of ‘welfare state’, offering institutional care in the sense that it offers universal minima to its citizens. It goes further than the British Model in its commitment to social equality. Social protection is not necessarily associated with equality; the French and the German systems offer differential protection according to one’s position in the labor market. The Swedish system has many of the same characteristics: “selective by occupational experience”. However, the importance of equality-sometimes identified with ‘solidarity’, in the sense of organized co-operation. The model of this is the ‘solidaristic wage policy’ advocated by the labour movement, which emphasized improving standards, limited differentials and redistribution (Briggs, 2006; Kabir, 2004).

The United States also a safety net measures described as a Liberal welfare, in the sense that it represents individualism, laissez-faire, residual and a punitive view of poverty. These issues often seem to dominate US debates on welfare: Examples are the introduction of ‘workfare’, the exclusion of long-term benefit dependents, and the criticism of the under classes. The US does not; however, have a unified welfare system. For example, Minnesota and Hawaii have state-funded health systems (Kazemipur, 2001). By comparison with other developed countries, US central government has a limited role in social welfare provision; the main developments of federal provision are during the Roosevelt administration of the 1930s, which laid the foundations for the social security system, and the ‘War on poverty’ of the 1960s, which provided some important benefits (notably health care for people on low incomes) and engaged the federal government in a wide variety of projects and activities at local level. These are significant departures from the residual model-state schooling, social insurance or the Veterans’ Administration, which provides health care for nearly 40 million people in US (Briggs, 2006; Kazemipur, 2001; and Raphael, 2007).

The social policy of the European Union the emphasis of community social policy changed towards improving ‘living and working conditions’ in the community and to include workers who are not part of the labour force. The EUC approach to the development of policy is based on the incremental development of services, the progressive expansion of solidarity and the insertion of those who are excluded (Midshra, 1999; Kabir, 2004).
Social policy in developing countries is to reduce poverty because nearly half of the world’s population lives on less than $2 a day. For Amartya Sen, poverty stems not just from a lack of resources, but from lack of entitlement: Famines happen, not because there is not enough food, but because poor people are not allowed to eat the food that is there. Economic development is essential for welfare; however, economic growth creates social inequality and division in the society. He provokes for the economic development that promotes integration and interdependence and extends people’s entitlements. It has clearly beneficial effects on social welfare. Access to basic amenities like water supplies and fuel, and the provision of services like health care and education increased, but these facilities equally do not provide benefit to bottom people. Rather, poor people become vulnerable through economic growth in the developing countries. It led to social polarization in the society everywhere in the world. For example, the structural adjustment policy favored by international organizations-moving developing countries towards a formal market economy pushing developing countries into a situation where poor is unprotected. Even the economic development does not guarantee social protection. Some countries initiated social security schemes, but a few people receive effective protection for a short period. For example, Vayaska Vatta yet to massively served to seniors in Bangladesh.

Social safety can play an important role in alleviating poverty and promoting a long-term growth by providing households with the protection those markets and informal networks may not supply (Mahmud, 2004, Yunus, 2008). A social safety may redistribute resources towards disadvantaged groups. Unfortunately, the growing awareness of the importance social safety nets in developing countries has not been translated into effective action because of the failure of traditional social welfare ministries to effectively reach and engage the poor (Kabir, 2004). This led to experimentation with new bottom-up service delivery options and poverty alleviation mechanisms that more actively involve the poor and their communities in program design, implementation and monitoring. Examples are reforms that decentralize the delivery of public services to local government, community management of forests and other natural resources, and group-based micro-credit programs.

The Demand-driven social funds that aim by design to elicit community involvement have become increasingly popular with governments and donors, and international organizations. For example, the World Bank now make community participation social safety net program as an explicit criterion for funding approval for a growing list of social safety net projects (Kabir, 2004; World Bank, 2018; World Food Program, 1998).

Food stamps, vouchers and coupons are another mechanism used to deliver an income transfer for a target population. Because they are linked to food, they also tend to increase food consumption more than a cash transfer. Such instruments may restrict beneficiaries to buying only a few specific foods or allow them buy any food in the market. The vouchers or stamps may be demonstrated in cash value or in terms of quantities. The food stamp program can only be implemented in countries with a well-developed commercial retail sector, a solid banking system, and public faith in the government’s ability to back the value of the stamp. Only few countries like Jamaica, Honduras, Sri Lanka, Mexico, Colombia and the US have tried to implement them (Kabir, 2004; Mishra, 1999).
Consumer food subsidies operate by lowering the price of certain foodstuffs, ideally inferior foods (that is, foods consumed by the poor but not by better-off households). Some subsidy programs ration the quantity that may be purchased at the subsidized price to control costs, with additional quantities available on the open market at higher prices. This approach also reduces the incentive for a black market in the subsidized food to emerge. After independence (1973-1977) of Bangladesh, there was a huge food crisis in Bangladesh and the food price was skyrocketed. Many municipalities of Bangladesh had distributed rice, wheat, sugar, and soybean oils on weekly basis at fewer prices by issuing ration card to households of the municipal dwellers. The qualities of rice, wheat were very poor. The author had gone to collect ration food every Monday morning from Chokbazar, Chittagong dealer shop in 1973-1977. Author had waited for a long to collect this rationed food, but this had disturbed his studies in Grade 11-12. Many people had suffered from intestinal diseases eating these low quality foods.

Emergency feeding programs are implemented to protect lives and livelihoods when food entitlements decline following the disruption of production and market due to armed conflict, natural disasters, or other causes of acute for insecurity. Although emergency supplementary food should ideally be distributed at the community level to prevent distress migration, it is most often disbursed from a centralized distribution point to populations who have already disposed of their productive assets and migrated as a last resort (Hossain & Ali, 2012; Kabeer, 2002). When food provided in camps for refugees or internally displaced persons (IDPs), emergency feeding may replace rather than supplement the household diet (Hossain & Ali, 2012; Kabir, 2004). Many of the subsidized ration programs are created during World War II as a provisioning mechanism rather than as anti-poverty programs. In the US, both the Food Stamp Program and direct food distribution program are originated as outlets for surplus disposal during the Depression. Mother and Child Health (MCH) supplementary feeding is designed more than therapeutic intervention than as part of a safety net. Food for Work Programs evolved where governments lacked cash and food aid is available. For example, Maharashtra Employment Guarantee Scheme in India uses this program for lack of cash for the targeted people.

5.1. Social safety net by religions
In all Muslim countries, people give donations and reliefs to poor people that is a part of Iman, next to obligatory prayer. Islam has built-in many social safety net donations and measures like Zakat, Sadaqah, Fitrah and Korjee Hasana as part of religious obligation of the Muslims. Zakat, Fitra and Sadaqah are mandatory to rich people to donate to his neighboring poor. Zakat is an obligatory payment (tax) made annually under Islamic law on certain kinds of property and used for charitable and religious purposes that is next after prayer (salat) in importance. Zakat is one of the most important pillars of Islam. It is mandatory for every Muslim who is financially stable to pay zakat to the poor and needy. Fitra is a charity given to the poor at the end of the fasting in the Islamic holy month of Ramadan. Sadaqah, meaning 'charity', is the concept of voluntary giving in Islam sadaqah encompasses any act of charitable giving done out of compassion, love, friendship or generosity. In every Mosque and Madrasa put donation boxes where affordable people donate money as Zakat, Fitrah and Sadaqah for poor people. Moreover, likewise, every religion has voluntary donation program that endorses a part of religious reward and public well being. In Sikh religion, Langorkhana (religious food house) attached in every Sikh temple. Christian religion has Salvation Funds for feeding poor and providing relief to natural disaster.
victims. These are all social safety net measures that are serving to poor people in the community everywhere in the world.

6. Social safety net programs supported by international agencies
The World Bank (2018) strategy mentions sustainable and affordable safety net programs can protect families from shocks; assist to ensure that children grow up healthy, well-fed, and stay in school and learn; empower women and girls; and create jobs. Building sustainable and affordable safety nets in each developing country is a key component of the World Bank’s Social Protection and Labor Strategy 2012-2022. This model of social safety net is helping countries move from fragmented and token programs to affordable social protection systems that enable individuals to manage risk and improve resilience by investing in human capital development and improving people’s ability to access jobs.

For example, Uruguay’s food program for the poor children and elderly, Indonesian target-based programs, Panama’s school–feeding program, Albanian social assistance, Uzbekistan’s Mahalla development and Argentina’s Trabajan program are some activities that have been acclaimed all over the world who are contributing to vulnerable people’s social protection although some are still token (Kabir, 2004). World Bank finds social safety nets have positive and significant impacts on education, health, and food security as well as promote households’ ability to generate income that can lead to positive effects in local economies. For example, to respond to the extreme drought in the Southern Africa region, cash transfers have become the primary response to support the recovery of disaster-affected population in Lesotho, Madagascar, Malawi and Mozambique (World Bank 2018).

Ethiopia’s Productive Safety Net Program reaches about eight million poor people. Analysis shows that the direct effect of payments reduces poverty by 7%. In Madagascar, with support from the World Bank's Fund for the Poorest (IDA), cash transfers were provided to more than 80,000 poor households, while promoting nutrition, early childhood development, children school attendance and productive activities of families. In Peru, the Juntos cash transfer program helped address chronic malnutrition, reducing childhood stunting rate in half in just 8 years, from 28% in 2008 to 13% in 2016 (Hussain & Ali, 2012). Even in the Philippines, the country’s conditional cash transfer program has reached 4.4 million families, covering 21% of the vulnerable population. The program has successfully kept poor children in school. And for children who are part of the program, it helped reduce stunting by 10% (Kabir, 2007).

Asian countries hit by the 1997 economic crisis. These countries have social insurance schemes such as health care, vocational injury compensation, and pension. Over time, each of those countries has developed social insurance schemes of varying levels of coverage and generosity. However, it is difficult to say that social insurance in Indonesia, Malaysia, Thailand and Philippines plays a role as a safety net due to the low ratio of insurance premium contributors to total labour force or to total population. Among these countries, Malaysia has social insurance schemes that are the most advanced, but it does not mean that these insurance schemes function as a safety net for all Malayans (Isabel, 2001 and Kabir, 2004).
Asian Development Bank (ADB) thinks well-designed labor market policies may serve the majority of the active population of a country. For example, households in the formal sector may be reached by structured social insurance, crop insurance and social assistance, including child protection. However, those in the informal sector like family or households supports are more likely to be reached by less structured social assistance, child protection, micro-insurance, social funds and other community-based programs. The family, household and kinship support services are less expensive and easily available to family and household members as when they needed.

Traditional family-based care for the elderly has broken down in many developing countries without adequate formal mechanisms to take its place. For the elderly, inadequate transfers from either formal pension systems or from informal family and community transfers can severely reduce their ability to cope with illness or poor nutrition. In low-income countries, only one in nine workers contributes to a pension program (Kabir, 2007). This proportion has remained stagnant for decades, affecting their ability to receive adequate pension benefits. The World Bank has been involved in pension reform in more than 90 countries and provided financial support for reform to more than 70 countries. The World Bank has collaboration with various development partners in building strong pension systems in developing countries. Researchers find predictable Cash grants to poor households are one of the most effective poverty reduction strategies. Moreover, the World Bank Group is ensuring that individuals have access to quality education and training opportunities for skills development that can reduce unemployment, raise incomes, and improve standards of living.

The LAO People’s Democratic Republic is one of the least developed countries in Asia, with half of its population of 5 million living below the poverty line and 85% of its workforce in the agricultural sector. International Labour Organization (ILO) helps the government design a national social security plan that is currently being implemented in the capital city, Vientiane. The scheme covers 70% of private sector workers in Vientiane and provides pensions (retirement benefits and death benefits) and short-term payouts for maternity, employment injury and sickness (Kabir, 2004). The scheme also includes health coverage based on contributions from employers and workers. However, the country has yet not expanded social security plan to agricultural and informal economy.

Interesting social safety nets exist in sub-Saharan countries and Muslim countries. For example, labor exchange is common in sub-Saharan Africa; and Zakat, Fitra, Sadaque- charitable given safety net tend to be focused on emergent situations caused by socio-economic crisis or natural disaster in Muslim countries.

7.0. Social safety nets services in different countries

The Netherlands has complex relationship between providers and sponsors. A good example of the potential complexity in the relationship between providers and sponsors is the Dutch disability Act (WAO) introduced in 1969. It intends is to provide a social benefit to persons who become disabled and lose their capacity to earn. In the original institutional design of the Act, persons were entitled to receive a benefit of maximum 80 percent of the last earned wage after being ill for more than 12 months and after being accepted as disabled by a controlling physician and the provider named “bedrijfsvereniging”. The benefits are defined as entitlements and are
paid out of a general fund common to all providers (this means providers are financed by a flexible capitation grant and financed by nationwide uniform premiums paid by employers and workers. It is executed by Social Security Council Sociale Verzekeringsraad). Both the Bedrijfsverenigingen (provider) and Sociaale Verzekeringsraad (governance) are controlled by the labor unions and the employer-federations (Chappell, 2006; Hussain & Ali, 2012; Raphael, 2007). The program is popular and received one million of people got disabled benefits. But the cost was very high and part of the disabled are not defined as disabled. The reformed Act finds the maximum benefit under the disability act was 10 percent higher than the maximum benefit under the unemployment act: so benefits are lowered.

