



**SOCIAL
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TYING THE KNOTS

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Social protection system in Bangladesh and the scope of social work: learning from lessons on the ground

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List of Abbreviations

| | |
|--------|--|
| AASW | American Association of Social Workers |
| BDT | Bangladeshi Taka |
| BIHS | Bangladesh Integrated Household Survey |
| BIHS | Bangladesh Integrated Household Survey |
| BSMMU | Bangabandhu Sheikh Mujib Medical University |
| CARD | Council for Agricultural and Rural Development |
| FSDA | Food Security and the Disaster Assistance |
| FSVGD | Food Security for the Vulnerable Group Development |
| GDP | Gross Domestic Product |
| HDSE | Human Development and Social Empowerment |
| IFPRI | International Food Policy Research Institute |
| MFI | Microfinance Institution |
| MOF | Ministry of Finance |
| NASW | National Agency of Social Workers' |
| NGO | Non-government Organization |
| OMS | Open Market Sale |
| PWEM | Public Work Employment Generation |
| SSNP | Social Safety Net Program |
| TR | Test Relief |
| UNRISD | United Nations Research Institute for Social Development |
| VGD | Vulnerable Group Development |
| VGF | Vulnerable Group Feeding |

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Abstract

Social protection is identified globally as the strategy for safeguarding the economic security of the vulnerable people including the poor. Social Safety Net Program (SSNP) is a component of social protection and a well-recognized instrument for economic wellbeing of the poor from the government and the non-government agencies. The objective of this paper is to explore the social protection system in Bangladesh from the demand side analysis and to identify the role of social work for better managing the system delivery of social protection. For this purpose, the strength and weakness of the SSNP in Bangladesh has been discussed and also identified the determinants of the participation of the program based on the national representative data of rural Bangladesh. Careful investigation and econometric analysis using the data from Bangladesh Integrated Household Survey (BIHS) 2011-12 show that the existing system is reasonably progressive but it has failed to achieve the main objective of serving the disadvantaged group for scaling up their living standard, enabling them better coping mechanism and capability development for the sustainable income support. The proximate reasons for this failure are firstly the aggregate amount of support being abysmally small compared to the needs and secondly there is mistargeting issue in the distribution. More focus should be given to employment generation and human capital development for sustainable development of the poor people. Health insurance program should be initiated as early as possible because the health related shock is one of the main driver of poverty. The delivery system of the SSNP is not effective and sustainable. Employing social work graduates for implementing the program based on the principles of social works could offer better delivery system which would be more sustainable in future.

Keywords: Social Protection, Social Work, Social Safety Net Programs, Poverty, Vulnerability, Bangladesh

JEL Classification: H55, H75, I1, I3

1 Introduction

Social protection is identified globally as the strategy for safeguarding the economic security of the vulnerable people including the poor. It is designed as an instrument to reduce the level of poverty by providing support and assistance to the vulnerable poor people aiming to eradicate the root causes of poverty. Social protection is a risk reducing public intervention which assists individuals, households, and communities in better managing risk of the vulnerable (Grosh, 2008). It ensures, through assistance and insurance program, a minimum standard of living for the disaster and poverty stricken people.

Social protection is associated with the preventing, managing, and overcoming situations of adversely affect people for ensuring wellbeing (UNRISD, 2010). It consists of programs and policies which are designed to reduce poverty and vulnerability by ensuring efficient labor markets, risk reduction, capacity building for combating economic and social risks such as unemployment, exclusion, sickness, disability and old age (World Bank, 2001). Main components of social protection are labor market intervention, social insurance and social assistance. In the labor market intervention, government design policies and programs to promote employment and efficient operations of labor markets and the protection of workers (Figure 1). Social insurance alleviates risks associated with joblessness, sickness, disability, work-related injury and old age, such as health insurance or unemployment insurance. Social assistance is the transfer of resources either in-kind or cash to vulnerable individual or households who are living with inadequate basic needs services.

Social Safety Nets is a component of social protection and a well-recognized instrument for economic wellbeing of the poor from the government and the non-government agencies. Social Safety Nets Program (SSNP) is the program of many countries to expand social protection system to the hard-core poor and vulnerable people who needs supports. SSNP is the measure to fight against poverty. It can alleviate transitory and livelihood shocks and helps reducing chronic poverty (Devereux, 2002). Over the years Bangladesh has taken initiatives for enhancing this SSNPs.

Risk and vulnerability do not necessarily a big concern only for the poor but also non-poor who are very close to the poverty line income. Most often these groups fall down again to below poverty line income and they need social protection too. It exacerbates the problems of structural poverty which demands priority attentions. The rapid growth of urbanisation with increasing pressure on slum dwellings, and climate change related vulnerabilities create heavy

pressure on social protection system of Bangladesh. They are mostly vulnerable to different kind of shocks and risks. Another vulnerable group is the youth unemployment and seasonal unemployment. This should be the most important aspect of social protection system. Around 40 percent of young graduates are waiting to getting a job or don't have a suitable job in Bangladesh (Abbas, 2015). Seasonal unemployment is the main driver determining the fallers of poverty line income (Hasan, 2014b). A good social protection system can support these groups during the crisis period.

Bangladesh has wide range of social protection system which mainly consists of social safety net programs. The numerous social safety net programs are operated directly by the government through several ministries which also creates problem of co-ordination among the bodies. Involvement of multiple ministries requires administrative and resource capacity and results unwanted overlaps in the programs. Most of the programs are “ex-post” coping initiatives which is an indication of weak social protection system. It is expected that more “ex-ante” program initiatives should be started to support the vulnerable groups.

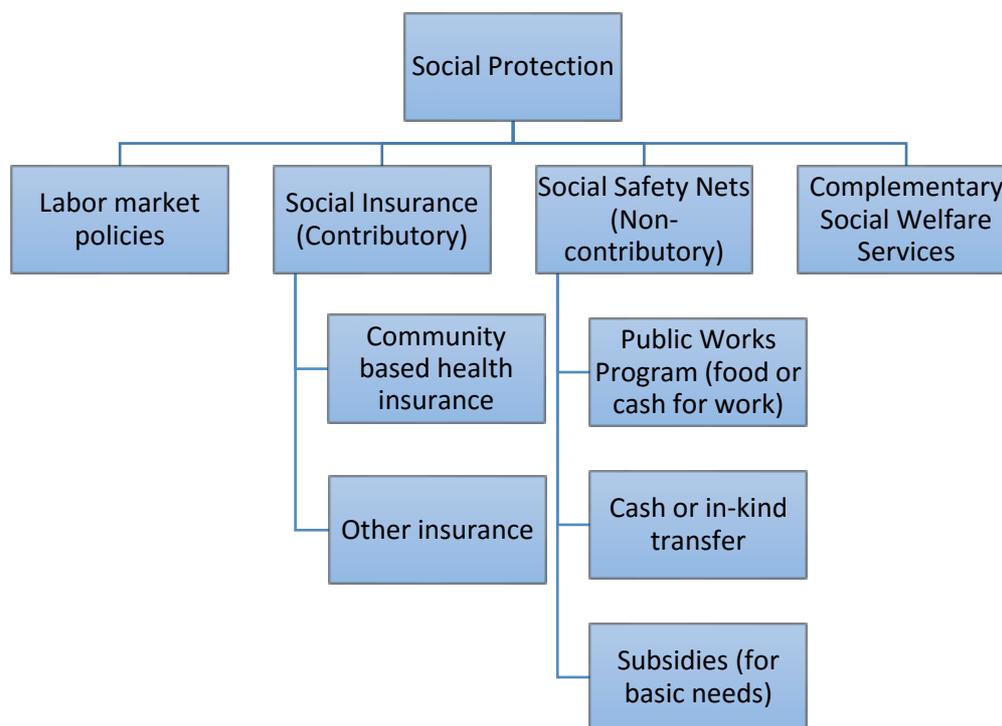


Figure 1: Diagram of Social Protection for the poor and vulnerable.

Source: (CARD, 2010)

Historically social safety net efforts in Bangladesh has been based on mainly two themes such as food ration and post disaster relief. The third theme which overlaps these two is the informal

safety net at the family and community levels to address issues of demographic and social shocks. Besides these theme, there is another protection system which is pension scheme only for the state employees which comprising very small portion of the protection system. Overtime, these main two protection system has been transformed in to social and developmental concern mainly for the following reasons: 1) A political agenda, 2) erosion of informal safety nets due to decay of extended family system, and 3) sustainable anti-poverty development strategy (Rahman & Choudhury, 2012).

