Social Safety-net of Poor Women in Bangladesh: A Study on Relevance and Effectiveness of Motherhood Allowance Programme

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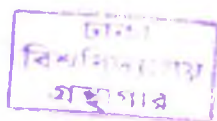

Department of Peace and Conflict Studies
University of Dhaka

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Social Safety-net of Poor Women in Bangladesh: A Study on Relevance and Effectiveness of Motherhood Allowance Programme

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M.Phil, Second Part

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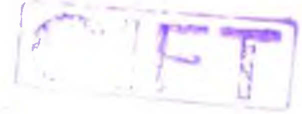

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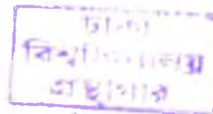

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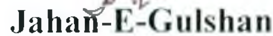
RESEARCHER'S CERTIFICATE

I certify that this is my original research work, which I have completed under the supervision of Professor Dr. Dalem Ch.Barman. I have not submitted this thesis or any part of it for any degree or publication.



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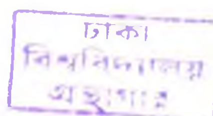

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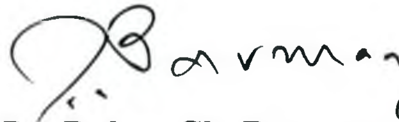
Social Safety-net of Poor Women in Bangladesh: A Study on Relevance and Effectiveness of Motherhood Allowance Programme

SUPERVISOR'S CERTIFICATE

This is to certify that Jahan-E-Gulshan has done this research under my guidance. It is her original work. Neither this thesis nor any part of it has been submitted to anywhere for any degree or publication.



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ABSTRACT

Social Safety Nets (SSNs) are non-contributory programmes aimed to mitigate poverty and inequality, enable better human capital investments, improve social risk management, and offer social protection to the poor and vulnerable section of the population. The government of Bangladesh, with the commitment to alleviate poverty as soon as possible, took the initiative of including this section of the population under different SSNs.

Social Safety Net Programmes (SSNPs) are operating in Bangladesh as a development policy. Only nine are for poor and vulnerable women. One such Social Safety Net Programme is the Motherhood Allowance Programme for Poor and Lactating Mother (MAP).

A majority of the Bangladeshi women have been raised up in malnutrition mainly because of poverty and a patriarchal perspective of the society. Improving rural poverty, nourishment of women and children, safe motherhood, and reducing maternal and child death remain a difficult challenge till date in a developing country like Bangladesh. Several steps like the MGDs or PRSP have been undertaken to face this challenge worldwide.

MAP is one such programme which has been undertaken as a pilot project by a non-government organization DORP in 2005. Later in 2008, the government of Bangladesh also initiated a similar scheme. Currently under this programme, covering the entire country with Upazila-level units, poor pregnant women and lactating women are given a monthly allowance of Tk 350. It is to be noted that, the allowance mainly targets to ensure nourishing diets and treatment for these women.

The objective of the assessment was to see how the allowance programme affected the beneficiaries. The study was conducted to judge the targeting, selection and disbursement process of the allowance programme, review the benefits acquired from this programme, draw appropriate outline for its further development and suggest some recommendations.

A combination of quantitative and qualitative method has been used in this study. Both primary and secondary sources of data have been gathered. Specifically the study is based on interviews, surveys and case study methods.

Data were collected from seven divisions in the country. In each division, the sampling was comprised of one district, two Upazilas and four unions. A total of 420 beneficiaries (of MAP) and 196 non-beneficiaries from a total of 28 unions (including the district, Upazilas and unions) were selected for the study.

The study reveals that in some cases the beneficiary selection process was flawed. The programme was found used for political and personal gain. This study also found that inadequate and irregular monitoring and supervision of the implementation process made the programme relatively less effective.

However, it is found that, the programme is relevant for the poor mothers. But, for better efficiency, the programme must be more extensive. In addition, the formal guidelines must be followed strictly and all forms of ill-conduct must be prohibited. If such can be done, the programme will have a positive impact to the development of poor mothers in the society.

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I sincerely appreciate generous assistance given by the officials and local government representatives of upazilas and union parishads and common villagers for providing all the valuable information. I am highly grateful to the beneficiaries and non-beneficiaries of the villages who shared with us their part of the MAP experience.

The support I got from my family was tremendous. I worked on this research to fulfill the dreams of my mother, KBM Jahanara Hossain. My father, Mr.MD.Jamrud Hossain, was beside me always like a shadow throughout my efforts behind this research. My mother in-law Mumtaz Begum and uncle Mr.Emamul Haq always stood by me with their strongest support for my work.