In Mexico to address the “Tequila Crisis” which began in 1994 developed both the short run and long term safety net measures for access to the social services needed by the working poor (Miller, 2000). Usually the safety net as a whole provides coverage to three different groups: (1) the chronic poor–even in ‘good times’ (2) the transient poor–lives near the poverty line, (3) those with special circumstances–sub–groups of the population stem from disability, discrimination due to ethnicity, displacement due to conflict, social “pathologies” of drug and alcohol abuse, domestic violence or crime (Kabir, 2004). These groups may need special programs to help them attain a sufficient standard of well being. Brazil is using ‘social pensions’ to fight poverty. Brazil has been steadily improving its pension system, with the goal of reducing poverty among the country’s elderly population. A key element of this initiative is tax-financed ‘social pensions”, targeted primarily to rural areas, to provide coverage to people who do not participate in the more traditional contributory plans that cover many of the country’s salaried workers in both the private and public workers (Schwarzer, & Querino, 2002). These social pensions provide the equivalent of the minimum wage to elderly beneficiaries. Nearly 80% of Brazilians over age 60 live in families that receive pension benefits. Recently social benefit age has reduced from 65 to 60 years of age for men and to 55 for women.

Tunisia is striving for universal coverage in social security: Tunisia succeeded in raising social security coverage for healthcare, old age pensions, maternity and employment injury–from 60% to 84% of its workers and their families in just ten tears (Chaabane, 2002). Nearly all Tunisians who work in the public and private non-agricultural sectors are now covered. Recently, Tunisia includes casual and seasonal agricultural workers, construction workers in labour intensive public works programs, domestic workers and the unemployed in social security coverage program.

The author had been working in Namibia through UNDP from 1998-2001. Its different social safety net programs designed during this period. However, it has excellent health care facilities received from its pre-independence regime. Now it has established its social security system. The present system consists of tax-financed benefits, administered by the Ministry of Health and Social Services and paid universally to people over age 60, as well as invalids and disabled people who are younger. Additionally, the ILO has worked with Namibia’s Social Security Commission to create a national social insurance scheme, financed by contributions from employers and workers and providing income security in the event of sickness, maternity and of a breadwinner. Within this system, a pension scheme is being planned to supplement the tax-financed universal pension. The universal pension contribution is $25 a month per person is a major source of economic support to Namibia’s impoverished communities. The Ministry of
Social Development issues “Smart Cards” with the beneficiaries’ photograph and a fingerprint that can be immediately verified by a machine. Pension is the only regular cash income in many rural households (Schleberger, 2002). The pension provides the source of financing for basic items like school fees and machines. Author visited a King’s house (traditional leader) in the North of Namibia, and he found behind the king’s house there are many big buckets full of grains. The king told these grains are reserved for the victims who are suffered from famine during drought. Farmers have given their 5% of their produced crops to the king’s grain reserve program. This is an example of an informal food security system in Africa for the famine victims of the tenants of the king.

Uruguay has both public and Private Sector involvement in food program targeted to school aged children. Uruguay Food program is for poor children and for elderly. The programs call ‘Programa Nacional de Complementacion Alimentaria (PNCA)’, ‘Programa Nacional de Complementacion Alimentaria- Materno infantil (PNCA-M’) and Programa Nacional de Complementacion Alimentaria-Pansionistas (PNCA-P). These two programs have many common characteristics; the benefit and nutritional content are largely similar, and the food baskets are distributed in a PNCA center which delivers food for beneficiaries of both programs. Nevertheless, the incidence of these two programs is very different, with 84.6 percent of the PNCA-M reaching the poorest quintile of the population, but only 39 percent of the PNCA-P reaching that quintile. The main difference between the programs lies in the determination of eligibility. While the PNCA-M uses the health card to identify eligible individuals, the PNCA-P requires a certificate issued by the BPS (Banco de Prevision Sociale- Social Security Institution) system to determine an individual’s entitlement to receive the benefit. The healthcare card (Carnet de Salud) indicates self-reported household income and occupational characteristics and is used as a targeting device in the PNCA-M program (Kabir, 2004).

This health card is issued by the Ministry of Health of Uruguay to individuals who cannot pay for their services in public healthcare facilities and upon completion of the monthly health check-up the mother and her children are then entitled to receive the food basket in the PNCA center. This increases not only the targeting performance of the feeding program, but also improves the health situation among the poor. Indonesia is targeting safety net program to local needs and condition. Indonesian safety net program has two types: one is “cheap rice” (OPK) program and the labour-intensive public works program “Padat Karya” program (Kabir, 2004). Both programs are based on people’s local conditions and needs. In cheap rice program, targeted poor families identified by the National Planned Parenthood Coordination Agency using a standard set indicators. Poor would be considered if the family has (household) wealth equivalent to ten cows, but these criteria also debatable. The second criteria the labour-intensive public works faces similar problem of poor identification (Irawan, 2001). For example, it was found that in some areas it is a very popular program because it generates additional income for the poor family. However, in other areas it does not yield the expected results. This program undermined the tradition on voluntary collective work (Gottong royong), making people less willing to participate in cheap rice public works program safety net scheme. From the designed program experience, Indonesia again needs to be tailored this safety net program to local needs.

7.1. Social Security System in the Republic of Korea
The Republic of Korea has four major social insurance systems (a) Industrial Accident Compensation Insurance, Health Insurance (1964); (b) Medical Insurance (1977); (c) National Pension (1988); and (d) Employment Insurance (1995). In response to the massive unemployment that struck the domestic labour market before the system matured, the public works arrangements and loan programs are put in place to supplement the existing system. The current safety nets in Korea, therefore, are characterized into two layers: The primary layer of the social insurance scheme comprising the above four social insurance systems and the secondary layer of the protection mechanism consisting of passive labour market policies, public assistance (APEC, 2001; Bark & Hwang, 2006).

Social Insurance of Korea program has the employment insurance is introduced in July 1995 to cover firms with 30 or more employees, and it is extended to cover all full-timers, temporary workers and part-times as of October 1998. The national pension system has been supporting the livelihood of the unemployed by decreasing the minimum contribution period for benefit entitlement from the previous 20 years to 10 years in 1999 (APEC, 2001).

Health insurance is introduced in 1977 in Korea and expanded to cover the self-employed in rural areas in January 1988, and the urban self-employed in July 1988, thus, providing universal coverage. The annual benefit period is also extended continuously: 270 days/year (1997), 300 days/year (1998, 330 days/year (1999) and 365 days/year (2000). However, the burden of equity paying is decreasing the minimum contribution period for benefit entitlement from 20 years to 10 years in 1999. 2.5 percent of the total households are covered by these benefits (APEC, 2001). Moreover, Korea also developed the industrial injury insurance, implemented in 1964, is a system that pays benefits to those employees with sickness or injuries arising out of duty from its fund financed by employers’ contributions. This is applied only to workers at firms with more than 500 employees during its initial phase, the current insurance system (as of July 2000) covers every worker in the country, including the self-employed (Bark & Hwang, 2006; Kabir, 2004).

The Korean National Basic Livelihood Security system has introduced in 1999 that has helped those living under absolute poverty, irrespective of their ability and age (APEC, 2001). However, the livelihood protection system is too limited to surmount the large-scale economic crisis. Moreover, this public pension scheme has been widely criticized for inefficiency in dealing with mass unemployment since its inception. Korea has an employment insurance system (EIS). The EIS is financed by employer and employee contributions. Current contribution rate for the unemployment benefits program amounts to one per cent of the total payroll (0.5 per cent from employers and .5 per cent from employees). The contribution rate for the employment stabilization program stands at 0.3 per cent of the total payroll and that for the job's skill development program varies from 0.1 to 0.5 percent depending on the size of the firm ((Bark & Hwang, 2006; Kabir, 2004). Employers are responsible for the contribution to the employment stabilization and job skills development program. However, workers who quit their jobs without justifiable reasons (voluntarily quit for jobs) are not eligible for benefits in Korea. However, although vocational training introduced through employment program, the quality of vocational training has not been improved in proportion to the expansion in quantity.

7.2. Panama School Feeding Program
The school lunch program of Panama is supported by the Social Emergency Fund (FES) is one of the two national school-feeding programs that constitute the largest social assistance transfer program in Panama. While the second program (MINEDUC snack program) is becoming explicitly universal, the FES lunch program is geographically targeted using poverty, malnutrition, and education indicators. The programs’ objective is twofold: improving the nutritional status of pre-primary and primary school children and improving school performance (Kabir, 2004). The FES lunch program was initiated in 1991, and is geographically targeted using nutritional, poverty and education indicators. The FES lunch program of community participation is high: teachers and school directors deal with the administration at the local level and mobilize community involvement where parents participate in preparing food and maintaining school gardens on rotation; the program meetings are held regularly in recipient communities. The food was first delivered to satellite schools in the district.

7.3. Albania’s social assistance program
In 1995, Albania’s social assistance program underwent a reform which made legislation more compatible with the kind of block grant program. The program is administered by the Ministry of Labour and Social Protection, allocate a certain amount of funds to each commune that then decides on the allocation among its inhabitants. The allocation process at the communal level takes the following form: Families apply to the local office of social assistance and are then listed as eligible recipients according to their estimated household needs, which are mainly determined by the household’s size, landholding, and family member’s wages or receive a pension. From the calculated benefits are then subtracted unemployment insurance and pensions received and potential earnings from land owned. The final decision of a household’s eligibility and the allocation of the benefit are then taken by the elected commune council. However, still many poor people are not covered by the social assistance program (Alderman, 2000).

7.4. Uzbekistan social assistance program
In 1994, a new social assistance system has been introduced in Uzbekistan which is mainly aimed at benefiting families with children, is a very interesting example of a highly decentralized system because the local administration is carried out by traditional community groups called “Mahallas”. These local communities try to solve their social problems and conflicts in the community. At the beginning of each year, the Ministry of Finance distributes the central funds through its regional and sub-regional officers to special accounts in savings banks held by each Mahalla. The chairman and the committee members elected by each of these community groups decide which families in the community are the neediest and to some extent, what amount of support they deserve (Coudouel & Macklewright, 1999). The Uzbek statistics (1997) find about 11 per cent of all households are recipients of the benefit. Although this system is very decentralized and flexible system, it has many problematic issues. For example, the amount of benefit paid to households is unrelated to observed measures of household well-being. The children’s nutritional statuses are not having a strong influence on the award decision. There are no guidelines from the central authorities for allocating funds to regions. There is a need a closer examination of the process and a closer monitoring of the mahallas decision-making process by the central authorities (Ibid, 1999).

7.5. Argentina’s Trabajar Program
The Argentina’s Trabajar Program is an interesting example of a social program in which key decisions like the allocation of funds are decentralized. The program aims at reducing poverty by both generating employment opportunities and improving the social infrastructure of poor areas. The issues of intra-regional inequalities that are not taken into account, and of the weak performance of poorer provinces at targeting their poor, with local elite possibly capturing the gains from an expanded social program, can be explored (Kabir, 2004). Employment opportunities offered are low wage jobs on a variety of community projects, and by providing this kind of short-term employment at rather moderate wages it is intended to self-select unemployed workers from poor families. Additionally, the social infrastructure of poor areas is need to be improved by locating these community projects in poor areas. The projects and NGOs have to cover the non-wage costs and wage costs are paid for by the center. These projects are approved on the regional level using central government guidelines.

7.6. Self-employed Women Association (SEWA) India
The Maharashtra State Employment Guarantee Scheme in India is a good example of providing income-generating work to every family in the state who are even in need to work. Self-employed Women Organising for Economic Security India has governed by Self-employed Women association (SEWA), which is a labour union that now represents more than 1000,000 informal economy workers in five states in India. Its members consist of primarily of home-based workers, vendors, manual labours, service providers and producers. Economic security and self-reliance have always been the central focus of SEWA strategy to organize women. SEWA designed and developed its own insurance plan, known as VimoSEWA. The plan provides a series of packages offering life, health and casualty insurance at premiums ranging from $1.77 to $8.33 per year (Hussain & Ali, 2012; Kabir, 2004). VimoSEWA functions as a cooperative where services are managed by a team of 120 grassroots women leaders who promote and explain the plans, process claims and develop new products and negotiate with government and private insurers. It is serving more than 100,000 people. VimoSEWA is one of the world’s largest social security organizations for the informal economy. Recently it introduced health insurance for children and plans to introduce maternity insurance.

The International Labour Organization (ILO) has been working in Asian countries to design and to improve their social security systems. Some examples are narrating below:

7.7. Thailand and Indonesia social safety nets programs
Thailand is one of the worst affected countries, with more than 6.7 million people falling into poverty. The country covers safety net measures only 9% of the total population. It introduces old age pensions and limited child allowances and this program opens to all public, private employees and self-employed, who covers 45% of the labour force (Zhiqin, 2002). A universal health care system is introduced giving nearly three-quarters’ of the labor force access to medical care at a nominal fee. In Thailand, currently safety net programs are focusing on poverty alleviation, job creation, income distribution and risk reduction and so on. Job creation and income generation are impressive. Recent statistics of Thailand indicate that unemployment has fallen to 2.1% of the workforce. Thailand launches 30 baht medical care schemes and it expanded to 75 provinces and 13 districts of Bangkok (Ibid, 2002). The main objectives of the scheme are to develop the country’s primary healthcare system, and to encourage people to visit
any healthcare units nearest to their homes. There are three kinds of health insurance for Thai people: the social security system, the medical welfare scheme for state officials and 30-baht medical care scheme. The 30 baht gold-card schemes covered people aged over 60, children below 12, disabled people, monks and community leaders eligible for free medical services (Ibid, 2002).