The debate of social transfer was started with the food versus cash transfer issues which later on turned into conditional transfer for both food and cash. Conditional transfer also involved some social problem solving such as road construction, tree plantation, schooling of young children etc. The present debate of social protection involves of sustainable graduation of poverty through the safety net ladder. Recent global review suggests these three categories such as – 1) unconditional transfer program in cash or kind, 2) workfare programs, and 3) conditional cash transfers.

The impact assessment of SSNP in Bangladesh is limited and mainly focusing the supply side of the program. The demand side evaluation of the program is scant and hence needs particular attention of researchers. However, the conceptual and methodological challenges question the trustworthiness of the research outcomes.

1.1 Scaling up of SSNP in Bangladesh

SSNP is provided to the households those who satisfy the following criteria-

- No land or land up to 10 decimals
- Average income below BDT 30 per person per day
- A financial profile where debt exceed savings by BDT 2500
- A greater presence of disadvantaged members such as vulnerable women
- About a quarter of households have members participating in MFI.

In the current times food insecurity is not dealing with the consumption of food only but also the nutritional value of food. Unfortunately in Bangladesh the social safety net program mainly designed for accessing food ignoring the nutritional value. SSNP targeted households are regularly exposed to economic shocks which are associated with lumpy expenditure, recovery from natural disaster and loss of livestock. A simulation from the World Bank with the HIES 2005 data confirms that if a 5% shock is given to consumption then there will be an increase

in poverty by 10 percent and proportion of the extreme poverty will increase by 15 percent. These risk and vulnerability will exacerbate the problem of extreme poverty. Systematic risks requires the responses from the government to support the individual coping strategy. Hence social safety net programs have emerged as the important instrument to deal with the dynamics of vulnerability and poverty.

As social protection is being increasingly a mainstream development concern, the scaling up the SSNP program is a new urgency in Bangladesh. Recently Government of Bangladesh has published the sixth 5-year plan where it states that a coherent and integrated national social protection strategy based on comprehensive mapping of existing and emerging vulnerability will be developed considering the identified weaknesses. So scaling up of the SSNP to the broader sense of social protection system needs time and resources.

1.2 Concept of social work

While we are discussing on social protection, it is necessary to learn the application of social work which can be considered as the delivery mechanism of social protection. Social Work is an academic and professional discipline which facilitate the welfare of communities, individuals and societies (Ambrosino, Heffernan, Shuttlesworth, & Ambrosino, 2016). Social Work facilitates social changes, development, cohesion, and empowerment which is underpinned by social science theories and guided by principles of social justice, human rights, collective responsibility, and respect for diversities to address life challenges and enhance wellbeing (AASW, 2016). Social worker, a practicing professional with a degree in social work, is employed in works such as child protection, poverty relief, mental health, hospital assistance, and disabilities etc.

Social work is a professional job which is based on dual objectives. On the one hand it serves the client the expected outcome and on the other hand it also serves the broader development of the society by increasing the outreach and solving existing problems in the society. A social worker is a skilled practitioner who follows some principles while dealing with the client. This paid job founded on knowledge, skills, values and professionalism.

The functions of a social worker can be described in certain steps such as (Figure 2)–

- 1) Engagement: At first a social worker engages the client in early meeting to establish a collaborative relationship between the client and the professionals. The problem of the client is discussed and useful information is provided.

- 2) Assessment- in the second stage, the social worker assesses the case by gathering necessary data and establishes an action plan to help the client.
- 3) Planning- in the third stage, the social worker negotiates and formulates the action plan
- 4) Implementation- in this stage, social worker starts acquisition of resources needed and enhances the performance in the motion of the case.
- 5) Monitoring- in this stage, a social worker is involved in documentation of the on-going activities for attaining the benchmark of short term goals and sets agenda for the fulfilment of the complete work.
- 6) Supportive counselling- in this stage a social worker counsels the client by providing information and also suggestions of affirmation, showing the challenges, encouraging the client and exploring the different possible options.
- 7) Graduated disengagement- in this stage, the social worker makes the client understand about his or her self-reliance and social inclusion again. Formally the client is no longer dependent on the social worker but the monitoring and treatment may continue, if necessary.

The profession of a social worker is based on core values identified by the National Agency of Social Workers' (NASW)-

- 1) Service- A social worker helps people in need and addresses social problems.
- 2) Social justice- S/he challenges social injustices with the existing knowledge.
- 3) Dignity- A social worker respects the dignity and worth of the person.
- 4) Relationship- it provides importance to the human relationships.
- 5) Integrity- A social worker should behave in a trustworthy manner.
- 6) Competence- A social worker practices within his/her area of expertise and develop his or her professional skills.

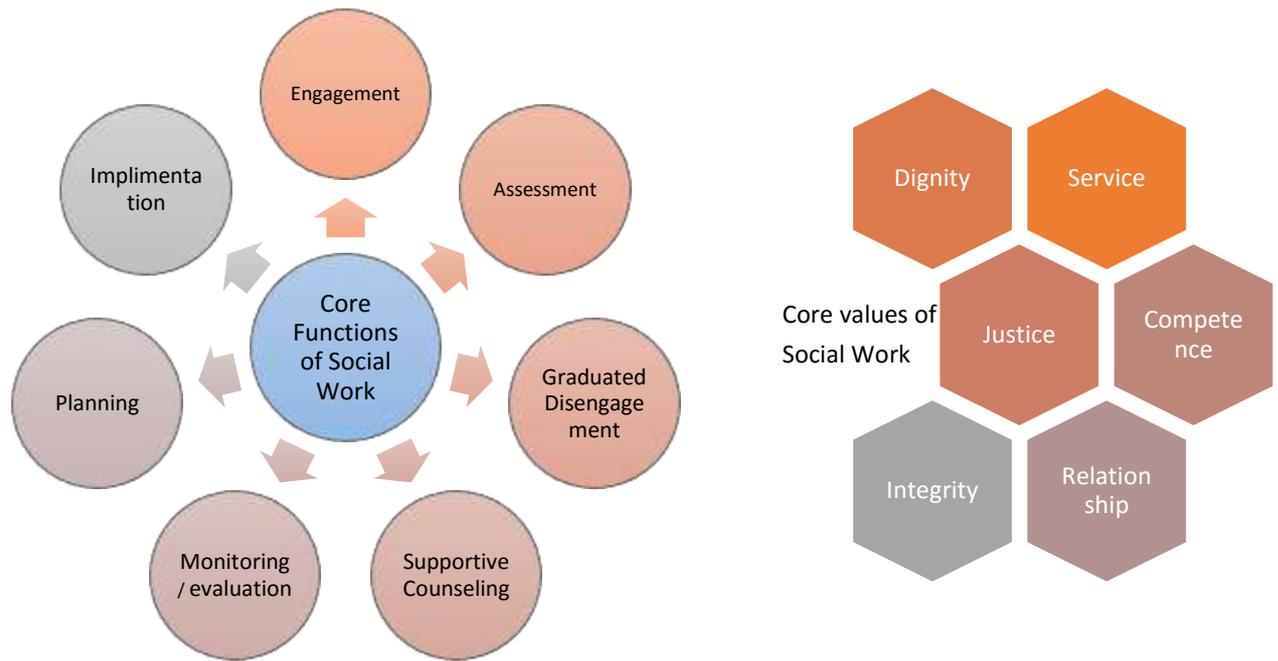


Figure 2: Core functions (left) and values (right) of social work.

Source: Adapted from (Popple & Leighninger, 2008)

1.3 Role of social work in social protection

Social Safety Net Program (SSNP) as a part of social protection is being implemented in Bangladesh by government and non-government organizations specially microfinance institutions. Many of the SSNPs are focusing the rural vulnerable households and being implemented by the local government agencies and NGOs. NGOs in Bangladesh have many success stories of empowering women where social work philosophy, working principles and the strategy of social work have been applied. Social work principles involve group formation, implementation, monitoring, advocacy and counselling, integration, mobilization of community resources and graduated disengagement. All these principles are applied when a woman become a member of microfinance institution and later on advocacy and counselling become the vital component for awareness and self-confidence by increasing their inner potential.