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Jahan-E-Gulshan

University of Dhaka,

September, 2013

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LIST OF ABBREVIATIONS

ANC	Ante Natal Care
ASA	Association for Social Advancement
BBS	Bangladesh Bureau of Statistics
BRDB	Bangladesh Rural Development Board
CBOs	Community Based Organizations
DWA	Directorate of Women Affairs
EPI	Extended Program on Immunization
FGD	Focus Group Discussion
GO	Government Organization
GOB	Government of Bangladesh
HNPSP	Health, Nutrition and Population Sector Programme
HPSP	Health and Population Sector Programme
IGAs	Income Generating Activities
LAB	Low Birth Weight
MA	Motherhood Allowance
MAP	Motherhood Allowance Programme
MGD	Millennium Development Goals
MMR	Maternity Mortality Rate
MNCH	Maternal and Neonatal Child Health
MoWCA	Ministry of Women and Children Affairs
NGOs	Non-Government Organizations
NMHS	National Maternal Health Strategy
PNC	Post Natal Care
PRSP	Poverty Reduction Strategy Paper
RDA	Rural Development Academy
SSNP	Social Safety Net Programme
UHC	Upazila Health Complex
UNO	Upazila Nirbahi Officer
UWAO	Upazila Women Affairs Officer
UPZ	Upazila Parishad

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CHAPTER ONE

INTRODUCTION

Social Safety-net of Poor Women in Bangladesh: A Study on Relevance and Effectiveness of Motherhood Allowance Programme

1.1 Introduction:

Women are proletariats of the proletariats. They are indeed an underprivileged group. This is a common scenario throughout the world. Situation is worse in developing countries like Bangladesh. Poor women in rural areas of the country suffer more in their pregnancy. As they could not afford adequate food, they give birth of under weight babies. In Bangladesh more than one third babies are low birth weight babies (that is below 2.5 kg). Low birth weight babies (LBW) is three times more likely to die in infancy than of normal weight at birth (RDA: 2012). Not only that nearly 600000 women of Bangladesh died each year of pregnancy related causes. According to UNFPA (2002), the estimated lifetime risk of dying from pregnancy and childbirth related causes in Bangladesh is 1 in 21, compared to 1 in over 4,000 in industrialized countries. Of the total maternal deaths, 69% is due to direct obstetric causes, 14% is reported as due to injury and violence, and the rest 17% due to indirect causes. The indirect causes come from socio-economic conditions and patriarchal outlook on females. So child and maternal mortality and morbidity are not issues of heath alone but also social. Reduce maternal and child mortality are one of the major targets of Millennium Development Goals (MDG).To achieve MDGs Bangladesh government has taken various steps under Social Safety Net programme. Presently Bangladesh government is operating 98 Social Safety Net Programmes (SSNPs) in which 9 programmes are only for women. Motherhood Allowances for the Poor Pregnant and Lactating Mother (Motherhood Allowance) is one of those, which deliver cash supports to the target people. This programme has been going on for the last four years. There are specific aims and goals of the programme. Besides this, Bangladesh is ranked 28th among 35 countries of Asia and the Pacific Region in the Social Protection Index (SPI) of the Asian Development Bank, meaning that a large number

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of poor and vulnerable people of the country are exposed to risks like unemployment. ill health and natural disasters.

1.2 Statement of the Problem:

Bangladesh has one of the world's highest rates of adolescent motherhood based on the proportion of women younger than 20 giving birth every year. One in three of teenage girls in Bangladesh is already a mother. Another 50 percent are pregnant with their first child. Maternal mortality for adolescents is double national figure. (RDA:2012)

It is estimated that 14% of maternal death are caused by violence against women, while 12,000 to 15000 women die every year from maternal health complications. Some 45 percent of all mothers are malnourished. (RDA :2012)

The problem of malnutrition in children actually begins even before they are born: young girls, who are weak and undernourished to begin with, get more drained during pregnancy, produce babies with low birth weight and are then unable to produce adequate quantities of breast milk. Thus, a large part of the problem is among women, starting from adolescence and continuing through pregnancy and lactation. The other part of the problem is concentrated during the first two years of the child's life; the first six months are spent with inadequate breast milk, the next 18 months spent with poor weaning practices.

However, the maternal mortality ratio (MMR) has declined 40 percent with 9 years and the risk of maternal death has come down to 1 in 500 births. The country are on track in fulfilling Millennium Development Goals (MDG).Still the proportion of births attended by a skilled health worker is very low. The current status shows that the rate is 32 per cent according to DHS-2011.

In order to address the problem government of Bangladesh has been operating a scheme called "Motherhood Allowance for Poor Pregnant and Lactating Mother(Motherhood/Maternal Allowances)" since 2007.

Under this programme, extremely poor women who are either pregnant or lactating are given monthly cash support Motherhood Allowance is a part of social safety net

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support for the poor pregnant women, during 24 months staring from conception, which involves a cash support, accompanied by maternal and neonatal health training programme, provided in order to promote the dignity and empowerment of the mothers and babies. This is a programme for the poor pregnant women who are going to be mother for the first or at most the second time to encourage planned life.

In 2007-2008, this programme was operated 3000 unions in the lowest tier of local government, involving a budgetary allocation of BDT 170 million. 45,000 mothers were given BDT 300 (USD 5) each per month for 24 months starting from their conception. In 2008-2009 the budgetary allocation was increased to BDT 210.06 million in order to reach more 60 thousands mothers and in 2009-2010 to BDT 336 million for 80 thousands mothers with an increase per head allocation of BDT 350.

During the fieldwork of this study, it was found that 17 mothers in each union of 4000 had been receiving allowances from the Government revenue budget for 24 monthly covering the pregnant or lactating period.