Indonesia has more workers in its informal economy, experienced a major increase in joblessness and lacking unemployment insurance and social assistance, a substantial increase in poverty. The country’s largest retirement savings plan allowed members to take small lump sum benefits to survive, leaving them with nothing for their retirement. The Government with ILO’s assistance has established a National Task Force to develop plans extend basic social security coverage to informal economy workers, to improve health care coverage, to introduce pensions for private sector workers and to provide social assistance and unemployment benefits (Irawan, 2001).

8. Who are the target groups of the SSNs services in Bangladesh and Canada?
Social safety nets benefits as a share of the poor’s income and consumption are lowest in low-income countries, at only 13 percent. For example, Sub-Saharan African countries spend an average of US$16 per citizen annually on safety net programs, whereas countries in the Latin America and the Caribbean region spend an average of US$158 per citizen annually. Globally, developing and transition countries spend an average of 1.5 percent of GDP on safety net programs (World Bank 2018). World Bank finds evidence now shows how safety nets cash transfers not only help nations invest in human capital, but also serve as a source of income for the poor, improving their standard of living. Today, approximately 2.5 billion people are covered by safety net programs and around 650 million people or 56 percent of the poorest quintile.

Social safety nets programs utilize many eligibility criteria to identify their specific target groups. Many eligibility criteria develop to identify their specific target groups. Generally social safety nets targeted people who are suffering from poverty. Many scholars think poverty is not an accidental; it is not a by-product; it is an inherent and crucial feature of a society whose economic structure is grounded in class and exploitation. There is a huge debate on MFI s and/or state should fully concentrate properly for addressing the absolute poverty in Bangladesh. However, in practice, these are often vague and lack comprehensiveness of the term. Study information have been collected to develop a generic profile of safety net target group. The typical safety net target household is: No land or land up to 10 decimals, Average income per person per day below Tk. 300 (US$4), a financial profile where debts exceed savings by an average of around Tk.2500 (US$36). There is a greater number of disadvantaged vulnerable women are living in poverty in Bangladesh. About a quarter of households have members participating in MFI (Kabir, 2004). However, if we look at Canadian context, social assistance levels are clearly set below LICO level associated with absolute poverty. However, most measures of low income developed and applied in Canada assess depth of relative poverty (Chappell, 2006; Hick, 2004; and Raphael, 2007).

AS mentioned earlier, Canada social safety nets measures targeted peoples are who are living below LICO levels (16% Canadians, 18% children, 14 older Canadians, unattached non-elderly 38% Canadians and female lone-parent families 51% and 31.2 % of the Aboriginal Canadians, 55.9% unattached Aboriginal Canadians who are living in poverty (Statistics Canada, 2004).
Dannis Raphael (2007) finds in his study that 75% of his respondents living with low incomes do not have enough money to participate in community activities. Half of the people who are living in poverty in Canada are employed, but they do not earn wages that lift them out of poverty. Therefore, poverty rates ebb and flow as the result of economic growth and recession; and because of globalization and the free trade market economy. Canada has both individual and household targeted social safety net measures and universal safety net measures. Although poverty is related to lots of health issues exist in Bangladesh, the public health sector in Bangladesh is unable to provide universal healthcare services to its poor people. Therefore, the Government of Bangladesh should be taken more seriously to improve the public healthcare sector in addition to other social measures in Bangladesh.

9.0. NGOs/MFIs managed Social Safety Nets services in Bangladesh

At present, there are more than 1,400 NGOs registered with the NGO Affairs Bureau. NGOs have a particularly prominent role in anti-poverty programs with the scale of their activities increasing as donors have considered them to be more effective for poverty reduction objectives. A number of local Bangladeshi NGOs start their activities on eradication of poverty after Bangladesh independence. Their services are like patron-clients structured hierarchies in Bangladesh. In the 1980s, many of these NGOs scale-up their services on the delivery of microcredit. A number of them became deliverers of micro-finance services to their clients in Bangladesh. Many of them have significant impacts on poverty, reduction through the provision of credit, health services, non-formal education, public works schemes, agricultural extension, immunization and a number of other activities (Hossain & Ali, 2012; Mahmud, 2004). Grameen Bank, BRAC, ASA, Proshika, Nijera Kori are large national non-state organizations that are providing social services to poor people in Bangladesh. However, in the 1990s, these large organizations particularly Grameen Bank and BRAC have faced pressure to cover their own running costs by themselves. The paper as an example largely narrates these two organizations safety net strategies that are helpful to bottom people of Bangladesh.

10. Social safety net service in Bangladesh

The major social safety net (SSNs) programmes in Bangladesh can be divided under four broad categories: (i) employment generation programmes; (ii) programmes 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. SSN programs can also be grouped into two types depending on whether these involve cash transfers or food transfers. The review indicates that SSNs programs in Bangladesh have led to increased school enrolment and attendance especially among girls in secondary schools and closing the gender gap; additional employment generation; provision of food during crisis; building infrastructure; and increased access to and utilisation of maternal health care services. Such programmes deserve high priority to ensure the rights and entitlements of the disadvantaged groups, including the urban poor and the poor living in rural areas (Hossain & Liaquit, 2012).

In Bangladesh, social safety nets initially focused only on protection goals, they are now increasingly combining promotional goals too. Over the years, Bangladesh has introduced a plethora of safety net programmes. However, such growth has often been ad hoc and lacking a systematic overview. Therefore, there is a need for a comprehensive and strategic framework
within which to consolidate social safety nets has emerged as an increasing preoccupation within the wider policy community of Bangladesh.

11. Success stories of social safety net services in Bangladesh

11.1. Safety net through Microcredit

The proliferation of NGO-led microfinance programs, many of which deliberately set out to target women from poorer households, is partly in response to the perceived failure of government efforts (Mahmud, 2004). The Grameen Bank is now internationally renowned for innovation of the idea of lending to poor women organized into groups and responsible for ensuring weekly repayment of loans (Khandker, 1998). Other organizations like BRAC, and Proshika, have combined lending to the poor with some attention to social mobilization while others still, like ASA, have modified the Grameen Bank approach to offer a more diversified range of financial services.

There are absolute poor who are suffering from poverty and these hardcore poor suffer from chronic food deficits. The MFIs are operating (particularly Grameen Bank) in the minimum economy in which production, consumption, trade, savings, borrowings and earning occurs in very small amounts (Khandker, 1998).

ASA started up a flexible ‘open-access’ savings service for its core group and set aside a quota for them in its entrepreneurship development program. Proshika gives loans to its very poor borrower’s access to risk-reducing technologies from its Income Generation Program profiles so that borrowers feel less threatened by actual or potential income losses.

12. Grameen Bank community micro-insurance program in Bangladesh

The Grameen Bank community micro-insurance program is an affordable and quality healthcare service in Bangladesh initially supported by ILO for the Grameen Bank micro health insurance plan for its borrowers in Bangladesh. Each member of GB contributes Tk.200 annually to this plan and the whole family get free healthcare services from the program. The program is governed by Grameen Kalyan (GK), a sister organization of GB. Grameen Kalyan continues to provide affordable health security to more than 100,000 people in Bangladesh by its different clinics and hospitals. It is constructing a hospital with modern facilities in Dhaka where GB insured members can receive healthcare services with fewer costs (Grameen Kalyan, 2017).

Grameen Bank changes its lending approach in 2001 when it found that its borrowers in Rangpur area are falling behind on their repayments. Rangpur is one of the most economically depressed areas in Bangladesh. There is little economic activity and during the lean season, food security is so great that declining body weights are recorded in the period between mid-September and mid-November. Instead, Grameen Bank embarked on a goat-leasing program, providing defaulting borrowers with goats, which they could raise and then pay back in the form of a kid from the first litter and another from the second litter. No cash repayments are required. Since goats are hardly animals, women have repaid their loans by the end of the first year. The program has proved to be successful and brought many of the poorest sections back into its micro credit program.

12.1. Grameen Bank Emergency Fund
The Grameen Bank Center Emergency Fund is one of the safety net services to the members of Grameen Bank in Bangladesh. This emergency fund generates from borrowers contribution. After payment of the total interest accrued on bank loan, an amount equal to half that amount is deposited in a special fund of the Center/Association which is called ‘Emergency Fund’. This fund creates through compulsory contributions of all the members of the center deposited in the Emergency Fund. Money accumulates in the Emergency Fund of the center/association can spend for to repay the bank loan of any member who becomes unable to repay the loan due to any accident (e.g. the death of a cow purchased with the loan money, damage of a rickshaw in accident etc.) and to pay of the desist borrowers’ family to recover unpaid loan. This emergency fund can extend grants for repayment of the outstanding amount of loans in case a member of any group fails to repay his/he loan for any other reason where the total saving of the particular group is not sufficient repayment of the same. Moreover, this Grameen emergency fund utilises for other activities making arrangement for veterinary services, adoption of health care programmes for the members etc.). However, the expenses for such programmes shall not exceed 50% of the total savings in the Emergency Fund. Moreover, arrangement of insurances of different types for the members e.g. cattle insurance, crop insurance, life insurance etc pay from the emergency fund. The money from the Emergency Fund can be spent in such programs only on the basis of decisions taken by the General Assembly of the Center/Association.

The Emergency Fund operates under the joint signatures of the Center Chief and Associated Center Chief and the field Manager. However, the center emergency fund dismantled in 2001, but currently emergency fund operates from centrally. If any borrowers died, his/her unpaid loan waived. Even, GB provides Tk. 2000 to the desist family for the desist funeral service.

12.2. Grameen housing loans program
In Grameen Bank Phase-1 (Classical phase (1978-2000), Grameen Bank has initiated the housing loans for the members for constructing their houses. This loan is introduced on small scale in 1984, but it is expanded rapidly after the devastating flood of 1987. First housing loan was distributed by the researcher provided when he was an area manager in Vhuapur, Tangail. Grameen Bank thought that better housing for the poor should be categorised as an investment rather than as consumption, as the borrower can use a good house both as factory space and as protection from natural calamities detrimental to health. The housing loan provides to borrowers for a longer-period to be repaid by weekly installments over several years, with an annual interest rate of 8% per year. Initially, a sum of TK. 7000 is given to housing loan borrowers as the “Moderate Housing” loan. However, the amount of housing loan was raised to TK. 25,000 taka to account for the rising cost of building materials. The houses built with the loans to purchase four concrete pillars, a sanitary latrine, and corrugated iron roofing sheets. This type of houses provides protection against floods, cyclones, and rain. This loan was exclusively given to poor women borrowers. The land on which the house is built has to be in the woman’s name.

Grameen Bank included this condition to make sure that the women would not be evicted from her home in case of dissolution of the marriage. Owning a piece of land through a housing loan from Grameen Bank may be the only way for a woman to have “a house of her own.” GB also introduced “Basic Housing Loan” to rebuild homes of the borrowers that were damaged by the flood of 1987. The loan size was Tk.7000-Tk.12,000. The maximum period for repayment of a housing loan is five years (Dowla & Barua, 2006). However, the repayment rate of housing loan
was not satisfactory. As the loan repayment rate was for more than one year, borrowers are relaxed to pay the loans regularly. However, they could complete repaying their housing loan in their lifetime. GB introduces awards to those workers who provide more housing loans to borrowers and recovers the loans regularly. As of June 2018, GB provides housing loans to 721,306 borrowers of GB in Bangladesh.

12.3. Grameen higher education loans program
In 1997, the higher education student loans are introduced by Grameen Bank with easy terms and conditions for the children of GB borrowers. By receiving this loan, many children of GB borrowers completed their education and become doctors, lawyers, engineers, chemists, biologists, physicists, and social scientists in Bangladesh. Loan receiving graduated students are regularly repaying their loans. As of June 2018, GB disbursed higher education loans US$ 52.25 million (female student loans US$ 13.89 million and male student loans US$ 38.36 million) to 53,933 students (male students 40,970, and female students 12,963) in Bangladesh. Grameen Bank decides to provide this student loan to finance higher education to the children of GB members. Currently, all children of borrowers who are on a basic loan or flexible loan and have been members of the bank for at least a year are eligible to receive student higher education loans. Grammen Bank introduces scholarships for the children of GB borrowers in 2001. Scholarships are given with priority to girls every year, to encourage them to get better grades in schools. On an average 3,000 children, at various levels of school education, receive these scholarships every year (Dowla & Barua, 2006).