The history of social work in Bangladesh is not new and it has started almost half century ago but still it has failed to gain the professional status. In Bangladesh social work profession is not recognized and most often it is blended with charity. Despite of its long inception history, social work professionals couldn't change the traditional belief and establish the professionalism which is recognised by education, literature, associations and practices. The development

practitioners led by the social scientists such as economists, sociologists, and anthropologists are not social workers because they are unaware of the applied system of social work and also the current development of its inventions around the world. These social scientists don't have any academic degree on social work (although they have enormous expertise in their respective fields) which is a pre-requisite for being a social worker. They are unable to use social work knowledge in combating social problems. For lack of knowledge in social work, many development practitioners often substitute their own knowledge as social work knowledge and mislead the objectives of social workers.

At present, a beneficiary of SSNP is assessed by the authority of the local government especially member or chairman of the union parishad or word member based on the need assessment. Sometimes this assessment is biased and mistargeted. In the whole process, a beneficiary is assessed and then apply for the benefit. Later on when the money is arrived the beneficiary received the money in cash or in kind. There is no formal counselling system and engaging the client for follow up assessment in future. Even there is no graduated disengagement of the beneficiary in the whole process. This model of delivering the SSNP is not effective and needs more professionalism for the sustainable development of the society. The amount of benefit is very small compared to the need and if there is no such counselling system then the whole process becomes unsustainable. A social work model can be followed in this regards. In the disaster management program, the SSNP is operated in ad hoc approach where every victim receives some grants but there is no other function of social work associated with them such as engagement, planning, monitoring and graduated disengagement. As a result most of the SSNP programs fail to graduate the poor from the poverty situation.

The role of social work in the social protection system is described in Figure 3 . Social protection system is a broad concept and social safety net program (SSNP) is an element of that. Social work devices the whole operation of social protection system into professional manner based on some ethical principles and values. A person who needs social protection can be assessed and engaged in the whole process of social work functions where the applicant can be engaged, assessed, monitored and provided support counselling based on planning and implementations. At the end the beneficiary of the social protection can enjoy graduated disengagement professionally from the social worker. The whole delivery process of social protection system can be offered in a professional fashion which is the main objective of the social workers. Social work helps social protection to make it more sustainable and also contribute to reduce the social problem of corruption, misuse of development budget, mistargeting of beneficiary, proper documentation etc. Another added benefit of that the

beneficiary or client could get the supportive counselling. This is extremely important because in many societies, when people in need become more desperate and start doing crime in the society. A social worker can provide supportive counselling to the clients so that they feel they are not excluded from the society. Social work can strengthen the social inclusion of the vulnerable people to the mainstream development process.

First of all a social worker has the required degree on social work and the knowledge of how to treat a client for a certain condition. A social worker is a skilled person in managing the client and also able to manage the social protection benefit from the government or NGOs. S/he has the knowledge and skill of providing supportive counselling to the client in critical condition by following some core values on which the whole process of social work is based in. S/he builds a professional relationship with the client in the whole process and also offers graduated disengagement so that the client gets safe and mentally secured from this kind of incidence. So the role of social work in the management of social protection system is inevitable and more sustainable. A delivery mechanism of social protection system without the social worker would be ineffective and unsustainable in future.

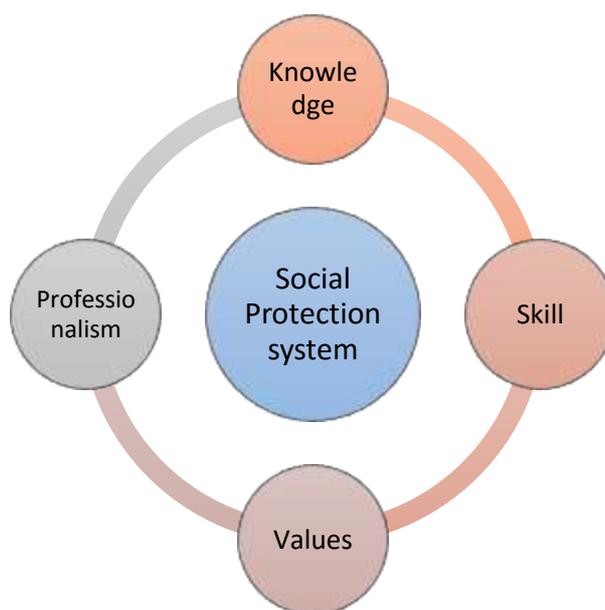


Figure 3: Role of Social work in the social protection system.

Source: Authors' calibration

1.4 Structure and outreach of the SSNP in Bangladesh

Bangladesh has remarkably reduced the poverty rate in last decades. Still the majority of poor people belongs to the wage earners households who couldn't switch their jobs during seasonal

unemployment and to the households who are victim of natural disaster. The poverty rate is reduced to 24.8 percent in 2015; which was 40 percent in 2005 (Figure 4). To reach the hard core poor, government has allocated BDT 30.7 billion in social safety net programs in the FY 2014-15 which is 12.28% of the annual budget and 2.3 percent of GDP (MOF, 2015).

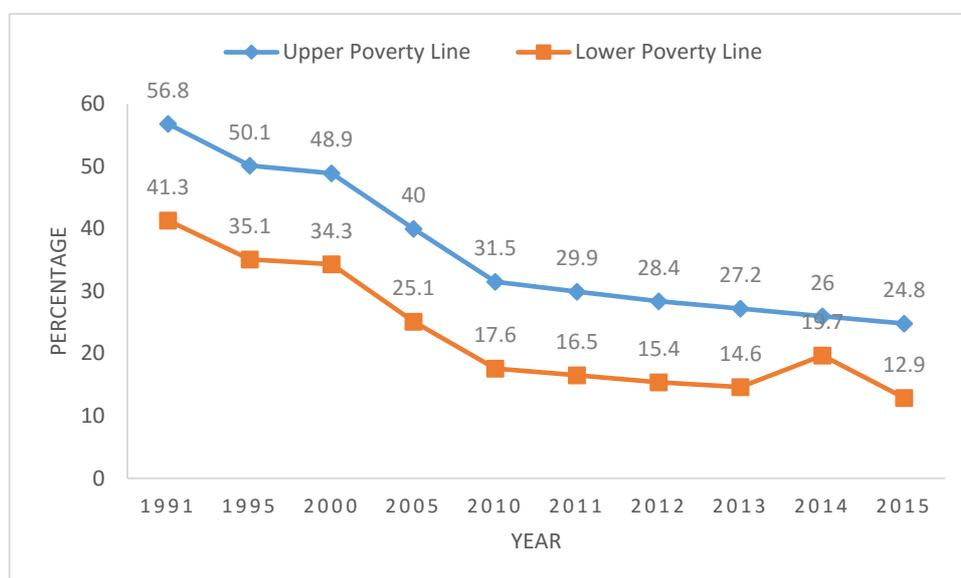


Figure 4: Trend of poverty situation in Bangladesh.

Source: (MOF, 2015)

The bottom 25% in the income ladder are the poor and they need social protections in many aspects. The current SSNP is designed to uphold the economic status of these households and to provide the basic needs in some cases. In case of disaster victims, this is not only the poor but also the non-poor who needs social protection. Besides the offered social protection from the government, they need supportive counselling and psychological treatment because of the hit of disaster but the current system of social protection in Bangladesh does not include those.

The social safety net program (SSNP) in Bangladesh can be classified into four main categories such as

- 1) Allowance: For the vulnerable groups or persons who need assistance (i.e old age benefits, insolvent freedom fighters allowances, and others)
- 2) Food Security and the Disaster Assistance (FSDA): VGD, FSVGD, VGF, OMS, TR etc.
- 3) Human Development and Social Empowerment (HDSE): Primary school stipends, Secondary school stipends etc.

4) Public Work Employment Generation (PWEM): Food for work, EGPP-employment generation for the poorest etc.

Figure 5 shows the trend of SSNP in Bangladesh from 2008 to 2011. It shows that in recent years the amount of FSDA is higher than the other three components. The second highest allocation is given to PWEM. One of the major reason for being in the highest amount on FSDA is for disaster management program which is increased in last few years. The other year rounding support such as allowance and HDSE are lower relative to the rest. However, in Bangladesh only the government staffs can enjoy the pension benefit which is also the major part of SSNP. It is shocking that the allocation for the urban poor in the SSNP is very low and comparing to others it is almost zero.