The scheme is one of the important Social Safety Net Programmes. This programme has been running since 2007. However, until now the effectiveness of this programme has not been evaluation. As the scheme is running 7 years, so it is very much necessary to evaluate the relevance and effectiveness of the programme.

1.3 Rationale of the Study:

Bangladesh has been pursuing various development programmes to promote socio-economic status of women in the society. The Constitution of Bangladesh calls for special programme for poverty reduction of the vulnerable groups particularly women. Some Social Safety Net Programmes (SSNPs) are specially designed to address extraordinary vulnerabilities and insecurity of women particularly the poor pregnant and lactating women.

Although Bangladesh has been continuing the Social Safety Net Programmes for over two decades, so far only a few micro level academic studies appears to have been done. This programme is almost without evaluation though this holds special attention in strategic papers like MDG and PRSP and important position in the women related activities of the government. The evaluation of Motherhood Allowance is not

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sufficient enough. Is this programme playing any role for ensuring social safety net of poor women? If this programme is really helpful, to what the extent? Is there any theoretical limitation in strategic introduction and implementation of the activity? It is crucial to raise these questions and to know their answers. Any thorough study on social safety net interventions may help find some critical issues that may be contributory to further development of the programme to capture the vulnerabilities in an effective and comprehensive way. Thus, a study aiming to analyze the qualitative impact on the community level of the intervention by sharing experiences of the beneficiaries merits special attention. In this regard, polices and activities of the programme to achieve success and opinions of the expertise with implementation, effectiveness and relevance of the programme will enrich our knowledge. In fact there is no alternative to research specially field research to explore the new and practical issues.

1.4 Objectives:

In the perspective of above discussion, the present research primarily intends to capture some of the impacts of the "Motherhood Allowances for the Poor Pregnant and Lactating Mother (Motherhood/Maternity Allowance)" on the poor pregnant and lactating women living in seven unions of seven districts under seven divisions. The specific objectives are:

1. To evaluate success of creating social safety-net of the poor mothers in the light of declared goals of Motherhood Allowance Programme (MAP)
2. To measure the management skill of the programme
3. To evaluate the policies and theoretical relevance of the programme on economic-social perspective
4. To suggest relevant policy and effective development activities to create more social safety-net for the poor women specially poor mother

1.5 Research Questions

To attain those objectives of the programme, I need to know the perceptions of the beneficiaries regarding the scheme. It is very important to make out the views of the

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main stakeholders of any programme for its appraisal and further development. I wanted to know the experiences of the key actors of the scheme i.e. the beneficiaries, the selectors, the implementers and local civil society from their point of view with the intention to compare their statements and get the actual depiction of the problem. In this backdrop, I selected the following research questions:

1. How do the poor pregnant and lactating women receiving the allowance perceive the MAP?
2. To what extent are the pregnant and lactating women aware of MAP?
3. How far the MAP has been able to change the socio-economic status of the beneficiaries?

1.6 Limitations:

Because of the time and financial constraints, I had to focus on the implementation of this benefit program in 28 Union Parishads only while this Allowance Programme is a nationwide Program covering all Unions of the country. However, I have paid special attention in drawing the sample Unions and therefore, I would claim that the findings of the research would be representative.

1.7 Structure of the Thesis:

Chapter One of the thesis provides an introductory discussion, Chapter Two contains a Reviews of Literature while Chapter Three offers Framework and Methodology. Chapter Four provides the Conceptual Framework, Chapter Five offers the Overview of the Social Safety Net Programme in Bangladesh, Chapter Six provides an Overview of the Motherhood Allowance Programme . Findings of the research are presented in Chapter Seven whereas Chapter Eight deals with Conclusion, Summary and Recommendations.

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CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section deals with existing literatures concerning the implementation dynamics of the Social Safety Net Programme in the context of Bangladesh and other parts of the world. It reviews those literatures to extract useful and relevant information, ideas and concepts on implementation of the Social Safety Net Programme.

2.2 Literatures Related to Social Safety Net Programmes (SSNPs):

There have been very few literatures related to the assessment of the "Motherhood Allowance programme (MAP)". However, on the contrary, plenty have been found concerning the Social Safety Net Programmes (SSNPs) as well as their effectiveness. Some works on the critic of SSNPs in developing countries like Bangladesh have also been found. Therefore, we shall gain some idea from the literature review on Social Safety Net, their effectiveness from the wider perspective and then focus on the study related to "Motherhood Allowance Programme".

Fundamental ideas on the Safety Net Programmes of Bangladesh and their efficiency in poverty and risk reduction were found in a study "Strengthening Social Safety Nets in Bangladesh". It underlined that there was barely any programmes for the people who encounter several problems at various stages of life. This study suggested that Safety Net Programmes can play an important role in alleviating poverty and promote long-term growth by providing households with its protection. In this text, a more recently identified role for safety nets was mentioned to aid households to cope up with risks.