12.4. Grameen Bank phase-2 social safety net services in Bangladesh
In 2000, GB reforms its some products and it has introduced new system called Grameen Generalised System where it designed a new operational manual based on its experience. Before 2000, all grameen operations are termed Grameen Classical System (Phase-1) and after 2000, Grameen operation named Phase -2. Phase-2 is more flexible and borrowers-friendly system to borrowers to transactions with the bank. The new system main features are prime loan product called basic loan, housing loan and the higher education loan, repayment according to borrowers income, loan ceiling as per repayment record and deposits, weekly savings varies with loan size full repayment at any time allowed, fresh loan after every six months on top of the existing loan, interest pay with principal installments, Grameen Pension Savings (GPS), larger savings for larger loans, overdue loans are routinely written off, loan loss provision, loan insurance fund (loans paid off after death, struggling members (bagger loan with no interest). Here welfare products to borrowers like struggling members’ loans without interest, generous loan loss fund etc. that help to hardcore poor to mushroom them/survive them in adverse situation. Baggers’ loans gave priority to the poorest of poor where GB gives special attention to mentor their businesses. By the end of June 2006 Grameen Bank has provided baggers loan services to 75,672 beggars. Their successes are tremendous to cross the road from bagger’s life to small entrepreneurs. Borrowers used their savings to withstand the flood and other crisis situation. Bank also used the cushion of large amounts of internal members’ savings to deal with the two stages of the flood- the first in July and second in September 2004 (Dawla & Barua, 2006).

12.5. Grameen Pension Scheme
In 2000-2002, GB develops the new loan products (mentioned earlier in the paper) and an attractive insurance policy (Grameen Pension Scheme) that motivates default borrowers of GB to revive the center disciplines and receive new loans, *flexible loan and easy loan*, for reviving their business capital. Borrowers start to deposit their weekly savings, voluntary savings and premiums of their pensions (Grameen Pension Schemes (GPS)). The Group Fund and Emergency Fund are abolished in Grameen Bank Phase-11. Although Emergency Fund safety net stopped, each year families of deceased borrowers of GB receive a total of TK. 8 to 10 million in life insurance benefits. Each desist family receives up to a maximum of TK. 2,000. A total of 54,469 borrowers died in Grameen Bank. Their families collectively received a total amount of Tk. 114.0 million (Dawla & Barua, 2006). Borrowers are not required to pay any premium for this life insurance. Borrowers come under this insurance coverage by being a shareholder of the bank (Yunus, 2008). As of June 2018, GB life insurance accumulated US$ 194. 039 million and total amount paid out from life insurance to borrowers of GB US$5.91 million in Bangladesh.

Field staffs reenergize them through new financial incentives and promotional incentives designed for them. Now GB repayment rate regains to 97%. The premium deposits of Grameen Pension Scheme (GPS) are 100% although all members of the center are not present on time in their weekly center meetings. Now GB is flexible to the attendance of the borrowers in the weekly meetings than before. If any reason all members need to sit together or need to resolve any problem, they organize special meetings at their own convenient places at nights.

13. **Handicrafts create opportunity for distressed women in Bangladesh**

Training on handicrafts by a local NGO, *Satrong Jubo Beker Mohilla Samity’* has helped over 500 distressed women of Gopgong district earns their livelihood with their own efforts and become self-reliant. Sarang Jubo Beker Mohilla Samity, working in Gopallgonj sadar, Muksudpur, Kashiani, and Tungipara upazilas of the district, has been paying a prominent role in improving the lot of the socially oppressed and distressed women. This organization is imparting intensive training to these helpless women on the art of making handicrafts and other income generating activities. It has providing 30-day practical training to over 500 women on making jute, cotton and woolen handicraft goods, decorated floor mat, table mat, pillow cover vanity bag, cap, shital pati and ‘Sheeka’. This organization manufactured Grameen Shamogree’s garments when the researcher was working in Grameen Shamogree in 1995-1997.

13.1. **Integrated Food for Security Project in Bangladesh**

Food security project in Bangladesh is helping the poor in Bangladesh. The Integrated Food for Security Project of the World Food Program has helped approximately 18,500 distressed people of 25 unions under five upzilas of Kurigram district in their struggle to come out of poverty trap. The Local Government Engineering Department in collaboration with Rangpur_Dinajpur Rural Services (RDRS), an NGO, had chalked out a five-year program to alleviate poverty to the extreme poor of the district. Many have-nots have found work to manage at least two square meals a day and meet other daily household demands. The poor are earning their livelihood by putting in physical labour in the activities such as road construction, repair of flood shelters, raising the level of homesteads in the flood-prone areas.
Another scheme the self-help healthcare model changes Chakoria: Once thousands of people in Cox’s Bazar’s Chkoria upzila used to beg for relief materials. Now self-help model of primary healthcare started replacing that odious post, which is established by the self-help organization with community-arranged land, housing, furniture, etc., proving that people are willing to pay for better health services. The number of families buying into the scheme is rising and the annual fee has been reduced, but immunization has increased and people are lesser suffering from diarrhea. Health awareness improved dramatically among the clients. So, there have been real benefits, according to the local people as well as the physicians working under project.

The Education Department of Government of Bangladesh has distributed stipend TK. 2.36 among 62,223 girl students in six upazilas of Narshingdi with a view to encouraging female education. Under the girl students’ sub-stipend project, the amount is distributed among the students of different secondary schools and madrassahs of the district as the first six-month stipend (January to June). Of the total amount, over Tk. 1.72 crore is given to the students for purchasing books, stationary and dresses, and over Tk. 64 lakh is given for tuition fees of the students of 178 schools and madrassahs (Kabir, 2004). The objective of the monetary assistance is to stop dropout of female students. The initiative of the government has increased the attendance of girl students at different schools in Narshindi district.

Some distressed women and children, most of them victims of trafficking and rape, are languishing at what is called ‘Safe Home’ in Rajshahi (United News of Bangladesh April 12, 2004, New Age). Eighteen victims at Rajshahi Safe Home have detached these women from their families who are leading wretched lives. These women and children have been staying at the Safe Home for last 14 years. Moreover, a good number of trafficked and other crimes related victims are shifted to the Safe Home from different jails, including Rajshahi Central Jail. Social and human rights organizations come up to extend their helping hands for their rehabilitation.

Radda Burn an international community MCH clinic is working in Mirpur Dhaka Bangladesh. It has MCH feeding programs in the clinic for the needy patients of it in order to prevent or alleviate malnutrition in certain physiologically vulnerable subgroups of population (infant or child anthropometric status as well as pregnant mothers’ exhibit poor nutritional status or inadequate weight gain or have low birth-weight babies). It provides MCH services in addition to child feeding nutritional program in Dhaka. Here MCH malnourished women receive food services on site with a minimum fee cost. This program is run under the primary health care services in Bangladesh. The Institute of Food Science and Nutrition, Dhaka University has nutritional food services for the malnourished children and lactating mothers funded by UNICEF Bangladesh. Researcher received ‘Applied Nutrition and Food Science Diploma’ from this institute. His apprentice to feed vulnerable malnourished children and MCH mothers was in this institute for six months. There are critics on this program; it is not a national program of Bangladesh. It provides a perverse incentive to households if they believe they will receive a transfer only if they have malnourished members. This program is only targets its clinic clients all children under the age of two and all pregnant or lactating low income women but this program could also include services for preventive functions.

Famine in Pabna locally call as monga, prevails in rural areas of Pabna district due to lack of jobs during the Bengali months of Ashwin and Kartik. The poor farmers and day-labors are the
worst sufferers. Ashwin and Kartick called as monga period when hundreds of farmers and landless people of the district have no work to earn their livelihood. Grameen Fisheries Foundation provides fisheries loans to fish cultivators, but it freezes its loans of the borrowers during the monga months.

The Government of Bangladesh has recognized safety nets can play an important role in alleviating poverty and promoting long-term growth by providing households with the protection. A more recently identified role for safety nets is to help households manage risk. Safety nets can also increase options for the poor economy for the welfare of the poor. When people are struck by poverty or any other crises in Bangladesh, the state provides them with financial support although it is not covered to all crisis victims. However, whenever an accident or disaster-natural or manmade-occurs, poor and low-income group of people suffer most. Although the Constitution of Bangladesh recognizes the citizen’s right to social security and support from the government during unemployment, sickness, disability, widowhood, old age and other circumstances beyond control, the government is yet to initiate remarkable and effective programs for the welfare of the distressed people, except some insignificant measures, including a pension scheme for the elderly people (Kabir, 2007).

Bangladesh has state supported many programs. For example, the government distributes vulnerable group feeding (VGF) and vulnerable group development (VGD) cards among the poor people but the number is too insufficient to cover all the poor. Therefore, the process of card distribution has raise question. The government supported social safety nets services are narrating below:

13.2. Vulnerable Groups Development (VGD) Program
In Bangladesh, programs like Food for Work (FFW) and Vulnerable Groups Development (VGD) programs have been successful, even though there have been leakages and corruption associated with FFW in particular since 1980s. The VGD program played a very effective role during the post-food of 1998 in providing entitlements to the victims of the flood and averting severe hunger. Informal ways of safety nets have always been there in Bangladesh, but these programs should cover more and more people in Bangladesh. The researcher Kazi Roiuf was involved with the Grameen Bank VGD wheat distribution program for Grameen Bank clients in post-flood period in 1998. However, although GB distributes wheat in-kinds, it credited wheat prices to clients. GB clients paid this money after one year. With the collected money, GB has generated disaster fund for the GB clients who might suffer from natural disasters.

The Vulnerable Groups Development programs evolved from the Vulnerable Group Feeding Program. Vulnerable Group Feeding started in 1975 became Vulnerable Group Development in 1986. The program targets destitute women in rural areas. It covers more than 500,000 women for 18 months from 1999. The government launched Vulnerable Group Feeding (VGF) to address a famine-like situation in greater Rangpur and Dinajpur regions where thousands of poor people are starving because of severe scarcity of job and food. However, there have been allegations in distribution of VGF cards and corruptions in relief distribution. Currently, the programs run under three sub-projects Income Generation; Women’s Training Centers; and Group Leader Extension Workers sub-projects administered in Bangladesh by BRAC.
Bangladesh has a program called ``Rural Maintenance Scheme``, which is launched in 1983 using Canada Food Aid. The Phase-1 and Phase-11 of the program are implemented by the Ministry of Relief and Rehabilitation Bangladesh in collaboration with CARE, an international NGO. In 1997-98, 41000 destitute women participated in the program from 4100 unions in 435 thanas in 61 districts in Bangladesh.

13.3. Income Generation for Vulnerable Group Development (IGVGD) program in Bangladesh
The Income Generation for Vulnerable Group Development (IGVGD) program is a collaborative food security intervention jointly led by the Government of Bangladesh, the World Food Program (WFP) and the Bangladesh Rural advancement Committee (BRAC). The IGVGD program targeted towards destitute rural Bangladeshi women who have little or no income earning opportunities. IGVGD program has provided food grain assistance and savings and credit services to nearly a million participants over a 10-year period. Two-thirds of these women have graduated from absolute poverty to becoming microfinance clients, and have not slipped back into requiring government handouts.

BRAC’s Income Generation for Vulnerable Group Development (IGVGD) program seeks to combine some assurance of household food security with assistance in enterprise development over a longer-than-usual time frame. It targets the poorest poor women: members of asset less households, women with irregular or no household income, women who work as casual wage Bangladesh labor and female households’ heads. They are expected to form savings group and to participate in training on income generating activities (poultry, livestock and sericulture). Credit is provided to help them setup these activities. Relief, credit and training are thus combined in this attempt to address the exclusion of the very poor. BRAC is providing training to IGVGD recipients on Employment and Enterprise Development Training to the poorest sections. The aims of this scheme are to provide skills, development and confidence-building and prepare participants to initiate an enterprise of their choice.

The IGVGD scheme is built on a governmental safety net program that provides free food grain for an 18-month period to destitute, female-headed households that are at the highest risk of hunger. Through its experience, BRAC has discovered that it is difficult to include the poorest in its conventional microfinance operations and it is looking for another “entry point” to involve the destitute in its development activities. BRAC’s food grain donations provided a strong incentive for the hardcore poor to participate in programs. BRAC adds skills training and savings and credit services to build their development capacity. Hence, when the cycle of free food grain ends, participants are able to engage in income-generating activities and become clients of regular microfinance programs, earning at least the same money equivalent of the wheat they received by way of their newly acquired skills. Although IGVGD program was a pilot scheme in 1985, it becomes a national program covering more than a million women in Bangladesh.

The IGVGD program is jointly administered by the Government and BRAC (through microfinance program). There are three essential elements to the program: a food grain safety net, skills training and financial services in the form of savings and credit. Women entering the program as recipients of free food grain are selected by local elected representatives
Councillors. These elements targeting costs for BRAC as well as protecting it from the politics of selecting food grain recipients. The selection of households is based on three criteria: Headed by widows or abandoned women; own less than half an acre of land; and earn less than 300 Tk. per month. BRAC also selects 90% of the women who are receiving food relief for its program. BRAC provides them training on poultry, livestock raising, vegetable gardening etc. The IGVGD clients required to save Tk. 25 per month with BRAC. IGVGD members can receive microloans with 15% flat rate interest in one year after their completion of the training from BRAC and they repay their loans on weekly basis.