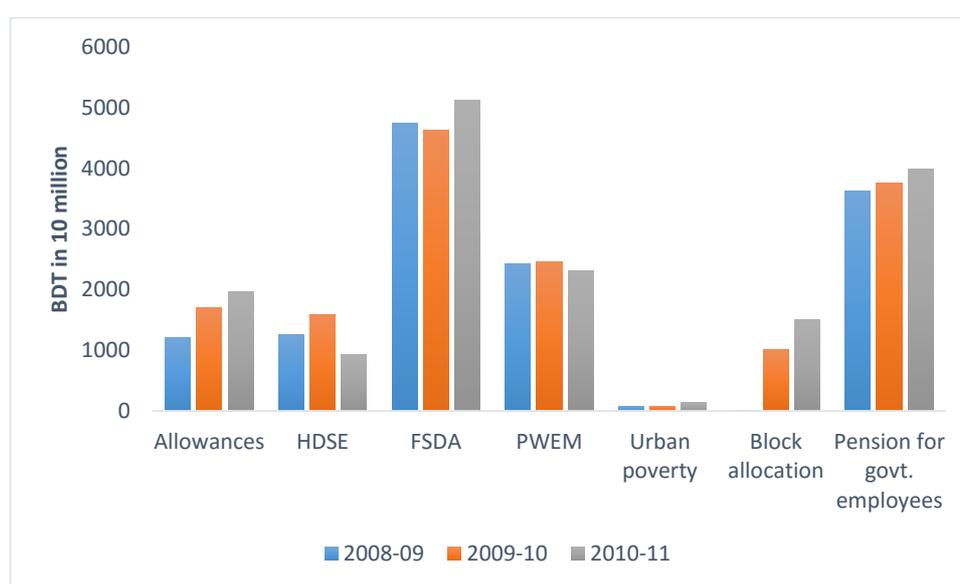


Figure 5: Social Safety Net Program (SSNP) allocation in Bangladesh

Source: (MOF, 2015)

The objective of SSNP in Bangladesh can be classified into three major components such as cash transfer for the vulnerable, food security for the poor and activities for social empowerment (Figure 6). In total the SSNP constitutes almost 12 to 13 percent of national budget. Although it is the substantial portion of national budget, it raises question of distribution and amount of each payment. In most cases the amount of SSNP is abysmally small and the distribution of this amount is heavily biased towards better-off households (Osmani, 2014).

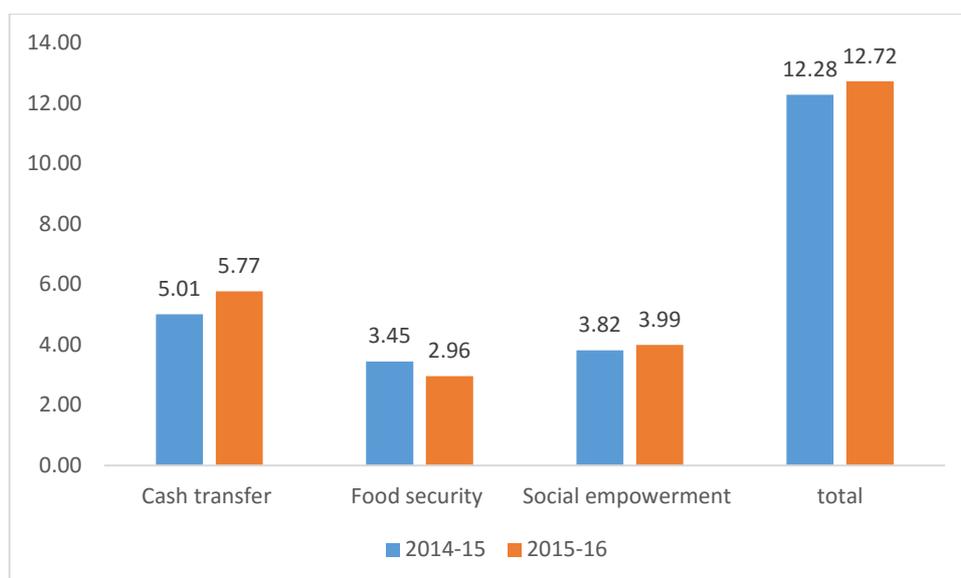


Figure 6: Social Safety Net Program (SSNP) as a percentage of national budget

Source: (MOF, 2015)

2 Data and Methods

The present work is based on both primary and secondary data sets. For the secondary data set, we have used Bangladesh Integrated Household Survey (BIHS) 2011-12 by International Food Policy Research Institute (IFPRI) which is quoted as (Ahmed, 2013). This is a nationally representative data for rural households only where the households have the information of having different types of SSNP along with other household characteristics. A total of 5503 households are survey and among them 2465 households (44.79%) are reported to have any kind of SSNP in the last year. Here we will try to identify the demand side issues of SSNP and how much actually they get and how much they need. For the demand side analysis of SSNP, we have used econometric analysis. We have used probit regression model to find out the determinants of participation in the social safety net program in Bangladesh. Later on we will highlight a case story of hospital social work practice which is conducted in 2012 at Bangabandhu Sheikh Mujib Medical University (BSMMU) in Dhaka, Bangladesh. The case will illustrate how the patient is treated in the profession of social work and how the patient is also benefited from the social protection system in Bangladesh.

According to the BIHS 2011-12 data, the receipt of SSNP can be viewed by divisions in Bangladesh in the following Figure 7. Among the all divisions, those households who received the SSNP in the last year, Barisal division got only 9.13% which is the lowest among all division although this division is a natural disaster prone area and almost every year cyclone and other natural disasters destroy the livelihood of this region and make them marginalized in

all aspects (Hasan, 2014a). The highest allocation goes to Dhaka division (30%) and the second highest goes to Chittagong division. Although this figure is the overall access to SSNP, this doesn't mean that in this region households are more vulnerable. It is noted that in the SSNP, there are many other allowances which are for the non-poor such as freedom fighter honorarium. It is observed that SSNP is biased towards Dhaka and Chittagong, the most commercial city of the country.

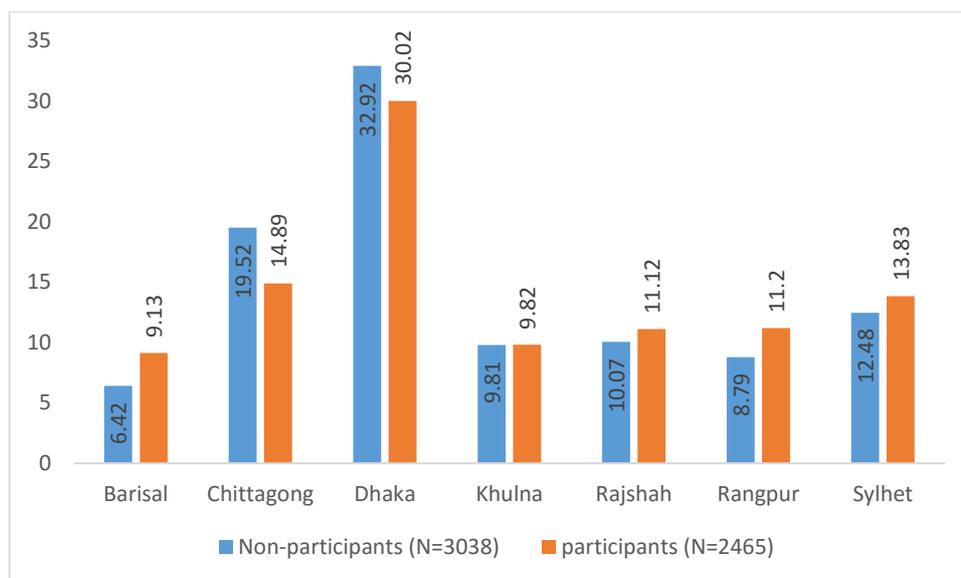


Figure 7: Percentage of households received SSNP in different divisions.

Source: Authors' calculation based on BIHS 2011-12 data

3 Descriptive analysis

In Bangladesh social safety net program is targeted towards the vulnerable poor who are below poverty line income or slightly above the poverty level income. But this is not the only criteria to select the targeted households. There are other criteria too such as landless or up to 10 decimal of land, disadvantage persons such as old aged people, or those who are heavily indebted in the financial institutions. In the Figure 8, it is observed that SSNP is received by the landless people mostly, and also marginal and small farmers. Medium and large farmers are only constitute less than 4% in the composition which is the indication of vulnerable support program operations. Most of the program are "ex-posts" rather than "ex-ante". As a result it rarely helps the beneficiaries to get rid of the vulnerable situations.