In the study National Strategy for Accelerated Poverty Reduction "Unlocking the Potential," it has been said that Bangladesh has a robust portfolio of Social Safety Net Programmes (SSNPs) which addresses various forms of risk and vulnerability and attempts to reduce poverty through direct transfer of resources to the poor. The

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portfolio has been responsive to changing risk calculations and has witnessed a fair degree of innovation. Thus, a food rationing system led to the 'food-for-work' programme and subsequently to the development of vulnerable groups. Food-for-education programmes and other incentive programmes such as the school remunerations combine safety net targets with human development objectives. The arguments in favors of SSN are based on the government's policy to (a) reduce uneven income; (b) maintain a minimum standard of living; and (c) redistribute income from the rich to the poor. The basic characteristics of SSN include transferring resources in cash or kind directly to a disadvantaged group of people (the poor, women, disadvantaged groups, old people) through a mechanism with or without conditions. This paper focuses the existence of different Safety Net Programmes and their effectiveness in mitigating poverty.

"With multi-agency and multi-ministry involvement in handling Safety Net Programmes in Bangladesh (Ministry of Food and Disaster Management, Ministry of Women and Children Affairs, Ministry of Social Welfare, Ministry of Chittagong Hill tracts Special Affairs, Ministry of Local Government, Ministry of Education, Ministry of Primary and Mass Education etc), there are also multiple committees to manage these programmes. These might lead to lack of coordination and overlapping at the one hand and inability to reaching the most deprived on the other" (M. Maniruzzaman, 2009).

In the same article, Conning, Jonathon and Kevane, Michael (2000) interpreted several case studies and theories on community involvement in Social Safety Nets. They warned that benefits from local information utilization and social capital may be reduced by expensive rent seeking and capturing the interests of the elites. They hinted that local preferences may not always favor the poor and it might be vulnerable to a decline in political support especially in the case of local administration of centrally designed programmes.

The PRSP document, besides describing important Safety Net Programmes, noted some weaknesses of the SSN programmes in Bangladesh. They include (a) limited coverage (b) insufficient grants for the beneficiary and (c) leakages. Lack of an integrated national policy and inadequate comprehension of gender dimensions of poverty was also mentioned in the paper. It then discussed the need for coming up

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with more effective Social Safety Net programmes asserting on the issue of governance. (PRSP document, 2005).

Various important suggestions were made in the PRSP document for better targeting and improving efficiency, effectiveness and coordination of the poverty reduction programmes. In implementing such programmes, emphasis was laid on minimizing leakages, avoiding duplication and ensuring more coordinated endeavors. The urgency for widening Social Safety Net Programmes and a more comprehensive social security system was highly pressed. (M.Maniruzzaman, 2009).

Conning, Jonathon and Kevane, Michael (2000) said that the growing responsiveness of SSN importance in developing countries have not been applied properly because the traditional social welfare ministries could not reach and engage the poor properly. This led to experimentation with service delivery options and poverty alleviation mechanisms that engage the poor and their communities more while designing programmes, implementing and monitoring them.

Although the coverage of SSN has gained over the years, it is yet to reach some of the very poor and while some others (although in limited number) have received assistance from more multiple sources. The World Bank in its Project Information Document of Bangladesh National Social Protection Project noted existence of "considerable overlapping and duplication in programme delivery" and involvement of "several ministries" with "overlapping objectives" and targeting "similar beneficiaries, with limited coordination". Targeting efficiency was reported "moderate" according to assessment of the World Bank pointing the need to rethink on targeting criteria and institutional delivery mechanisms. (M. Maniruzzaman, 2009).

David P. Coady, in a study on "Designing and Evaluating Social Safety Nets: Theory, Evidence, and Policy Conclusions" mentioned that as widely practiced, existing Social Safety Nets are perceived to have a number of shortcomings that substantially reduce their effectiveness. First, they often fail to reach the intended target group, the poorest households. Second, they are made up of a myriad of small, uncoordinated, and duplicative transfer programs. Third, a combination of operational inefficiencies and corruption results in an unnecessarily high cost of transferring resources to households. Fourth, even when the transfers do reach intended beneficiaries, they fail

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to generate a sustained decrease in poverty independent of the transfers. Fifth, the transfers are often too small, and programme coverage too low, to have any noticeable effect on overall poverty.

Margaret Grosh, Carlo Del Ninno, Emil Tesliuc, and Azedine Ouerghi in a book "For Protection and Promotion the Design and Implementation of Effective Safety Nets" mentioned that- "The quality of implementation is vital. Good intentions are not sufficient: real working systems need to be developed. A badly implemented programme is not worth doing. While numerous good examples exist to show that worthwhile programmes are possible in many settings, there are still more programmes that do not deliver all they could, and some do not deliver enough to be worth the money spent".

It has also been mentioned that good Safety Net Programmes require investments in their administrative systems. Excessively high overheads are obviously undesirable—but so too are insufficient systems. Developing systems that allow programmes to become their most effective and deliver the most value for the money will require some investment. An important part of that investment is development over time by self-critical and Proactive managers.