Thirty kg food grain is distributed monthly to IGVGD participants plus BRAC provides training to grain receivers that are liked and chosen by the participants. BRAC provides training for six months and disbursed the first loan to them. The IGVGD members can withdraw their saving after 18 months. At 18 months, BRAC halts the wheat grain distribution to the IGVGD members, but BRAC encouraged its IGVGD members to continue their membership in BRAC as regular micro credit recipients. Jagoroni Chakra also has used a similar model to its destitute clients and it is successful. Moreover, CARE-Bangladesh has successfully linked microfinance to government-guaranteed employment schemes.

BRAC has achieved a successful graduation of two-thirds of the women to regular microfinance programs. More than one million women have been enrolled in the IGVGD program since its beginning, two-thirds of them have entered microfinance program. However, BRAC excludes about 10 percent of the women receiving food grain from IGVGD for being too old or disabled (Hashemi & Maya 2001). Therefore, the program does not represent a panacea for all those in safety net programs. They need for other more continuous social services for the poorest remains. Moreover, IGVGD relays on limited set of economic activities which is their vulnerability to macro and external socks. Poultry diseases take on epidemic proportions and wipe out poultry holdings, leaving large number of clients in debt. Floods and disease death a heavy blow to the sericulture and silk-worm based IGVGD component. To face these crises, contingency plans are essential that is absent in IGVGD scheme. Anyway, there are more examples can be found in Bangladesh that are successful programs are dedicated to deepening their outreach program narrating below.

14. Food-based programs in Bangladesh

Food-for-work (FFW) is a cluster of different food assisted public works programs in Bangladesh. Together these programs aim to provide immediate relief to rural poor people and also help to build and maintain rural infrastructure mainly maintenance and construction of rural roads, river embankments and irrigation channels. Wages are usually given in wheat rather than cash. Food-for-Work programs are usually referred to as ‘self-targeting’; targeting is achieved by the requirement to participate in manual labor at low enough rates of remuneration (ideally close to the prevailing market wage for unskilled labor) to exclude the non-poor. FFW in Bangladesh is started in 1975 in the wake of the famine. At that time, as with other similar programs, its focus is on relief rather than ‘development’ as Aids the case now. It runs mainly over the dry session between Novembers –April when earthworks are possible.

14.1. Economic rationale for Food for Work
Using food as a wage is appropriate when the market for food is disrupted or fails due to conflict or famine or when increased local demand results in higher prices rather than an inflow of food from outside the area. Payment in the firm of food can also have nutritional benefits if food that enters the household falls under women’s control. However, providing food as a wage to households that are in absolute poverty should not affect market prices since the bulk of the food that they receive is an addition rather than a substitution for food that they would otherwise have purchased. However, Food-for Works Programs’ food is available from international donors whereas equivalent amounts of cash would need to come from the government’s own budget.

14.2. Food-for Works programs
Food-for Work (FFW) programs have long been used to protect households against the decline in purchasing power that often accompanies seasonal unemployment, climate-induced famine or other periodic disruptions by providing them with employment. In situations where FFW provides a guaranteed source of employment, it is truly a ‘safety net,’ assuring a minimum level of income for households with members who can work. It is not an income transfer but an opportunity for employment. However, one goal of FFW is to allow household members to work for their benefits rather than receive them as handouts. FFW is used to promote household food security as well as contribute to create or improving infrastructure, such as roads, wells or irrigation systems, that is constructed using FFW labour. However, only physically capable people can work in this FFW program.

14.3. School feeding programs in Bangladesh
School feeding programs use school as the distribution points for providing a ration to school-age children. School feeding programs often aim to reduce the prevalence of malnutrition among school age children by providing nutrient-dense meals or snacks, but they also can address short term hunger, which may interfere with children’s attention span and learning ability. The school feeding has been criticized as a poor nutrition intervention because school-age children have passed the period of the greatest development vulnerability to the effects of malnutrition. The School feeding programs are often designed with academic as much as nutritional goals in mind to increase school attendance and enrollment and to improve academic performance and cognitive development. The author himself enjoyed his launch made of wheat-milk mixed soup supplied by the School when he was a student of Dabidower High School in 1961. However, this school feeding service did not continue for long.

14.4. Food for Education
Food for education is launched in 1993, in what are seen 460 ‘backward unions in 460 thanas, to address the problem of poor children not attending school because their families could not afford either the direct schooling costs or the opportunity costs of children’s help in the home or outside the home. Participating children receive monthly rations of wheat or rice if they attend at least 85% of their primary school classes. It is rapidly growing program that accounts for half of the primary education budget Tk. 4.05 billion in fiscal 1998-99.

14.5. Safety Nets services for the elderly in Bangladesh
Government Bayashkas Bhata Scheme: Although about 80% of the population in Bangladesh live in rural areas, only a small fraction of the elderly are covered by formal pensions. Here is no
public safety net for poor aged people living in poor families, particularly in rural areas. In 1998, the government introduced a new pension program for the elderly population. The scheme is called “Bayashka Bhata”. It provides Tk. 100 per month to the 10 poorest and most vulnerable aged persons in each ward of a union. There is a condition of ten people; at least five must be women. This pension program reaches to 44,500 out of the million of older people who live in extreme poverty. Now Bayashka Bhata has been increased from Tk. 100 to Tk. 500.

Bayashka Bhata Scheme, distribution system, leakage and barriers: A study conducted by Center for Policy Dialogue (CPD) finds 18% of the Bayashka Bhata recipients faced difficulty while receiving the money; however, their main problem they are facing is the waiting time. Therefore, since certain percentage of elderly population is disabled and physically weak, the procedure of receiving the Bhata should be simplified. Many find some benefit is lost to transportation costs to collect payment. Many seniors ask for free food, cloth, treatment, shelter and medicine. Moreover, they asked for increasing the allowances. There is another point raised by seniors that NGOs, MFIs are not providing micro-credit to them to do business from home, but MFIs excluded older persons from providing credit to them because their age limits to 60 years. CPD provides suggestions to the Bayashka Bhata Scheme in Bangladesh. NGOs should include elderly into health program, forestation program, women functional literacy program etc. Expand this program from district level to Upzila level and then to the union level gradually. Avoid leakage in selecting seniors for the Bayashka Bhata. This program is popular in Bangladesh, so the local government should have included this program in their schemes. CPD also recommends for motivate religious institutions for the welfare of the elderly people.

14.6. Bayashka Punarbashan Kendra
Bayashka Punarbashan Kendra is a rehabilitation centre for the elderly population. It has been working in Gazipur since 1987. It is a full-fledged old home where elderly people 60+ from any religious faith can live. Moreover, a number of other organizations have a limited number of programs with older people, including the Elderly Initiative for Development; Bangladesh Retired Government Employees Welfare Association has been working since 1976 as registered organization. It provides medical services to the elderly population. Bangladesh Girls Guides Association, Bangladesh Education Board Retired Employee’s Welfare Association and Bangladesh Society of Gerontology are also working for the welfare of the elderly population.

There is a pilot project called "Resource Integration Center" (RIC) scheme in two locations in Bangladesh: Moreshkhali and Norshindi where it provides micro loans to grandson with a condition that grandson uses his/her loans along grandfather or grandmother (disabled elderly) for running businesses jointly on poultry raising, handicraft and agriculture etc. This RIC projects attained at sustainable level being managed by the income of the projects. This project encourages intra-generational skills use. RIC now realizes that the money should be given to the elderly people by visiting their houses.

NGOs support to Elderly Population: Although many NGOs are working in Bangladesh, a very few of them have programs directed towards elderly population. Programs for the elderly population by the NGOs include: Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM) popularly known as “Probin Hitoiishi Sangha” whose activities include healthcare, recreation, rehabilitation, seminars, workshops, research and publications. Currently,
it provides services at 34 locations. It has a plan to gradually extend its program to all the 64 districts.

Resources Integration Centre (RIC) provides community level assistance to poor and disabled elderly people with a primary focus on older women, as well as coordinating the celebrations of International Older Pensions’ Day.

Bangladesh Women’s Health Coalition (BWHC): Older women are increasingly included in education services for women and children through clinic based in urban and rural areas by taking a “life cycle approach” to healthcare.

Grameen Bank, BRAC, ASA, Proshikaa and many other MFIs in Bangladesh all require compulsory regular savings from their members as contributions to a de-facto ‘lump-sum’ pension, which members could only claim when they left the organization. This limited a potentially important source of consumption-smoothing, an important aspect of the demand by the poor for financial services. Recognition of the failure of micro credit programs to reach the extreme poor has elicited a number of different responses. On the one hand, there are those who argue that ‘micro-credit is not relevant for the poorest of the poor and the most illiterate of the illiterate. For them wage employment is necessary for poverty reduction’. As poor people has no skills, their paid job market is limited.

Nijera Kori Bangladesh has cottage industries vocational training and micro-credit loans services for poor people in Northern Bangladesh. However, there are still argues that the problems does not lie with the provision of microfinance per se, but with the objectives for which it is provided and the terms on which it is provided. Researchers have traced failures of outreach to the shift to the ‘promotional model of poverty alleviation through micro credit financed enterprise expansion’ over the past decade or so. Such a model may benefit moderately poor households who may have the capacity for enterprise and the willingness to take risks, but it excludes the poorer sections of the poor whose livelihoods are extremely insecure and who are in need of preventive and productive rather than promotional support. However, this means moving beyond the ‘micro credit template’ promoted by Grameen Bank and institutionalized around the world to the adoption of a much wider, and more flexible range of financial services, which include savings and insurance (Dowla & Barua, 2006). A number of NGOs in Bangladesh have sought to redesign their interventions on account to their failure to reach the extreme poor.

15. Components of Canada’s social safety nets programs

The social safety nets/welfare programs are planned initiatives that provide financial assistance and or direct services to Canadian individuals, families and groups (Ralphel, 2007). It has income-security programs and personal social services taken together known as Canada’s social safety net (Chappell, 2006; Hick, 2004; Ralphel, 2007). Income-security benefits are tangible basic goods like money, food, shelter, clothing and utilities. Although the income-security system is often criticized for failing to meet the basic needs of Canadians, but it intended to ensure all citizens live above a social minimum (Neysmith, 1991). The social income security program has four components: First selective cash transfer-individual income or asset fall below a certain level (Guaranteed income supplement, social assistance and income programs for people with severe disabilities). The second component is social insurance program that has forced savings plans that are required working individuals to contribute to a program that then
compensates them when they are not working, it is called employment insurance (EI), social insurance; third element is Tax credits are reductions in the amount of income tax paid by low or moderate income earners. Examples are the Canada Child Tax Benefit, and the Goods and Services Tax/Harmonized Sales Tax Credit, Provincial Security Tax etc. The fourth component is the compensation benefits. These benefits are awarded to individuals who have suffered a loss as a result of an accident or another person’s actions. Workers’ compensation awarded to victims of crime or child sexual abuse fit in this category. Canada uses the needs tests and means tests for eligibility of applicants in order to determine their eligibility of social security safety nets services described above.

In Canada, there are 13 different social assistance programs across Canada. For example, Ontario Works, BC Benefits, Supports for Independence (Alberta) etc. are social assistance public agencies in Canada that are providing publicly financial assistance to people who are in transitionally unemployment, children, people with disabilities and seniors (age over 65). They constitute a process which enables the widening and deepening of people’s access to basic needs as a precondition for sustainable human development over time. Moreover, in Canada, personal social services subdivided into four broad categories: socialization program, personal development programs, therapy and rehabilitation and information, referral and advocacy services. In addition, the Canada Welfare system has two broad categories: selective program and universal program. Selective programs are normally targeted at certain population like children, people with disabilities who meet some predetermined criteria of being in ‘need’. Universal programs are available to all Canadians as a right regardless of economic status or need of Canadian residential citizens. Canada Child benefits, health care services, crisis interventions, referral services etc. are universal programs of Canada social safety nets.

15.1. History of Canadian social safety net measures
Sister Marguerite Bourgeoys is the first Canadian social worker founded the *Sisters of the Congregation of Notre Dame* in Montreal in 1653. By the late18th century, French-speaking colonists in Lower Canada are raising funds through voluntary organizations to support the charity functions of the Catholic Church (Chappell, 2006). The British introduced the English Poor Laws in Halifax in 1749 by Queen Elizabeth 1. Many aspects of the English Poor Laws influenced the way early British settlers treated the poor. The Poor Laws classified the poor as being either ‘worthy’ or ‘unworthy’ of relief. The worthy poor included poor children, aged, sick or disabled people who are to receive relief who are put into large poorhouse, separated on the basis of gender. Unworthy poor are able-bodied unemployed persons, who are often banished to workhouse where they learn good work habits and pay for their keep through labour (Guest, 1969). The Poor Law legislation assigned the responsibility for managing the poor to local governments or parishes which financed relief programs through property tax revenue. Nova Scotia and New Brunswick enacted Poor Law legislation in 1763 and 1786 respectively. The residual approach is assigned to churches in French Canada is discouraged handouts, treated it like personal failures. A highly residual approach to social welfare predominated into the 19th century; the bulk of responsibility for social welfare is assigned to the provincial level of government, many of the provinces delegated social welfare functions to municipal governments or local charities.
The early British settlers find that many Aboriginal groups relied on family/clan systems to maintain order and provide mutual aid. These systems utilized for local supports specialization like spiritual healers, elders, teachers, law keepers, medicine, people and hunters. During the 1800s, certain Aboriginal groups in Upper Canada are placed in designated areas called reserves-isolate them from their homes and lands in the name of civilizing and normalizing for adapting British rules. The period from 1870 to the 1920s is the time of experimentation for Canadian government’s social policy and the establishment of a wider range of programs for the poor and the needy. However, the British Poor Law tradition is highly discriminating and stigmatizing, toward a more equitable, nonjudgmental and responsive approach to social welfare. However, during the early years of industrialization, the use of primitive and dangerous machines increased the incidence of work-related accidents and injuries in Canada.