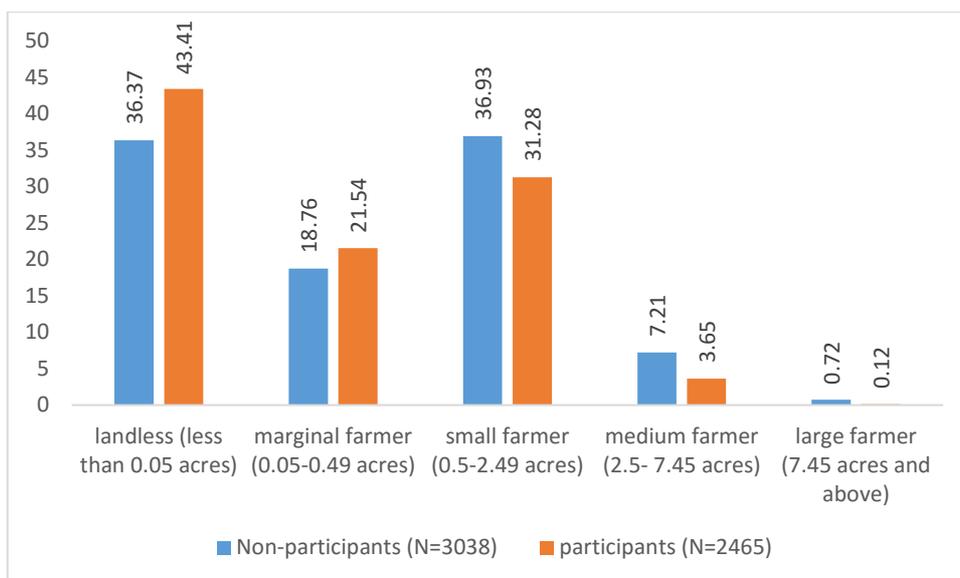


Figure 8: Percentage of households received SSNP by landholdings.

Source: Authors' calculation based on BIHS 2011-12 data.

If we plot the percentage of SSNP participants against their expenditure quintile, we see that most of the people are in the first quintile which is an indication that mostly low income people received the SSNP. It is clear from Figure 9 that Almost 70% of the SSNP beneficiaries falls below the third expenditure quintile. It seems that the program is targeted only for the poor people.

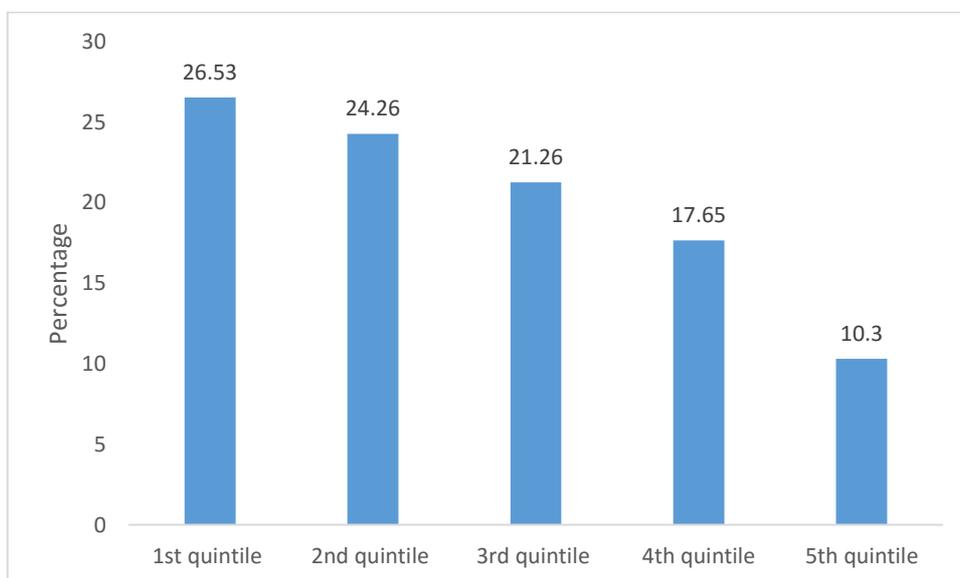


Figure 9: Access to SSNP by expenditure quintile

Source: Authors' calculation based on BIHS 2011-12 data

3.1 Types of SSNP in Bangladesh based on household data

In Bangladesh, the sixth five years plan (2011-15) incorporated more than 80 programs as social protection. In the BIHS 2011-12 national representative data of IFPRI, we have identified 40 items of SSNP which are consumed by the households in 2010. These SSNP are either provided in cash or in kind. Whatever their mode of payment is, these programs can be classified into four major groups which have been discussed before in this paper. There are also many households who received multiple programs in the same time. For example, a person in the household might receive old aged allowance and another member of the household might get the stipend for the education continuation. There are 1,765 households who received only one program whereas 1,122 and 363 households received two and three programs respectively (Table 1). In total we have found 3,322 receipts of SSNP in the household survey of BIHS 2011-12. Human Development and Social Empowerment (HDSE) category got 1697 households which was the highest number of household members. The second ranking goes to “Allowance” where it says 759 individuals received the program. Public Work and Employment Generation (PWEM) comprises the lowest number of program received by the households which is only 7.3% of the whole SSNP.

Table 1: Types of Social Safety Net Programs received by number of households in Bangladesh

| Types of SSNP | Number of SSNP received by a household | | | | Total |
|---------------|--|-------|-------|------|-------|
| | One | Two | Three | Four | |
| Allowances | 404 | 256 | 84 | 15 | 759 |
| HDSE | 946 | 570 | 150 | 31 | 1,697 |
| FSDA | 325 | 207 | 78 | 13 | 623 |
| PWEM | 90 | 89 | 51 | 13 | 243 |
| Total | 1,765 | 1,122 | 363 | 72 | 3,322 |

Source: Author’s calculation based on BIHS 2011-12 data.

1) **Allowances:** Allowances comprises 23% of the SSNP in 2011-12 (Table 2). We have classified allowances which is consists of - old age allowance, allowances for distressed cultural persons, beneficiaries in ctg. hill track, widowed and destitute women, financially insolvent & disables, urban low-income lactating women, honorarium for insolvent freedom fighter, honorarium for injured freedom fighters, gratuitous relief (cash), gratuitous relief (gr)-food and general relief activities. Apart from the honorarium for injured freedom fighters, other allowances for the vulnerable people are very low. For example an old women received BDT 2,890 which turns out monthly as BDT 240. This amount is abysmally low for a minimum

standard of living. The old woman couldn't afford food and medicine by this money. And it is also frustrating that only 8% of the sample households received this old age benefit which depicts the lower coverage of the benefit. Similarly all other programs in the allowances are very low compared to the needs.

2) Human Development and Social Empowerment (HDSE): In the sample 1,697 people received this benefit which is 51% of the overall benefit (Table 2). The average amount for this benefit is BDT 1,154 per year which is also abysmally low for human development purpose. The component of this categories are stipend for the primary and secondary students, school feeding program, disable students, special type of school such as "Ananda School" etc. For a student the average monthly stipend of BDT 96 (almost EUR 1) is ridiculously small to smoothly running the education. The main objective for this program was to stop child labour in the family and also outside of family and attract student to the school. But this incentive of EUR 1 is just negligible amount which certainly not enough for stopping the child labour. As a result many students in Bangladesh are dropped out from the primary school and start working elsewhere unless their parents finance the education.