Concentrating resources on the poor or vulnerable can increase the benefits that they can achieve within a given budget or can achieve a given impact at the lowest cost. The theoretical gain from targeting can appear to be large. For example, if all the benefits provided by a transfer programme were targeted to the poorest quintile of the population rather than uniformly distributed across the whole population, the budget savings or the difference in impact for a fixed budget would be five to one. In practice, the full theoretical gain is not realized, because targeting is never completely accurate, and because costs are associated with targeting. These costs include administrative costs borne by the programme, transaction and social costs borne by programme applicants, incentive costs that may affect the overall benefit to society, and political costs that may affect support for the programme. The size of targeting errors and costs will differ according to the setting and the types of targeting methods used and must be assessed carefully in any policy proposal (Grosh, M. et al, 2008).

In the same article, it is mentioned that the problem is also with targeting and leakages. It focused that despite the successes of SSNP in Bangladesh, there have

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been causes of concern on several counts. There have been various administrative problems obstructing the smooth running of the programmes. Targeting has been off the mark in some of the programmes. In some cases, leakages have been more of a problem than targeting. In addition, in-kind transfers such as food may have depressed prices somewhat, and this could be a disincentive to small producers.

Consideration could be given to (i) establishing a clearing and designing house for keeping track and coordinating optimal utilization of scarce resources by avoiding duplication and dovetailing programmes so that the needs of the special groups may be catered to; (ii) minimizing the number and improving the accountability of intermediaries who are involved in administering Safety Net Programmes; (iii) establishing a standing arrangement for monitoring and overseeing the development and implementation of policies and programs for Safety Net Programmes; (iv) coordinating the views and activities of the government and non-government organizations in SSN areas; (v) outsourcing responsibility for implementing Safety Net Programmes at the local level; (vi) introducing periodic evaluation of programmes to throw light on what is working and what is not; and (vii) allowing for reform and consolidation of programs where needed. ("Unlocking the Potential" ,National Strategy for Accelerated Poverty Reduction)

Harold Alderman and John Hoddinott, in a study "Growth-promoting Social Safety Nets" mentioned that Social safety Nets are by no means sufficient to ensure pro-poor growth. Good governance, functional infrastructure, schools and health clinics, and so on are all important components of development strategies. Further, poorly designed or implemented Social Protection Programmes or those with only token funding, are unlikely to meet the intrinsic or instrumental objectives. Much depends on correct design. All effective Social Safety Nets have five key characteristics: (i) a clear objective; (ii) a feasible means of identifying intended beneficiaries; (iii) a means of transferring resources on a reliable basis; (iv) ongoing monitoring of operations and rigorous evaluation of effectiveness; and (v) transparency in operation to encourage learning, minimize corruption, and ensure that beneficiaries and the wider population understand how the programme functions.

The study also pointed out that, Safety Net interventions can contribute to economic growth through their impact on asset creation, asset protection, resource allocation,

structural policy change, and redistribution. Social Safety Net interventions, when well designed and implemented, can complement pro-poor investments and thus contribute to longer-term poverty reduction in addition to their short-term direct impacts.

Timothy Besley, Robin Burgess, and Imran Rasul in "Benchmarking Government Provision of Social Safety Nets" pointed out that one of the main factors determining the effectiveness of Safety Nets is their ability to correctly target the poor. Targeting can be based either on self-reports from individuals (where incentives must be provided for individuals to truthfully report their well-being) or on measured household characteristics or regional characteristics. The other crucial issue regarding the ability of these programmes to effectively reach and be able to help the poor, is the manner in which they are implemented. For effective implementation we require a supportive institutional framework, i.e., one that is not subject to corruption or rent-seeking, or that is not plagued by bureaucracy, and where the rule of law is respected.

Barakat-E-Khuda in 'The Bangladesh Development Studies' (volume xxxiv, 2011), in a report, "Social Safety Net Programs in Bangladesh: A Review" gave following recommendations that Social Safety Net Programmes need for (i) high-level political commitment, (ii) effective Programme management and delivery (iii) better targeting of beneficiaries (iv) minimizing leakages (v) sound financial management and payment system (vi) strengthening, monitoring and supervision at different levels.

A study has been done on, "The Management of Social Safety Net Programs and Role of Local Government (Union Parishad)" by "Democracy Watch". They conducted the study on twenty eight Union Parishads. The findings of the study showed that almost all the Safety Net Programmes in Bangladesh are suffering from improper targeting, illicit political influence, corruption, lack of coordination among implementation agencies, lack of monitoring and evaluation etc. Newly launched programs are also not free from these problems. To overcome the problems all the aspects of programme implementation need to be addressed.

"Impact Evaluation of Maternity Allowance Program in Bangladesh" by Bangladesh Institute of Development Studies (BIDS) found that the monthly income of beneficiary households was found to be 30 per cent higher compared to non-beneficiary households (TK. 3971 vs Tk. 3060). This implies that in terms of income

poverty, beneficiary households are much better off compared to non-beneficiary households.

In terms of monthly income, year round food security and housing conditions, the beneficiary households are much better off compared to their non-beneficiary counterparts. However, a significant proportion of beneficiary households still have low incomes, live in poor housing conditions and suffer from food inadequacy for several months in a year, but compared to their non-beneficiary counterparts, their vulnerability has been reduced to a large extent and there has been reasonable improvement in their poverty situation.