In the late 1800s and early 1900s, workers could sue their employers for injuries that happened on the job. In 1914, Canada’s first comprehensive and compulsory social insurance plan is established in Ontario. Moreover, the federal government setup a variety of charities to aid Canadian soldiers overseas and to provide relief to soldiers’ families at home after World War 1. Additionally, by World War I, social and political forces have stimulated the mothers’ pension movement, which called for legislated income security for mothers and abandoned wives and their children. In 1916, Manitoba has introduced the first mother’s allowance that provides income to all women with dependents (Evans, 2001). Canada’s child welfare Act (protections and reformation of neglected children in Ontario legislated in 1887 initiated by John Joseph Kelso, a reporter for the Toronto Globe. The pace of social welfare development quickened during the 1960s with the introduction of major programs such as the Canada Assistance Plan, the Canada/Quebec Pension Plans and Medicare. However, in the early 1970s, Canada faces decline of economic growth and failing government revenues and the attitudes towards social welfare began to change, extensive restructuring happens, severe cuts in spending on social programs and services (Hick, 2004).

The Old Age Pensions Act enacted in 1927, marked the federal government’s commitment to social security on an ongoing basis and established pensions as a right to which all older Canadians are entitled. To collect pension benefits, Canadians has to be 70 years or older, but now 65 year’s old people are eligible for old age income pension. In 1929, Canadian economy is drastically declined because of Great Depression. Consequently, the unemployment rates soared this period particularly 1929-1933. 19%-27% of Canadians are unemployed in 1933 (Chappell, 2006). High unemployment created additional social and health problems. Canada is unprepared to meet the widespread need created by the Great Depression. No unemployment insurance is existed, but public relief aid available. 15% of Canadians received public relief in 1933; by 1934, the figure has risen to 2 million (Chappell, 20006). Direct relief is available in three forms: cash, vouchers for groceries and clothing or fuel and relief ‘in kind’ (actual food, coal, clothing or other commodities). Indirect relief is provided through government-funded work project (road and bridge construction) designed to get the unemployed back to work. However, these public works projects poorly planned, uncoordinated, and unable to meet the demand.

During the Depression, private charitable organizations, such as the Federation of Jewish Philanthropies in Montreal and Toronto and the Canadian Welfare Council are involved in fundraising campaigns to help people in need. In addition, municipal governments continued to
provide relief services, but these avenues of help have little impact on the problem of mass unemployment and widespread need. In July 1940, British Parliament gives the Canadian government for passing the Unemployment Insurance Act. This Act is the Canada’s first large-scale income-security program. Almost 4.6 million Canadians draw unemployment insurance benefits during the plans first year (Chappell, 2006; Guest, 1980). However, currently ten percent (approx) Canadians (unemployed people, people with disabilities, low income single mothers, and seniors) are receiving social safety net services in Canada (Statistics Canada 2017).

Family Allowance Act is approved in 1944 to ensure a minimum income level for Canadian families and to address the poverty although the family income is small for a large family. The aim of this Family Allowance Act is to solve the growing problems of poor nutrition and high infant mortality. Because the allowance is universal, recipients do not have to prove need or submit to a means test. The Old Age Security Act amended in 1951 by replacing with two new pension plans: Old Age Security, which provided universal benefits and it is fully funded and administered by the federal government, and Old Age Assistance is paid by the provincial and federal governments and administered by the provinces (Chappell, 2006).

Canada Assistance Plan (CAP) is enacted in 1966 where all provinces are constitutionally responsible for establishing social welfare program. However, the poorer provinces usually Northern provinces could not always afford to carry out this obligation. Under CAP, the provinces are required to meet certain standards, but they have to design and administer social assistance and personal social services. However, the federal government pay only 50% of their costs. Social assistance recipients received financial aid to meet basic living needs including food, clothing, shelter, utilities and personal needs, in some cases, assistance is also available for transportation, day care and uninsured health need such as dental and eye care. Welfare services included protection services for children, rehabilitation programs, and home support for seniors and people with disabilities, employment and community development services and child care.

In 1974, Ontario introduced the Guaranteed Annual Income System (GAINS) to ensure a basic income for residents aged 65 and older; however, Canada Legislation has accepted the minimum Guaranteed Annual Income (GIA) implies to all citizens who have the right to a minimum income either as the result of paid work or government subsidies (Canadian Council on Social Development, 1969). Social Security Review of 1973 led to changes in social welfare programs, but did little to help the working poor. By the end-1970s, Canadians support for the welfare state is waning as a result of its expenses and perceived ineffectiveness.

Harmonization of social programs is governed by the Federal Government of Canada. Canadian governments have traditionally subsidized many social and regional development programs across the country. The provision of grants considered unfair trade practices under North American Free Trade Association (NAFTA). To create a ‘level playing field’ among trading partners, NAFTA requires participating countries to harmonize or otherwise bring their policies and programs in the line with those of their trading partners. This means that Canada must reduce government subsidies so that its business and regions can compete in similar environments in the USA and Mexico (Drover, 1992; Dillon (1996) notes the changes made to Unemployment Insurance (UI) between 1989 and 1996 as the result of harmonization efforts.
Further privatization of social welfare programs shifts of responsibility of governments for meeting human needs to individuals and private market are either non-profit or profit-making.

15.2. How Canadian social safety net is functioning
Many Canadians fear of free trade because it encourages more privatization of welfare programs and services. The term privatization describes a process in which a government withdraws from the regulation, funding and delivery of services. In a 1994 report, Improving Social Security in Canada mentions the key to dealing with social security is ‘helping people get and keep jobs’. Here Governments across Canada have introduced initiatives that focus on improving people economic lives and thereby reducing the need for social security programs.

The federal and provincial governments have relinquished many of their separate social welfare responsibilities to each other. The two levels of government have assumed or relinquished certain responsibilities in order to achieve social objectives. Result of this intergovernmental exchange of power and responsibility is what Banting (1987) refers to as an increasingly ‘bifurcated welfare state’ means making social welfare a shared responsibility between the two levels of government. Canada’s Social Union policy 1996 aim is to renew and modernize health and social policy (Ralphel, 2007).

Neoliberal policies in the 1990s downsize government and cut public spending. They support pro-market economic policies (Pal, 1998; Chappell, 2006). However, the Canadian public contributes to the development of social policy through citizen participation (NGOs). Interest groups try to benefit their own members or the public by influencing government. The values and ideology of welfare state play an important role in the social security safety net measures although 1990s has swung toward a neoliberal agenda that supports the downsizing of government and cutbacks in public spending. During this period, Canada faces fiscal crisis and budget deficits and growing debt means over time, the ability of governments to finance social programs is diminished. Then liberal government cutbacks in social and other public spending that are needed to reduce government deficits. Canadian governments at all levels have continued to curb public spending; for example, freeze or redirect funds from many existing social welfare programs to other priorities and initiatives (Chappell, 2006, p. 83). In 1989, the Progressive Conservative Government announced that benefits from Old Age Security (OAS) pension would be clawed back from high-income earning seniors. That gives sign to a virtual dismantling of Canada’s welfare system (Hick, 2004; Ralphel, 2007). However, government simplifying and improving the income tax system that assist Canada to keep and continue its welfare state services to its citizens, but several citizens’ movement push government to retain Canada’s welfare system.

In 1990, Parliament severely altered the Unemployment Insurance Act-the termination of support by the federal government: UI became fully funded by employer and worker contributions. The amendments resulted to restrictive eligibility criteria, shortened benefit periods, and higher premiums. The amendment clause also includes severe penalties for pensions who quit their jobs without ‘just cause’.

In 1996, Canada adopted the policy that replaces the Canada Assistance Plan (CAP) by the ‘Canada Health and Social Transfer’ (CHST), a new funding arrangement and altered the way
the federal government supports and governs the social programs and transfer of funds from the federal to the provincial and territorial governments (Chappell, 206; Hick, 2004; Steinhauer, 1995). The CHST allows the federal government to provide the provincial and territorial governments with a lump sum or block fund. Under CHST, standards in Canada’s social welfare programs do not remain same (Rice & Michael; 2000). For example, CAP probation of workfare programs is ended. CHST provides many restrictive eligibility rules regarding receipt of unemployment insurance benefits reduced the number of Canadians eligible for benefits (Raphael, 2007). The federal government appears to be reducing its central role in setting national standards. CHST provides block fund. As a result in response to funding cuts under the CHST, many regional governments have cut welfare benefits, decreased social services, and embraced devolution, privatization, contracting out, and purchase-of-service contracts as strategies for reducing program costs (Chappell, 2006).

Since Canada’s social welfare programs have developed at different times, under different administration to response to different needs across the country, there is no single administrative or funding body for all social welfare services. Rather, there is a mix of service delivery system, funding sources, and methods for managing SSNs programs. The social welfare system composes two broad service sectors: the public sector and the private sector. The private sector further splits in the commercial and volunteer sectors. Thus, there are three general service sectors exist in administering CAP. (1) The public sector includes all programs and agencies that are funded fully by tax revenue, administered by government departments and delivered by government employees; (2) the commercial sector is made up to private profit-making agencies that operate in the competitive business or market arena; and (3) the volunteer sector which is called the charitable, independent or third sector. It includes those NGOs, self-governing, and non-profit social welfare programs that do not neatly into public or commercial categories (Kazemipur & Halli, 2001).

Income security like Employment Insurance, Veteran’s Pensions, the Old Age Security Pension, and the Canada/Quebec Pension Plans are administered by the Federal Government. The Federal Government also help Canada’s personal social services such as family violence, job search, child care and programs for women. The regional governments (provincial and territories) are responsible for providing the services like mental health, child protection, foster care, and social assistance. Here there are three tiers of responsibility of social services finds at the regional level: (1) the central government ministry in each provincial capital has ultimate responsibility for programs, (2) district and branch offices that are set up across each province or territory to supervise the services provided in these areas, and (3) local government offices that deliver the services to the community.

15.3. Compare and contrast SSNS in Canada and Bangladesh

<table>
<thead>
<tr>
<th>Social safety net services in Bangladesh</th>
<th>Social safety net services in Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recently public funded social insurance few programs have started that are supported by the government agencies</td>
<td>Many social insurance programs exist for long and majority SSNs are supported by the public agencies; Public funding are available to income security programs, mental health programs and personal social services</td>
</tr>
<tr>
<td>SSNs few legislative acts and financial supports (Token)</td>
<td>All SSNs are passed by the legislative acts</td>
</tr>
<tr>
<td>Description</td>
<td>Details</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>People with disability safety net legislative acts yet to passed; the government in collaboration with an international organization started to identify people with development disability and open training schools for the developmental children since 2015.</td>
<td>A special committee is formed on Disability People’s issue, Disability Act declared in 1981 and the Rights and status of Disabled Persons act is established. All people with disability (both physical and developmental) are receiving income support governed by public agency.</td>
</tr>
<tr>
<td>Receive workers compensations by court claim decisions</td>
<td>Workers compensation Act passed in 1914 and enacted</td>
</tr>
<tr>
<td>No public funds are available to legally blinds for their income support, but the government is trying to provide logistic supports to blinds</td>
<td>The Canadian National Institute for the Blind (CNIB) is founded in 1918, the Blind Persons Act is passed in 1951 and provide support to all blinds since then</td>
</tr>
<tr>
<td>Only one mental hospital is in Bangladesh, no mental patients receive benefits outside the mental hospital</td>
<td>The Canadian Mental Health Association is founded in 1918 and public hospitals and clinics have been supporting the mental patients following medical model</td>
</tr>
<tr>
<td>The Freedom fighters allowance passed in 1974. Registered freedom fighters are receiving monthly Tk. 10,000 allowances and health care supports from the government</td>
<td>The Solder Settlement Act is passed in 1919 and they are receiving benefits from the government. The War Veterans Allowance is passed in 1930</td>
</tr>
<tr>
<td>Nominal Boyaska Vatta (seniors allowance) has started in 2015, but it is not covered to all seniors of Bangladesh</td>
<td>The Old Age Pension Act is passed in 1927, the Old Age Assistance Act is passed in 1951 and the Old Age Security Act is passed in 1951</td>
</tr>
<tr>
<td>No Juvenile delinquents allowances available, but there is only one juvenile delinquents prevention center is in Tongi, Dhaka</td>
<td>The Juvenile Delinquents Act is passed in 1908</td>
</tr>
<tr>
<td>Employee Labour Acts available, but no unemployment assistance</td>
<td>The Employment Insurance Act is passed in 1940, the Unemployment assistance Act passed 1956. The Unemployment Insurance Act is amended (reduces benefits) in 1993 and Unemployment Insurance (UI) is converted to Employment Insurance (EI) in 1996; Employee Assistance programs (EAPs) available across Canada</td>
</tr>
<tr>
<td>Family public income support is unavailable</td>
<td>The Family Allowance Act is passed in 1945</td>
</tr>
<tr>
<td>No community housing services available to poor; however, only in Dhaka, Sarbahara Shelter Centers are available to acute poor at free of costs, but they no sufficient</td>
<td>The National Housing Act is passed in 1944; Community Housing services are provided at discounted prices to low income people; however, its services contracted out to private agencies/community agencies</td>
</tr>
<tr>
<td>No public health insurance to all Bangladesh people; public hospitals are less supportive to poor although many public hospitals are equipped specialised doctors and modern equipments; many private clinics exist, but</td>
<td>Canada’s first health insurance program begins in Saskatchewan in 1947, now Canada Universal Health Care services free to all Canadians, community housing personal care services are available at free to all seniors</td>
</tr>
</tbody>
</table>
they are expensive