Table 2: Social Safety net Program in Bangladesh with access and received amount

| Category of SSNP | Name of SSNP received by households in Bangladesh in 2011-12 (N=3,322) | N | % | Annual average amount received (BDT) |
|--|--|------------|--------|--------------------------------------|
| Allowances (N=759) 22.85% Average amount: BDT 2,221 | Old age allowance | 260 | 34.26 | 2,890 |
| | Allowances for distressed cultural persons | 1 | 0.13 | 3,600 |
| | Allowances for beneficiaries in ctg. Hill track | 5 | 0.66 | 18,341 |
| | Allowances for the widowed and destitute women | 78 | 10.28 | 2,415 |
| | Allowances for the financially insolvent & disables | 14 | 1.84 | 2,196 |
| | Allowances for urban low-income lactating women | 6 | 0.79 | 5,433 |
| | Honorarium for insolvent freedom fighter | 17 | 2.24 | 19,929 |
| | Honorarium for injured freedom fighters | 2 | 0.26 | 27,966 |
| | Gratuitous relief (cash) | 6 | 0.79 | 5,333 |
| | Gratuitous relief (gr)- food | 236 | 31.09 | 452 |
| General relief activities | 134 | 17.65 | 399 | |
| Total | 759 | 100 | | |
| Human Development and Social Empowerment (HDSE) (N=1,697) N=51.08% Average amount: BDT 1,154 | Ananda school | 17 | 1 | 1,174 |
| | Stipend for primary students | 1,259 | 74.19 | 1,124 |
| | School feeding program | 105 | 6.19 | 903 |
| | Stipend for dropout students | 9 | 0.53 | 1,160 |
| | Stipend for secondary and higher second | 281 | 16.56 | 1,361 |
| | Stipend for poor boys in secondary school | 23 | 1.36 | 1,309 |
| Stipend for disabled students | 3 | 0.18 | 1,700 | |
| Total | 1,697 | 100 | | |
| Food Security and Disaster Assistance (FSDA) (N=623) 18.75% Average amount: BDT 1,952 | Vulnerable Group Development (VGD) | 126 | 20.22 | 2,745 |
| | VGD-UP (8 district on monga area) | 14 | 2.25 | 647 |
| | Vulnerable Group Feeding (VGF) | 354 | 56.82 | 475 |
| | Test relief (TR) food | 46 | 7.38 | 395 |
| | Food assistance in ctg-hill tracts area | 2 | 0.32 | 11,454 |
| | Fund for the welfare of acid burnt and | 1 | 0.16 | 3,600 |
| | Community nutrition program | 4 | 0.64 | 745 |
| | Accommodation (poverty alleviation) | 1 | 0.16 | 150,000 |
| | Housing support | 6 | 0.96 | 30,933 |
| | One house one khamar | 16 | 2.57 | 9,475 |
| Mother & child nutrition assistance | 17 | 2.73 | 2,718 | |
| Other | 36 | 5.78 | 3,102 | |
| Total | 623 | 100 | | |
| Public Work and Employment Generation (PWEM) (N=243) 7.31% Average amount: BDT 3,469 | Cash for work | 11 | 4.53 | 5,181 |
| | Agriculture rehabilitation | 16 | 6.58 | 1,019 |
| | Subsidy for open market sales | 123 | 50.62 | 1,715 |
| | 100 days employment scheme | 47 | 19.34 | 5,795 |
| | Rural employment opportunities for public assets | 1 | 0.41 | 25,500 |
| | Rural employment and road maintenance program | 2 | 0.82 | 18,000 |
| | Char livelihood | 5 | 2.06 | 6,820 |
| | Shouhardo program | 5 | 2.06 | 4,034 |
| | TUP (Brac) | 25 | 10.29 | 2,730 |
| Food for work (NGO) | 8 | 3.29 | 12,783 | |
| Total | 243 | 100 | | |

Source: Authors' calculation based on BIHS 2011-12 data

3) **Food Security and Disaster Assistance (FSDA):** In our sample households, there are 623 beneficiary who received this program which is almost 19% in the total beneficiaries. The average amount of this program is almost BDT 2,000 per year (Table 2). The components of this program are- Vulnerable Group Development (VGD), VGD-UP (8 district on monga area), Vulnerable Group Feeding (VGF), Test Relief (TR) food, food assistance in CTG-hill tracts

area, fund for the welfare of acid burnt, community nutrition program, accommodation (poverty alleviation), housing support, one house one khamar, mother & child nutrition assistance. The amount for the food security program is too low to support these vulnerable groups. The program of disaster assistance is also not sufficiently high for establishing the infrastructure again which push them to fall into poverty. In Bangladesh, disaster driven poverty is increasing day by day because there is no marketable recovery system such as insurance, adequate disaster assistance and as a result household becomes vulnerable and marginalized which put them into vicious cycle of poverty.

4) **Public Work and Employment Generation (PWEM):** This program shares only 7.31% in the whole sample and the average amount of the benefit is BDT 3,469 per year (Table 2). The components of the program are- cash for work, agriculture rehabilitation, subsidy for open market sales, 100 days employment scheme, rural employment opportunities for public assets, rural employment and road maintenance program, char livelihood, Shouhardo program, TUP (Brac), food for work (NGO) program. The average benefit is BDT 290 per month which is less than the income of a day labourer in a day. So it is quite surprising that this money is abysmally small to income support. This program is run seasonally and worker gets payment of their daily wage, but this short time program do not guarantee their employment generation in the whole year. So their job is not secured.

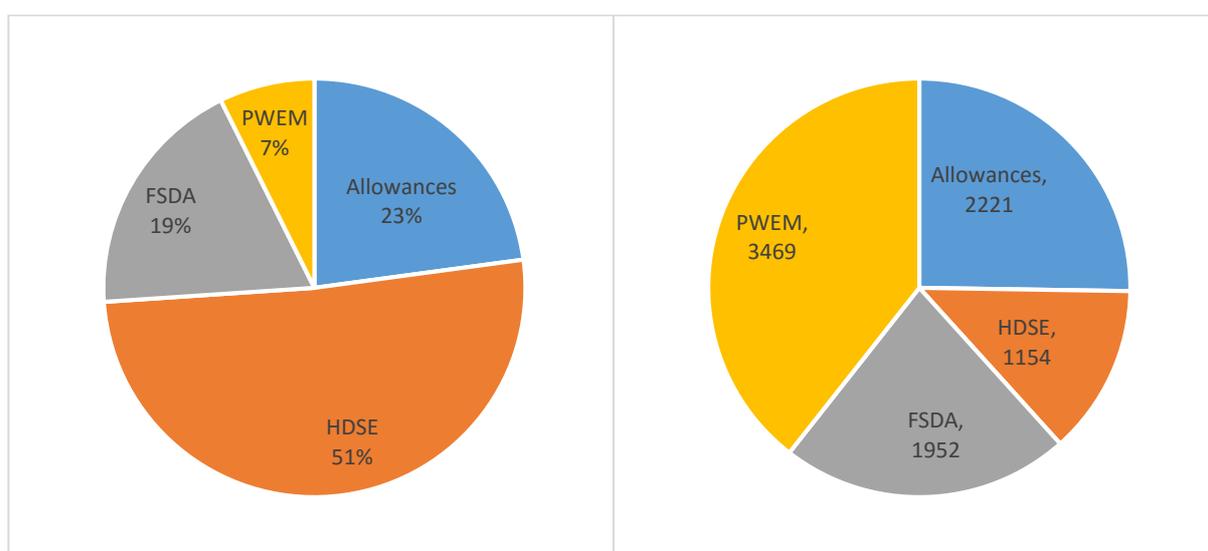


Figure 10: Percentage of households received the program (left) and average amount of money in BDT received in each program (right).

Source: Authors’ calculation based on BIHS 2011-12 data.

If we look at the figure, we see HDSE comprises more than 50% of the program but their average amount is the lowest as BDT 1,154. Similarly, PWEM covers only 7% people in the sample but the average amount is the highest as BDT 3,469 (Figure 10). The other two such as FSDA and Allowances constitute almost similar coverage and money amount according to the sample. In the coverage graph in the left it is quite interesting to see that HDSE is higher but it becomes frustrating when the amount goes to the lowest.

The SSNP supports the consumption of a households in a very minimal way. If we look at the monthly expenditure quintile of the beneficiaries of SSNP, we see the monthly average amount of SSNP is just close to BDT 200 irrespective to their consumption expenditure level (Figure 11). Statistically the first and second quintile receives the higher portion compared to their monthly consumption expenditure but the top two quintile is just abysmally small amount. This graph depicts the abysmally small amount of support which is provided by the government through SSNP which also found in other literatures such as (Osmani, 2014; Rahman & Choudhury, 2012). So SSNP is the insignificant amount in the monthly consumption of the vulnerable households. In Bangladesh social security is not strong and sufficient and most vulnerable people seek support from the friends and family and also from the community they live. State sponsored social protection is inadequate and abysmally low amount to survive. As a result vulnerable people start to migrate in the high income areas for searching new opportunities and higher income. They also get involved in social crime and put pressure in the city inhabitants.