Respondents were also asked whether they knew about their monthly entitlement under the allowance programme. More than three-fourths of the beneficiary women said that they are aware of their monthly allowance (i.e. Tk. 350 per month). A similar proportion of the respondents (88.1%) also maintained that they also got their actual entitlement as allowance money. However, around 12 per cent of the beneficiaries complained that occasionally a small deduction was made from their monthly allowance (ranging between Tk. 10 to 20), but that was also not on a regular basis.

Beneficiary women were asked about their control over the allowance money. An overwhelming majority of them (69.6%) said that they could always spend the money according to their need, about a fourth (27.4%) of them could do so occasionally, while 3.1 per cent of the beneficiaries could never spend the money according to their desire.

Of the women who could not spend the money according to their own choice, a vast majority of them (80.47%) said that their husbands used to take away the money for spending by themselves, 14.84 per cent of the women said that their husbands used to dictate how and where to spend the money, and the remaining 5 per cent said that the money was spent on other essential household items.

This programme has been successful in addressing the poverty situation of the beneficiary women. Because of the allowance money, the situation with regard to food and nutrition has improved significantly even after the end of the project benefit. The main success of the programme lies in the fact that the beneficiary women have been able to improve their socio-economic condition with positive impact on income,

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food consumption and better access to ANC and PNC. In addition, there have been favorable changes in the quality of life of the beneficiaries as reflected through better access to health care and healthy and hygienic practices during pregnancy and lactation, more awareness regarding importance of nutritious food and better child care practices.

Inadequate coverage of beneficiary is a serious weakness of the maternity allowance programme. It was observed that many eligible poor women who meet all the eligible criteria have been left out of the programme mainly because of the limited number of beneficiaries covered by the programme and inadequate funding situation. Findings of the present study (including FGD) reveal that in terms of almost all the poverty indicators, the non-beneficiaries are as poor as the beneficiaries are. A large majority of our respondents (both beneficiaries and non- beneficiaries) maintain that the number of beneficiaries should be at least double than that of the present size. For improving the health of poor pregnant women, a combination of the following is necessary:

I. Need based adequate nutrition for pregnant and lactating women and their children.
II. To educate women and prepare them for a healthy pregnancy and safe delivery.
III. Arranging long-term training for the health providers including TBA/Dai to ensure quality services for safe motherhood.
IV. Community mobilization i.e. raising of community awareness regarding special needs during pregnancy, and providing women with adequate food and nutrition.

In another research on an evaluation report "Impact Evaluation of Maternity Allowance Programme (MAP) of Bangladesh: 2009-2011 cycle" by Tareq Ahmed, Khairul Alam, Shaikh Shahriar Mohammad and Salma Mobarek of Rural Development Academy, Bogra have put some suggestions such as selection procedure should be free from political influence, local elites should be involved in selection of beneficiaries', ngos should be selected at the time of the cycle starts, there should have long term proper planning before closing of the project for their sustainable

development, logistic and financial supports should be given to related officials Tag Officers.

Carried out by researchers at Development Organization of the Rural Poor (DORP) found that women who are receiving maternity allowance under the government's Social Safety Net have a prominent role in decision-making level in the family. The study also said the nutrition required for safe childbirth are being fulfilled. The number of mothers visiting clinics has also increased as well as the number of pregnant women receiving vaccines, it added.

Conducted on a random sample of 104 extremely poor pregnant women both under the government social safety net of maternity allowance and mothers not receiving the allowance, the study concluded that the maternity allowance scheme would play a major role in eliminating poverty. The study showed that around 13 percent mothers receiving allowance did heavy work during pregnancy while 83 percent mothers who were not under the social safety net were engaged in heavy work during pregnancy, he added. They proposed that 1 crore mothers can be brought under the social safety net in a 20-year scheme that would be possible with an investment of Tk 1,00,000,000.

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CHAPTER THREE

FRAMEWORK AND METHODOLOGY

3.1 Introduction:

The research methodology means a route to achieving research goals. More precisely, it focuses on the process of data collection along with the validation of those method(s) including their basic parameters. In addition, the means for gathering data also falls within the boundaries of a research's methodology (Anisuzzaman, 1991). This chapter presents those methodologies applied for collecting and producing data. This chapter will elaborate those methods and techniques used.

3.2 Research Methods:

The study combines both quantitative and qualitative methods of research. In the pursuit of satisfying the objectives, the study has employed a three –track methodology:

1. First track was consisted of analysis of available statistics on programme content, allocations and coverage. An indicative list of the sources of secondary data is given below:
   - i. Government documents/reports
   - ii. Project documents/reports
   - iii. Seminar/workshop proceedings (if any)

2. The second track consisted of a household and community level survey to examine the impact of Motherhood Allowance Programme at the beneficiary level and local perceptions on the programme including how the programme can be further improved and strengthened.
3. The third track consisted of In-depth Interview with service providers and local level administration (UP chairman/member, upazila level government officials etc) to identify policy level gaps and linkages.

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The researcher also conducted FGDs with relevant stakeholders. The questions were both open and close ended.