<p>| No immigrants services in Bangladesh, but recently Rohingya refugees relief services exist since 2017 | Federal Government implements settlement and integration programs for immigrants in 1948 |
| The Tribal Acts made in 1976 | The Indian Act is amended in 1951 |
| No disability act passed in Bangladesh | Disabled Persons Act Passed 1954; the Employability Assistance for People with Disabilities (EAPD) replaces the Vocational Rehabilitation of Disabled Persons Act in 1997 |
| No hospital insurance act | Hospital Insurance Act is passed in 1956 |
| No Youth allowance | Youth Allowance Act is Passed in 1964 |
| No universal public pension plans for all Bangladeshi | The Canada and Quebec Pension Plans are introduced in 1953, the Canada Pension Plan is initiated in 1966 |
| Exist Medical Act, but less functional | Medical Care Act is passed in 1966 |
| No spousal allowance | Spouse Allowance Act in introduced in 1975 |
| Public housings are renting to government officials | The Non-profit Housing Program is established by the Federal Government in 1978 |
| Employment equity law exist, but still gender employment discrimination exists in private sector | Employment Equity Act is passed in 1986. No gender employment discrimination exists in public and private sector |
| No child tax benefits and national child benefits | Refundable Child Tax Credit is converted to the Non-Refundable Child Tax Credit in 1988; Canada Child Tax Benefit (CCTB) is introduced in 1997; and National Child Benefit is introduced in 1998 (Ross, Katherine &amp; Mark, 1996). |
| No multiculturalism | The Canadian Multiculturalism Act is passed in 1988 |
| No universal family allowances and old age security allowances | Claw backs are introduced into family allowances and Old Age Security in 1989 |
| Custom and excise duties are exists, but vats yet to implement | The Goods and Services Tax (GST) is introduced in 1992. Also governing Provincial Service Tax (PST) in many provinces in Canada |
| No Family Allowances | Family allowances are replaced by the Canada Child Tax Benefit in 1993 |
| No tribal public child care program | The First Nations and Inuit Child Care Initiative is launched in 1995 |
| No workfare services | Welfare to work program is termed Ontario Works in |</p>
<table>
<thead>
<tr>
<th>No income support for the homeless, but occasional relief are available</th>
<th>the Ontario province in 1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immigration and Refugee Protection Act exist</td>
<td>The supporting Communities Partnership Initiative begins (aims to eliminate and prevent homelessness in 1999)</td>
</tr>
<tr>
<td>Tribal child care public support services are not available</td>
<td>Aboriginal Child Care supported by the Territorial Government.; Aboriginal health and wellness program supported by different community services funded Aboriginal Foundation and Native Counsel of Canada</td>
</tr>
<tr>
<td>No universal income support services for the disables</td>
<td>Disability support services funded by the state agencies</td>
</tr>
<tr>
<td>No employment insurance supported by the employers or public agency</td>
<td>Employment insurance supported by the employers, public agency</td>
</tr>
<tr>
<td>No national child benefit</td>
<td>National Child Benefit (previously Canada Child Tax Benefit) supported by the state; Child Care Centers are available at different locations and run/supported by public, private and community organizations</td>
</tr>
<tr>
<td>No free food banks, but the government has food security program</td>
<td>Food banks distribute food to low income people at free of cost</td>
</tr>
<tr>
<td>No community employment services, but print media, electronic media circulate employment notice for public</td>
<td>Human Resource Development supports and funds to the community employment services</td>
</tr>
<tr>
<td>No commercial social services are working in Bangladesh</td>
<td>Foster Care Centers, Home Care Support Programs available at different locations and they are funded by the state. Moreover, many commercial social services are working in Canada</td>
</tr>
<tr>
<td>NO Guaranteed Annual Income (GAI) and Guaranteed Annual Supplements (GIS) are available in Bangladesh</td>
<td>Guaranteed Annual Income (GAI, Guaranteed Annual Supplements (GIS) supported by public agencies</td>
</tr>
<tr>
<td>No government Income Support Program for the Youth</td>
<td>Income Support Program for the Youths</td>
</tr>
<tr>
<td>Grameen Bank indentify landless people those have less than 40 decimals of land in the rural area or assets less than Tk.25000</td>
<td>Low income level is measured by the low income cut-offs (LICO) and need tests</td>
</tr>
<tr>
<td>Grameen Bank, BRAC and many other NGOs/MFIs are addressing poverty by providing loans to poor people</td>
<td>Low income people, unemployed people receive social assistance funded by the government</td>
</tr>
<tr>
<td>Retirement Income and Provident Funds are funded by both government and private and big national NGOs</td>
<td>Retirement Income and Provident Funds are funded by both government and private and big national NGOs</td>
</tr>
<tr>
<td>Boyakka Vatta (seniors allowance very minimum) have started from 2012</td>
<td>Seniors Independence Programs and Old Age Security services exist for long</td>
</tr>
<tr>
<td>Few social work agencies available, but maximum are religious and individual philanthropies</td>
<td>Huge social work agencies are working in Canada supported by public agencies and foundations</td>
</tr>
<tr>
<td>Few volunteers are working in SSN programs</td>
<td>Huge volunteers (youths, adults and seniors) are working in SSN community organizations</td>
</tr>
<tr>
<td>Joinville crime prevention centers are available only in major cities.</td>
<td>Child Development Centers are available everywhere in Canada</td>
</tr>
</tbody>
</table>
15.4. Canada Welfare State moving to the workfare model instead the residual approach

The term welfare refers to a country that is committed to correcting the problem of unequal distribution of wealth in a capitalist economy. According to Asa Briggs, (1961) the welfare state is a state that has three directions to modify market forces: Guarantying individuals and families a minimum income; second, to provide some social contingencies to address the crisis (e.g. sickness, old age and unemployment); and third ensure all citizens offered the best standards available to certain social services. Canada implements social security programs by using taxation to redistribute income from the rich to the poor. Its social welfare system has developed by the state as a formal mechanism to protect citizens against the economic and social hazards of modern society (Mishra, 1981). This system is introduced after the widespread economic and social disruption of the Great Depression in the 1930s to convince the Canadians of the need for government intervention during hard economic times.

Social agencies have a number of functions in common, such as securing funding, assessing clients’ needs and ensuring the quality of services. The mix service agency offers is reflecting the community needs (Rice &Michael (2000). However, Canada’s Welfare State has away from a residual approach to a more institutional approach to social welfare in mid 1960s (Davis, 2000). Central to this concept of the welfare state is the recognition of the governments has power to redistribute income in order to ‘share the wealth’ and prevent large segments of the population from living in poverty (Head, 1984). This redistributive approach is influenced by adopting the principles of Keynesian economics. However, Canada never abandoned its capitalist values or practices. So Canada’s welfare state is the mixed capitalist system. However, Food Banks distribute dry and canned food at free (residual approach) to poor living in different neighbourhoods in Canada. These foods are donated by grocery buyers and food venders to food banks. However, food venders donate their unsold food items that have two-three expiry dates.

Canada has one of the highest poverty rates for individuals and families among wealthy industrialized nations (Innocenti Research Center, 2005). Here poverty means the inability to take advantage of all the opportunities provided by the state. Poverty is the strongest determinant of health (Hick, 2004; Ralphel, 2007). 16% Canadians are suffering from poverty (Raphael, 2007), unattached /children in female-led households poverty rate is very high (52.1%), (Statistics Canada, 2006), 15% Canadian children are living in poverty (Innocenti Research Center, 2005), social deprivation and social exclusion, developmental and ethical concerns. Canada’s approach to public policy concerning the prevention of poverty, materials, social, mental and illness,- is quite underdeveloped as compared to most European nations(Chappell, 2006). However, Canada Universal Healthcare services address the health problem and it is world-famous. However, poverty has other concerns like safety, social cohesion, community solidarity, as well as general well being in addition to guaranteed income basics; these are measuring the quality of life for reaching Canadians full human and social potential. The public social safety net measures are trying to address these issues. In all these issues, Canadian government is very aware of them and it is constantly trying to address them through state interventions, contracting out to private agencies and community based organizations.

15.5. Canada welfare programs

The main goal of all social welfare programs is to change conditions that threaten personal or social functioning. The primary functions of social welfare is to fulfill human needs which are
odds with people-the gap between or discrepancies between what is and what should be (OECD, 2005). Here the term social security refers to government programs and services that aim to assist people who have limited ability to earn income as a result of old age, disability, unemployment, sickness or other contingencies in order to solve their social and economic isolation, poverty, racism, unemployment and crime. Social programs are developed, implemented and administered in the areas of social welfare, health care and post-secondary student loans and stipends. Canada has unique student loans programs for the post-secondary students. Researcher Kazi Rouf completed his undergraduate and graduate degrees by receiving Ontario Student Assistance Program (OSAP). Canadian many matured students receive public student loans to complete their diploma or other degrees in order to prepare them employable in the job market. Social programs developed many social work activities to help individuals, families, groups and communities to enhance their individuals and collective well-being to develop their skills and their ability to use their own resources and those of the community to resolve problems.

A variety of interventions are used to create change at the micro, mezzo, and macro levels in Canada. Micro-level change is directed at individuals, families and small groups. Social Case Worker uses a variety of techniques to help individuals address needs, issues and concerns. Family service workers help families’ access resources and fulfill important roles. Social groups are often used to help people with similar goals and concerns work toward better social functioning. However, United Nations Human Development Index determines the income gap between the rich and poor in 17 countries. Canada is found to have the tenth-largest gap (Canada Council on Social Development, 1999b; Chappell, 2006, p. 198). Nevertheless, to reduce inequality, Canadian governments have established income-security programs designed to ensure that individuals and families receive a minimum income regardless of how much they make through earnings or how much property they own (Meklichercik, 1995). Canada’s income security programs aim to achieve the following objectives:

- The sharing of Canadian resources provide an adequate income to people living in crisis;
- The maintenance of an appropriate degree of income security or stability;
- The equitable treatment of individuals and families in different situations;
- The encouragement of people to take responsibility for their own lives and livelihood when they are able to do so; and

Examples of income-security programs in Canada include Employment Insurance, Old Age-Security, the Canada and Quebec Pension Plans, social assistance, veterans’ pensions, the Guaranteed Income Supplement, and the Canada Child Tax Benefit etc. However, the Canadian Council on Social Development discovered that the poorest 20 percent of Canadians receive almost 40 percent of all government-sponsored income-security benefits. Within this low-income group, close to half are families headed by a senior; roughly one-third are single unattached people under age 65; and about one-tenth are single-parent families (Lochhead, 1998).

**15.6. Canadian public SSN services’ have shifted to private sector and third sector**

The paper narrates earlier that Canadian Government SSN systems are being downsized, and many programs are being devolved from the public sector to the private sector. As the
government shrinks its roles in social welfare, commercial enterprises step in to deliver services on a profit-making basis. Social Welfare programs that tend to be run by the commercial sector include nursing homes, residential homes for children, homemakers’ services, and day-care centers. Commercial social welfare services are quickly gaining legitimacy through free trade agreements and other schemes that support free enterprises. As a result of competition, the commercial sector has the incentive to deliver services efficiently; however, commercial services are expensive and they are not be massively accessible to low-income people.

Most third sector voluntary agencies can be classified as community service agencies, quasi-public agencies, or self-help groups. Voluntary agencies are usually governed independently and receive funds from government, foundations and or private sectors. The service delivery role of the voluntary sector is expanding in response to government downsizing. Voluntary agencies are compromising their goals as they compete with other agencies for funding (Neysmith, 1991). The cost sharing arrangements have blurred the boundaries between the voluntary and public sectors. The new partnership between the voluntary and public sectors evolve over three phases: Commitment, construction and consolidation. Rosalle Chappell (2006) comments that the 21st century is expected to bring further changes—at the macro, mezzo and micro levels—to the roles and responsibilities of Canada’s public, commercial and voluntary sectors.

Since 1960s, many Canadians receive social welfare services in institutional settings are now being supported by community-based services. For example, residential social service centers provide round-the-clock care, while non-residential centers provide services on a drop-in, appointment, or outreach basis. Non-residential centers include drop-in centers, family services, work-place programs, on-line support, outreach services and multi-service centers (Ralphel, 2007). However, sometimes intake registration workers registered the clients to increase agencies registration numbers instead giving them proper services that the clients need. Direct services are social agency activities that involve face-to-face interactions with clients. The indirect social service agencies do not usually involving personal contact with clients rather they have indirect services, which include social administration, program development and social research etc. However, the accountability practices of social agencies have shifted from a bureaucratic or service focus to an outcome focus.