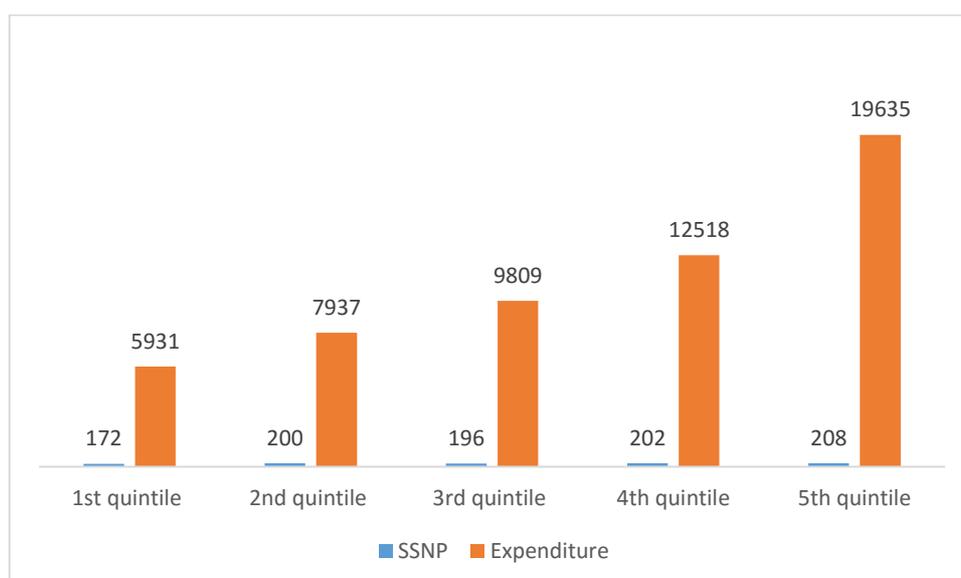


Figure 11: Monthly SSNP received and household expenditure in Bangladesh based in BIHS 2011-12 data.

Source: Authors' calculation based on BIHS 2011-12 data.

4 Economic Analysis

The people who received the SSNP are the wretched of the poor. They have no other options to survive and become helpless. Although the benefit is ridiculously low, they seek the benefit from this. If we look at the household characteristics of these households who have received the SSNP and those who didn't received the program from our samples, the statement becomes quite clear. The participants have higher age and low education than that of non-participants which are statistically significant at 1% level (99% confidence interval) as P-values are almost zero (Table 3). The participants have higher family size but their average yearly income is much lower than the non-participants. The participants have average income of BDT 98,771 which is much lower than that of non-participants. They have almost half of the assets of the non-participants although both of these groups are from the rural population. Monthly average expenditure of participants is also very low than the non-participants which is also statistically significant. It is quite shocking as well as surprising that participants receive only 2% of their monthly expenditure from the national SSNP. This amount of money is just less than the minimum daily wage of a day labourer. So those people who have no other means of income support, they come to this umbrella for the drop of support from the government.

The economic implication of this small amount of money such as BDT 200 not significantly affecting their consumption smoothing process. They have other sources of support so that they still are surviving. It is quite inhuman that for this small amount of benefit sometimes they have to bribe the local authority to list down their names in the eligible participants. And when they receive the amount, they have to go to the center to collect the amount which also involves transportation costs and time. So the cost of receiving the amount is sometimes higher than the benefit they receive. Nevertheless, it provides good motivation for the primary and the secondary students to regularly go to school so that they continue receiving the amount. This is a good incentive for the students who cannot participate in the labor market in a part-time basis.

Table 3: Summary statistics of participant and non-participants of SSNP in Bangladesh

| Household characteristics | N | Mean | Non-participant | Participant | p-value |
|---|------|----------|-----------------|-------------|---------|
| Age of household head (years) | 5503 | 43.9 | 43.1 | 44.8 | 0.000 |
| Education of household head (years) | 5503 | 3.3 | 3.9 | 2.5 | 0.000 |
| Household size | 5503 | 4.2 | 4.0 | 4.5 | 0.000 |
| Household head employment (Yes=1) | 5503 | 87% | 84% | 90% | 0.000 |
| Household total yearly income (BDT) | 5503 | 117457.2 | 132619 | 98771 | 0.000 |
| Household total assets (BDT) | 5503 | 977038 | 1271967 | 613551 | 0.000 |
| Household total monthly expenditure (BDT) | 5503 | 10767 | 11539 | 9817 | 0.000 |
| Household total SSNP received monthly (BDT) | 2465 | 193 | 0 | 193 | 0.000 |
| Total loan outstanding (BDT) | 5503 | 28461 | 33110 | 22731 | 0.000 |
| Total land (decimal) | 5267 | 61.7 | 77.4 | 42.1 | 0.000 |
| Roof: tin | 5503 | 93% | 92% | 93% | 0.168 |
| Roof: brick | 5503 | 3% | 4% | 1% | 0.000 |
| Roof: leaf | 5503 | 5% | 4% | 6% | 0.000 |
| Distance from small market (Km) | 5441 | 1.7 | 1.7 | 1.8 | 0.143 |
| Distance from nearest town (km) | 5310 | 9.6 | 9.6 | 9.6 | 0.921 |

Source: Authors calculation based in BIHS 2011-12 data

From the loan outstanding (Table 3) it is clear that the beneficiaries of the SSNP have less entrepreneurship skill because they have less loan outstanding than the non-participants. The participants also have poor housing infrastructure and less land and poor housing quality than the non-participants. Distant from market and town do not necessarily make any significant difference in their participation status.

4.1 Determinants of SSNP participation

To find out the determinants of SSNP participation, we have applied probit regression model. We have regressed participation of SSNP to other household characteristics and found that if age increases the likelihood of being SSNP participants increases which is statistically significant at 1% level (Table 4). If a household has more education, then the likelihood of participating the program decreases and the marginal effect of education is 1.2% decrease of participation. If household size increases by one person then the likelihood of being participant increases and the marginal effect of household size on participation is 8.1% which is also statistically significant. Similarly income, assets, land and monthly expenditure show a negative significant relationship with the participation status. Loan outstanding does not play any role for being participant of SSNP. Housing types such as roof made of tin or bricks shows

negative relationship in the regression analysis. Distance from market and town do not pose any significant relationship with the participation status.

The economic interpretation of the participation is that those who are really poor in the society participated in the SSNP and it is proved from the regression analysis. The households who have less resources and bad housing condition with the higher family size with higher age, they are more likely to participate in the program.

Table 4: Probit regression model for determinant of SSNP participation

| Dependent variable: Participation to SSNP (Y=1) | Co-efficient | Standard Error | Marginal effect |
|--|---------------------|-----------------------|------------------------|
| Age of household head (years) | 0.008*** | 0.001 | 0.003*** |
| Education of household head (years) | -0.031*** | 0.005 | -0.012*** |
| Household size | 0.206*** | 0.014 | 0.081*** |
| Household head employment (Yes=1) | 0.174*** | 0.058 | 0.067*** |
| Household total yearly income (BDT) | -0.000*** | 0.000 | 0.000*** |
| Household total assets (BDT) | -0.000*** | 0.000 | 0.000*** |
| Household total monthly expenditure (BDT) | -0.000*** | 0.000 | 0.000*** |
| Total loan outstanding (BDT) | -0.000 | 0.000 | 0.000 |
| Total land (decimal) | -0.001*** | 0.000 | 0.000*** |
| Roof: tin | -0.165* | 0.089 | -0.066* |
| Roof: brick | -0.564*** | 0.161 | -0.202*** |
| Distance from small market (Km) | 0.000 | 0.011 | 0.000 |
| Distance from nearest town (km) | 0.002 | 0.002 | 0.001 |
| _cons | -0.770*** | 0.130 | |

note: *** p<0.01, ** p<0.05, * p<0.1

Source: Authors' calculation based on BIHS 2011-12 data.

Social Safety Net Program (SSNP) is the component of social protection where the wretched of the poor only participated. However, there are large number of population who are out of this protection. But this doesn't mean that they don't need social protection, mostly they are using informal social protection from families and communities. Lack of suitable health insurance policy, labor laws and also contemporary social welfare make the social protection system weak and vulnerable. Only providing some money in crisis time doesn't solve the problem of the vulnerable groups. They need more support counselling to live a better life. Moreover a good labour law can protect their rights to live a decent life. But unfortunately, in Bangladesh none of these are working properly. SSNP can support the anti-poverty program a

little bit but this process is not sustainable unless and until a good social protection system is formulated and social work service is established.