3.3 Size of the Sample:

The usual methodology in this kind of evaluative study is "before-after" comparison. If benchmark data on key variables prior to the initiation of the project are available, there are compared with the same set of variable, after the project starts operating (with a gap of several years). Since benchmark data are not available for the present evaluation, I have followed the "with-without" comparison to evaluate the Motherhood Allowance Programme. In order to be able to assess the impact of the programme on beneficiary women , comparison was made with control group(non-beneficiaries).For this purpose the control group has been selected such a way that the non beneficiaries belong to similar socio-economic category as that of beneficiaries, but are not covered by the programme.

The union is the lowest administrative unit in the Motherhood Allowance Programme (MAP). For the present study is based on both primary and secondary data; primary data were collected in each seven divisions of the country. In each division, the sampling frame has comprised one district, two upazilas and four unions. Thous,4 unions from each division and a total of 28 unions from seven divisions have been selected for evaluating of the programme.

3.4 Selection of District, Upazila and Unions:

A critical aspect of the study is the selection of districts, upazilas and unions, so that they are representative of the universe and provide a good database. At the first stage, all the districts in each division were listed and one district was selected randomly from each division (total of seven districts) At the second stage, all the upazilas in the sample district was listed and 2 upazilas were selected purposively; one 'better performing' upazila and and another upazila with 'poor performance'. This was given a total of 14 selected upazilas from 7 sample districts. At the third stage, from each sample upazila two unions were selected randomly. This was given a total of 28 selected unions from the seven divisions. At the final stage, 15 beneficiaries were

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selected from each union on random basis. Thus, a total of 420 beneficiaries of Motherhood Allowance Programme from 28 unions were covered under the present evaluation.

Table: 1.1 Numbers of Sample Districts, Upazilas and Unions by Divisions

Division	Sample Districts	Sample Upazilas	Sample Unions	Programme	Control
Dhaka	1	2	4	4x15=60	4 x7= 28
Chittagong	1	2	4	4x15=60	4 x 7=28
Rajshahi	1	2	4	4x15=60	4 x 7=28
Khulna	1	2	4	4x15=60	4 x 7=28
Barisal	1	2	4	4x15=60	4 x 7=28
Sylhet	1	2	4	4x15=60	4 x 7=28
Rangpur	1	2	4	4x15=60	4 x 7=28
All	7	**14**	**28**	**420**	**196**

3.5 Selection of the Control Groups:

The benefits of a programme on its participants may not be reflected accurately in a comparison of the relevant indicators of the beneficiary at the completion of the programme due to some autonomous changes or various other interventions that may affect the programme beneficiary. Hence, comparable non-participants in the programme the "control" households need to be selected. They were selected in such a way that a socio-economic background and demographic structure of the control group are similar to those of the beneficiary households.

The control group were selected from the same unions where the beneficiary households belong and they were selected in such a way that the non-beneficiaries belong to similar socio-economic category as that of the programme beneficiaries, but having no involvement with any safety net programme. From each union, there were 7 non beneficiaries compared to 15 beneficiaries. The number of respondents from programme and control groups by division are shown in Table 1.1,which shows that in the process of covering 28 unions from the seven divisions, 420 programme-beneficiaries and 196 non-beneficiaries were covered. At the same time, the names of sample districts, upazilas and unions by divisions are shown in Table 1.2.

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Table 1.2 Names of Sample Districts, Upazilas and Unions by Divisions

Division	District	Upazila	Union
Dhaka	Tangail	Bhuapur	Onjuna
			Gabsara
		Ghatail	Dikkandi
			Sagordighi
Chittagong	Khagrachhari	Mohalchhari	Mubachhari
			Maischhari
		Dighinala	Merung
			Boyalkhali
Barisal	Borguna	Amtoli	Amtoli Up
			Haldia
		Pathorghata	Kalomegha
			Betmora
Sylhet	Moulvibazar	Kulaura	Baramchhat
			Joychondi
		Srimongal	Shrimongol UP
			Satgaon
Khulna	Kustia	Mirpur	Sodorpur
			Poradoh
		Kumarkhali	Baniapara
			Shilaidoh
Rajshahi	Sirajgonj	Raiganj	Dhangora
			Dhamainogor
		Ullapara	Durganogor
			Bangala
Rangpur	Dinajpur	Chirirbondor	Tetulia
			Abdulpur
		Kaharol	Dabor
			Rasulpur

3.6 Methods of Data Collection:

The study took up a variety of methodologies such as questionnaire survey; case studies and FDGs. Data collection were carried out in two different ways. Firstly, an in-depth survey was conducted among the Motherhood Allowance beneficiaries in the selected unions. Secondly a number of case studies (life histories of beneficiaries) were prepared and 10 FDGs were conducted with beneficiaries and local

leaders/influential members. Both quantitative data were collected for the evaluation survey.

3.6.1 Quantitative Data

Face to face interviews by using a structured questionnaire.

3.6.2 Qualitative Data

- **Focus Group Discussion (FGD)**

The focus group discussions were conducted with following personnel. .

i. Local level Representatives (UP chairman/members)
ii. Female UP members
iii. School Teachers
iv. Community Leaders
v. Local Level Administration

- **In-depth Interview/Case Studies:**

Several individual case studies were recorded. This was based on direct observations, information conversations and detailed note keeping. The case studies illustrates the range of variations in health and hygienic practices during pregnancy, delivery, breast feeding and the impact of the benefits on the beneficiary women.