15.7. Unemployment in Canada and transition from UI to EI
Canada’s unemployment insurance (UI) system is originally designed in 1940 to ‘promote the economic and social security of Canadians by supporting workers from the time they leave one job until they another’ (Hick, 2004). However, UI system has undergone several changes, the most dramatic change occurred in the 1990s. During that period, the federal government stopped funding UI, now this program is funded by joint contributions make by employers and workers and shortened the period workers can draw benefits. The overhaul of the UI system is promoted by recognition of the following flaws (Chappell, 2006):

1. UI does not help people who are unemployed for long periods in the labour market;
2. UI is easily abused by employers, who organized their hiring, work schedules and layoffs;
3. The continually rising premium that are necessary to maintain the system that has increasing burden for employers and workers; and
4. Coverage does not extend to a large segment of the workforce.

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The unemployment Insurance Act in 1996 changed the name Employment Insurance (EI) (Chappell, 2006; Guest, 1999; and Hick, 2007). Here EI uses hours instead weeks worked to determine the amount of benefits received and reduce maximum insurable earnings and benefits. Although overall unemployment in Canada is declining in Canada, certain groups of people are underrepresented in the workforce. For example, researcher had layoff several times from his job and receive EI benefit, which is not enough to pay rent and cover daily basic needs. Anyway, unemployment has economic costs and it has been associated with social problems ranging from family breakdown to crime. The overhaul of the unemployment insurance system in 1996 resulted in a dramatic decline in the number of people who are eligible to receive benefits, but a greater emphasis on making employment program more active. The EI fund has accumulated a massive surplus because while more people are contributing to EI, fewer are collecting benefits.

15.8. Child benefits
One response of federal and regional governments to the problem of child poverty has been the introduction of child benefits (Ross et al., 1996). However, a number of child benefit schemes have been introduced, revised and scrapped over the years (Hick, 2006; Chappell, 2006 and Ross et al., 1996). The most recent child benefit scheme is called the National Child Benefit (NCB) introduced in 1998. Under the NCB, the federal government provides direct income support through the Canada Child Tax Benefits (CCTB); a tax-free monthly payment makes to low-income families with children below 18 years old. For example, in 2000, families received a maximum annual CCTB of CDN$2056 for the first child and CDN$1853 for each additional child (Ralphel, 2007). However, these amounts are not enough for children to fulfil their needs.

15.9. Canada affordable housing services
Canada has shelter and transition house schemes which are had been the primary resources for abused women, response to violence against women and children. Moreover, Canadian Government makes arrangements supportive housing for seniors and low income people. The Affordable housing for the seniors assist to have live independent life in their livelihoods. This scheme helps to low income people, single mothers, single parents and two income families as well as low income seniors to survive in their transitional modest life in Canada (Chappell, 2006; and Hick, 2004). Additionally, low-income family members can receive gym and pool facilities from the municipalities at a discounted price.

15.10. Services to Canadian aging population
Canada also responsive to aging population’s safety and security issues priority basis related to elder abuse, crime against seniors and physical injury (Bryden, 1974). Seniors (Canada uses seniors instead older people) can use facilities like ‘basic technologies such as automated teller machines, voice mail, and computerised library systems etc. The government ensures retirement income programs are adequate for them. Moreover, there are public transportation (Transit Wheels, care giver and health care) facilities are providing to the aging population. There are arrangements like foster care for seniors, personal support workers services, receive meals (mostly NGOs/churches) and housekeeping services for the seniors. Moreover, seniors are receiving many other kinesiology social services when they needed. They receive financial supports like pay for care, pensions options (CPP), RRSP, Tax credits; community-based
supports services like referral services, advocacy, housing and home renovation, home help, nursing and therapies and home support; informal net-works, working at home, on-site seniors day care, unpaid leave etc. (Chappell, 2006). There are many programs exist that culturally relevant for seniors in Canada. However, although Canada’s retirement income system has contributed to a drop in the poverty rate for seniors, it has been criticized for keeping the incomes of many seniors below the poverty line.

15.11. First Nations communities’ residential schools trauma counselling services
First Nations people accounted for about 3 percent of Canada’s population (Hick, 2004). The Indian Act and enfranchisement policies put the federal government in control of people living on reserves. The First Nations movement began in the 1970s for their rights and needs. From 1883-1950s, the federal government attempted to assimilate First Nations into mainstream society by separating Aboriginal children from their parents and placing them in the residential schools (Lee, 1999) where they had been taught European languages, Christianity, European dresses, values and customs. However, they were suffered sexual and physical abuse. To help First Nations people deal with the adverse effects of the residential school system, the Aboriginal Healing Strategy was established in 1997-98 in collaboration with First Nations Health Program and Northern Affairs Canada and Aboriginal Affairs of the Privy Council Office (Chappell, 2006). This strategy supported by the original Healing Foundation. The foundation funds to community based healing centers, which provide services on a holistic model and address the physical, emotional, mental and spiritual needs of individuals and families. Counseling and other services are also provided to address family violence, sexual abuse, alcohol and drug abuse, grief etc. (Hick, 2004; Raphel, 2007).

Moreover, in 1995, Human Resources Development Canada launched the First Nations and Inuit Child Care Initiative as part of a strategy to improve the economic situation for aboriginal families. The government supports more affordable quality child-care spaces; increase opportunities for young children attend schools. Many child-care facilities have opened across Canada as a result of this initiative. Many Aboriginal communities are developing their own child welfare programs. The Native Friendship Centers are expanding services for urban youth (Hick, 2004; Raphel, 2004). To work with Aboriginal people for their well-being, Canada develops special trained Aboriginal Community Development Workers to improve the relationship between Aboriginal people and mainstream people.

Canada is a multicultural society. Over 100 ethnic groups live in Canada. Although Canada is promoting multiculturalism and a cultural mosaic idea; however, it supports among Canadians for a melting pot approach (Chappell, 2006; Hick, 2004). Canada’s immigration policy has continued to evolve over the years for immigrants’ integration and settlement in Canada. The federal government sponsors a wide range of settlement programs and funding supports that aim to help newcomers adjust to Canadian society. Millions of dollar spend to Immigrant Service Agencies (ISAs) like settlement counseling agencies, and ESL (English as Second Language) agencies, and employment counseling agencies etc. to support immigrants for their settlement, English/French Language learning and to be employable in Canada.

15.12. Canada disability support services
Canada disability support services excel in the world. More than 5 million Canadians or approximately 15.5 percent of the population, have a disability (Statistics Canada, 2015). The Canada Disability Support Services provides a greater public acceptance and government accommodation of people with physical and developmental disabilities. The disability income support system includes providing earnings income support and compensation. For example, the Ontario Disability Support Program (ODSP) introduces individualized funding and work incentives for people diagnosed with disability (Chappell, 2006). Rehabilitation programs for people with disabilities are inclusive. Government provide incentives to people with disabilities prepare for, find and keep jobs. To address the needs of people with disabilities, barrier-free entrance buildings and special transportation system legislation Act passed for them. Many public agencies, volunteering organizations, community based-organizations are working for them (Hick, 2004; Ralphel, 2007). For example, the Canadian Association for Community Living, the Council of Canadians with Disabilities and community club house etc. are directly working for the people with disabilities. Moreover, Canadian National Institute for the Blinds (CNIB) provides many safety net services to visually impair or totally blind people of Canada.

16. Prevent people from using social welfare services in Canada
There are a number of barriers that can prevent people from using social welfare services. Barriers are factors affecting relate to an agency’s screening procedures, referral system, and environment; factors affecting availability include the number, distribution and coordination of services in a community (Chappell, 2006). The fear of being stigmatized is discouraging people from seeking help. For example, in Canada, Islamphobia hamper Muslim people to disclose their problems, needs to public institutions or community-based agencies. Many people are stigmatizing to welfare recipients or who are living in social housing or children living in foster care centers. The stigma attached to welfare can be traced to the English Poor Laws, which made distinctions between the ‘worthy’ poor and the ‘unworthy’ poor (Hick, 2004). Moreover, some services in a community are too fragmented and that hampers clients needs and delay receive services immediately if clients need to be refereed to several agencies or workers (Ralphel, 2007). Poor inter-agency coordination is also indicated when clients find too many agencies that provide the same service. Ironically, cutbacks in social security funding have motivated social agencies to improve inter-agency relations and coordination. MacLeod and Kinnon (1996) note, “It is (important) than ever to share information, to share experience, to avoid duplication and to stimulate courage for change”. In order to stimulate and facilitate inter-agency coordination, some communities have established social planning councils, advisory committees, multidisciplinary teams, and inter-agency management committees (Hick, 2004).

The development of a global economy has implications for national welfare policies. It is argued in Globalization and the Welfare State that globalization limits the capacity of nation-states to act for social protection. Global trends have been associated with a strong neo-liberal ideology, promoting inequality and representing social protection as the source of ‘rigidity’ in the labour market (Mishra, 1999). World Bank and International Monetary Fund have been selling a particular brand of economic and social policy to developing countries. It is found there is an increased focus on selective social services to disadvantaged people in the world (Ibid, 1999).

17. Conclusions
Currently dominant scholars are away from the language of ‘welfare’, (Alderman, 2000; Bedard et al., 2000; Clarke, 1991; and Isabel, 2001, Yunus, 2008) with connotations of unsustainable relief, handouts and poor people’s dependency and prefer the language of ‘sustainable development’. In Bangladesh, health spending is not particularly redistributive (Davis, 2000). The bottom half of the population receives 57 percent of health expenditure compared to the bottom half of the population receiving only 38.4 percent of education expenditures (Hossain, 2000; Hossain & Ali 2012; and Mahmud, 2004). Bangladesh has a number of government-run safety net programs, funded largely by external food aid. The public supported food programs have significant contribution to safety net services in Bangladesh. For example, Food for Work Program provides wheat in exchange for work in rural infrastructure projects. This is the largest of the programs in Bangladesh to address safety nets started from 1974 famine. Moreover, Food for Education (FFF) provides wheat and rice to poor children in return for regular primary school attendance. This began in 1993-4 in selected villages and is the fastest growing of programs in Bangladesh. Additionally, Vulnerable Group Development (VGD) provides food grain and training to disadvantaged women. Although their benefits are difficult to compare, all three appear to be cost-effective, with FFW and VGD somewhat better targeted (Hossain & Ali 2012; Kabir, 2004).

There are other government administered programs exist in Bangladesh. For example, Test Relief supports activities like cleaning ponds and bushes and making minor repairs to rural roads, schools, mosques and madrasahs during raining seasons. The Rural Maintenance Program employs destitute women in labour-intensive rural road maintenance work. Compared to the state social safety programs, NGOs play a much more significant role in the field of poverty reduction and social protection in Bangladesh than they do in India (Hossain & Ali 2012; Newsnetwork, 2004). The NGOs have built up an international reputation based on their size, effectiveness and influence in policy matters (Mahmud, 2004). Grameen Bank, BRAC and many other NGOs/ MFIs in Bangladesh have reached a size that puts their poverty reduction programs on a same level of the government (Hossain & Ali, 2012). However, there are many myths around the relationship between government and NGOs in Bangladesh. The government expressed concern about NGO cost-effectiveness, accountability and heavy reliance on foreign funds, while NGOs have accused the government of rigidity, failure to distinguish between different NGOs and very imperfect accountability (Hossain & Ali, 2012). However, recently there have been rise of partnerships between NGOs/MFIs and the government’s executing agencies in the field of social safety net services in Bangladesh (Rahman & Hossain, 1995).

Although there are many challenges exist to meet safety net rest on state, family, society, local agencies, and NGOs/MFIs; the coverage of all the existing programs should be widened. They should not limit by name and numbers. Moreover, Hosain Zillur Rahman and Liquat Ali (2012) suggest Bangladesh state and non-state agencies should go for more effective programs like Tiffin-feeding in schools because school-feeding service has proved quite successful in many developing countries including Bangladesh (Kabir, 2004). Contrarily in Canada, the safety net basic income measures have made by Fraser Institute in 1996 and its LICO calculation has continued till today (Chappell, 2006); however, housing rents, necessities of life expenditures have skydived. The Simon Fraser Institute calculated money is not sufficient for low income people or people with social assistance to support their daily necessities like food, clothing,
housing, health and education; therefore, there are huge protests against the basic income calculations on safety net basic incomes for many years.

In response to the movement, the Ontario Liberal Government has initiated a pilot scheme named ‘Ontario basic income projects’ in Hamilton-Brant, Thunder Bay and Lindsay cities in 2016 to find whether unconditional cash support could boost health, education and housing for people on social assistance or living on low incomes who have been receiving up to $14,000 a year or $24,000 for couples under the Ontario Liberal Government. However, critics find increasing social assistance money to people on social assistance have enabled participants to move into apartment and go back to school or other training programs to lift themselves off social assistance (NDP Leader and Green Leader weigh in at the star.com/gta, August, 2, 2018, p. 5). Nevertheless, the future of poverty in Canada primarily depends upon the policy influence of political parties in federal and provincial parliaments (StarMetro Toronto, August 2, 2018).

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