5 Context of medical social work

Medical social work is the sub-discipline of mainstream social work which is also known as Hospital Social Work and Healthcare Social Work. In this discipline, a medical social worker performs his/her duty in hospital, outpatient clinics, community health clinics, nursing facility clinics etc. The social worker is a graduate in Social Work degree such as a Masters or Bachelor degree with healthcare specialization. In medical social work, the social worker assesses the psychological functioning, environmental and support needs of patients and families (such as social, emotional, environmental, financial, and support needs) and do necessary actions as per ethical guideline of the social workers. Interventions may include connecting patients and families to necessary resources and engage them in the community by providing psychotherapy, supportive counselling, and grief counselling and helping a patient to expand and strengthen their network of social supports. Medical social worker performs his or her job in an interdisciplinary team where the professionals from other disciplines such as medicine, nursing, physical, occupational, speech and recreational therapy are also engaged. Medical social worker pursues to remove the obstacles that are associated with the patients' surroundings or in the mental attitude which interfere with successful treatment and then freeing the patient to aid in his recovery as a whole person.

A medical social worker is a part of a multidisciplinary healthcare team aiming to support the patients and their families with necessary supports during the treatment period and thereafter. The work ranges from psychological support, case management, psycho-education, counselling and referrals for other services or linking them to the resources (Hepworth, Rooney, & Larsen, 2002). A medical social worker also perform administrative and service roles which ranges from program planning, day-to-day operations, service monitoring and media liaison, budgeting and policy development, program management for health promotion, disease prevention advocacy and making accessible of certain healthcare services. S/he performs the healthcare management work towards the system transformation through coalitions with various departments. The benefit of the service is to reduce the gap in health inequality.

5.1 Function of a medical social worker

The function of a medical social worker is the very much similar to the typical social worker.

- Psychological assessment: assessing the strength and resilience of the patients, family and social support system to support the client within the community.
- Family education and crisis intervention: educating the family on the physical and psychological needs of the client and link internal and external resources to combat the crisis.
- Counselling: support counselling the client and his family for mental health such as depression and anxiety, help coping and adjustment difficulties etc.
- Risk assessment: assessing risk of self-harm (suicide) and to others (family violence, elder abuse, child abuse)
- Financial assessment: identifying and referring cases for financial assistance and fund management.
- Care coordination and discharge planning: efficiently working with the other professional in the hospital to successfully discharging the patient and implement the post discharge care plan.
- Information and referral services: providing information and linking the patient to community resources and healthcare system.

5.2 Case study of medical social work

The case study of medical social work is described in the following page.

Case study: Cancer patient Julekha seeks help

A patient name Julekha, 40, got admitted to the BSMMU hospital seeking treatment for her throat pain on 25/01/2012. She is the daughter of Nannu Mia of village- Maria, P.O. - Sholpomaria, P.S. and District- Kishorgonj. Doctor identified that she got cancer in the throat because of problem in the teeth for long time. She was the patient of Dr. Belayet Hossain Siddiqui of BSMMU hospital and taking treatment for the disease.

Rationale for taking the case:

Mrs. Julekha has got cancer treatment and already she spent all her money she had. She didn't have any health insurance to cover the treatment. Although she was admitted in a subsidized government hospital where she had to pay a reduced amount for treatment, she needed to pay for the medicine and other test the doctors made. And already her family paid BDT 20,000 which is a major amount for a family only earning BDT 4000 per month. The family of patient ask help to the social work department for financial assistance. From the social work department of the hospital I (Trisa Khan) was assigned to take care of the patient. I took the case on 31/01/2012 and provided necessary steps for getting any benefit from the social work department of the hospital.

Engagement: After seeing the worse condition of the patient and her family I engaged them into the system where we can help the applicant. I talked with the husband of the patient and collected information and also checked the papers and reports that they received from the respective hospital department.

Assessment: Getting all the information and also observing personally, I completely understood that this patient would need support both financially, mentally and as well as socially. The four member family already suffering from financial crisis as they had stopped earning because of the hospitalization of the patient and the husband had to remain in the hospital with his wife for taking care of her.

Planning: after assessing the importance of the case, I made a plan how we could help this patient because the doctor told them to do an operation and for that they needed financial support. But the social welfare department had limited resources and they couldn't be helped with the full amount they need. So the patient needed additional helps from her family and friends.

Implementation: I stated working with the patient and contacted them regularly. I did necessary paper works and also provided moral strength to the family so that they won't get mentally broken. I also told her to take medicine regularly and also follow the advice of the doctor. I also arranged some financial help from the social work department to support the treatment. I established a professional relationship with the patient by regularly visiting them in the hospital cabin and also wishing her a good recovery which she invited warmly.

Supportive counselling: Besides advising the patient for the treatment, I also advised them to live in a healthy environment and also keep personal cleanliness so that the others don't get affected. I advised the family members of the patient for not being too worried and should take care of their health too.

Monitoring and evaluation: Mrs. Julekha was admitted with critical disease and as a social worker I learned the problem and engage her to the social work department benefit which she could avail and I did the whole process to support this patient. Although the rate of recovery from cancer is almost zero, I gave them hope and also provide them mental support so that other members of the family don't break down.

Graduated disengagement: Mrs. Julekha got support from social work department and then was discharged from the hospital on 5/02/2012. I also supported the patient in the discharging process and also advised them to get in touch if they needed further support. We wished recovery of Julekha.

6 Discussion

The existing social protection system in Bangladesh is only based on social safety net program only. The other elements of social protection such as strict labor policy, health insurance and contemporary social welfare system are absent. Among the other three components, health insurance is the most important because health related shock is the most pervasive type of shocks which even drive non-poor households to poverty and the poor households into deeper poverty (Osmani, 2014).

It is observed from our study that the recipient of the SSNP receives abysmally small amount of money as social protection which is only the 2 percent of their monthly consumption. Although there are different categories of the SSNP available in Bangladesh, these support is not effectively reducing poverty rather supporting the vulnerable to survive a lit bit. Community support is playing a major role instead. The greater challenge is that the decay of the community and family based system of social protection is putting pressure on the state sponsored protection system.

Even the delivery system of the SSNP is not satisfying the main essence of social protection. The absence of supporting counselling, post treatment follow up, and ex-ante program initiatives depict the weak social protection delivery system. Social work could play a vital role in this regard.

Based on the identified problems, this study proposes some recommendations for the further development of the sector such as-

- 1) Increasing the amount of SSNP and shifting the focus towards the new and emerging challenges such as rapid urbanization, globalisation, and structural changes and human development.
- 2) Faster response system for the disaster vulnerable and also maintaining their post-disaster livelihood to a reasonable level so that they don't fall into chronic poverty.
- 3) Food transfer program should also ensures the quality of food and the nutritional value of food.
- 4) Public health insurance program should be initiated as early as possible.
- 5) Better targeting of the poor and the vulnerable in the different part of the region should be taken into consideration.

6) Rather than curing the problem (ex-post) it is better to prevent the problem (ex-anti). So more ex-anti program should be designed for the sustainable income support of the poor.

7) The implementation and administration of the program should be improved by allowing social workers in this sector. Government should take specific initiative to engage the social work graduates in this sector for managing the SSNP which can make the delivery system more effective and also proper accounting of the programs.

7 Conclusion

The objective of this paper is to explore the social protection system in Bangladesh from the demand side analysis and the role of social work for better managing the system delivery of social protection. For this purpose, the strength and weakness of the SSNP in Bangladesh has been discussed and also find out the determinants of the participation of the program based in the national representative data of rural Bangladesh. Careful investigation and econometric data analysis shows that the existing system is reasonably progressive but it has failed to achieve the main objective of serving the disadvantaged group to live up their living standard, enabling them better coping mechanism and capability development sustainable income support. The proximate reasons for this failure are firstly the aggregate amount of support being abysmally small compared to the needs and secondly there is mistargeting issue in the distribution. More focus should be given to employment generation and human capital development for sustainable development of the poor people. Health insurance program should be initiated as early as possible because the non-poor becomes poor because of the health related shocks. The delivery system of the SSNP is not effective and sustainable. Employing social work graduates for implementing the program through the principles of social works could offer better delivery system which would be more sustainable in future.

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