3.7 Development of Data Collection Instrument:

For conducting, the research one-detail questionnaire was developed based on the research objectives and conceptual framework after consultation with research supervisor. The questionnaire was then translated into Bengali dialect. Prior to the administration draft questionnaire was then used for pre-testing with 10 respondents from select study area. According to the pre-test feedback the questionnaire flow of sequence and pattern was revised with the consultation with supervisors.

Based On the objective of the study and the variables and indicators used in the conceptual framework, checklist (appendix-2) a questionnaire (appendix-3), a have been developed for the collection of data information through semi-structured interview and focus group discussion (FGD).

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3.8 Recruitment of Data Collectors:

Five data collectors were recruited for the data collection purpose and were trained for 2 days. Before going to the study area data collectors has to participate in a mock interview session with researcher. The researcher herself acts as a field supervisor and randomly presented in the data collection sessions in different study areas to ensure the overall quality of data collection procedure.

3.9 Planning For Data Collection:

A well thought-out, realistic and tenable work plan was essential for ensuring timely completion of fieldwork and to get good quality data. In this regard, therefore, the first priority was to prepare a work plan before the actual fieldwork started. The main fieldwork for the collection of data was started on 1st February 2012 and completed on 30 May, 2012While preparing the work plan, the following major considerations were kept in mind:

- Timely and smooth completion of the fieldwork.
- Establish rapport in the study area.
- Close supervision and monitoring of field work.

3.10 Data Management:

After the completion of fieldwork, the collected data were processed in different stages. The processing of data consisted of editing and verification, coding and recoding of open-ended questions, data entry and editing inconsistencies found by the computer programs. Some editing was performed by checking the data for errors and omissions and by making sure that all questionnaires had been completed as required. After developing the coding scheme for each of the variables, the information was compiled in a codebook. This codebook contained information regarding each variable's name; number and the coding scheme so that the data entry may easily be done. Then the data entry into the computer was started.

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3.11 Data Entry and Preparation for Analysis:

After the completion of editing and coding, collected data were entered using SPSS for windows 16.0 version. The rearranging of data, collapsing of data, recoding and necessary merging the categories with negligible frequency were also conducted to prepare date for the final analysis. The overall processing of data was carried out with consultation of professional experts.

3.12 Analysis of Data:

Collected data was edited by meticulous checking. Then data was entered in computer. Results were generated by computer aided statistical software SPSS version 16.0. Descriptive statistics were done first, and then appropriate statistical tests were performed to find out association between variable as and where necessary.

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CHAPTER FOUR

CONCEPTUAL FRAMEWORK

4.1 Introduction:

This chapter elaborates the analysis of conceptual issues and explanation of the approaches to policy implementation in addition to the analytic structure used in this study.

4.2 Conceptual Issues of Policy Implementation:

Policy implementation refers to the activities that are carried out in accordance to the established Policies (Adamoleskun, 1983). Pressman and Wildavsky (1973: xiii-xv) says, "implementation means just what Webster [dictionary] and Roget [thesaurus] say it does: to carry out, accomplish, fulfill, produce and complete."

According to their seminal book on the subject, "Policies imply theories, policies become programmes when, by authoritative action, the initial conditions are created. Implementation, then, is the ability to forge following links in the causal chain to obtain the desired result."

Van Meter and Van Horn (1975: 447-8) specified further: "Policy implementation encompasses those actions by public or private individuals (or groups) that are directed at the achievement of objectives set forth in prior policy decisions."

Rein and Rabinovitz (1978: 308) described implementation as "the point at which intent gets converted into action." Their conceptual definition of implementation is "(1) a declaration of government preferences, (2) mediated by a number of actors who (3) create a circular process characterized by reciprocal power relations and negotiations."

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4.3 Approaches to Implementation:

There are several opinions existing as to the most appropriate approach to policy implementation. Despite such, every country adopted their own approaches to implementation of the wide ranges of policies in Government. And as expected, the outcomes were of varying degrees. It is to be noted that in the past, scholars thought of implementation as an administrative option which, once the police is legislated and the institutions mandated with administrative authority, would happen and by it. This view has, however, been exposed. Though complexities natural to the implementation process have been shown repeatedly, we are now here near an accepted causal theory with predictive or prescriptive capabilities (Najam, 1995).

4.4 Approaches of Implementation:

There are two primary concepts of the implementation process:

1) Top-down approach: begins with the central decision making and authority figure and the policy statement and follows a chain of command (administrative structure) to scrutinize and evaluate the objectives
2) Bottom up approach: starts with an analysis of the many actors who operate at the local levels and works backwards to map the results and impacts of the policy in terms of the strategies taken

4.5 Implementation Problem in Developing Countries:

Scholars of implementation research say that the basic factors affecting implementation process are similar in nature. Despite such, implementation problems of the developing countries are thought to be of greater in virtue in context to the political and social factors. Migdal (1988) says; "Strong societies and Weak states." The complex variables that affect implementation tend to be even more complex in developing countries.

Migdal claim that the structure of society has an indirect, but nevertheless important, effect on policy implementation.

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In conclusion, he states that policy implementation by state agents in weak state is more vulnerable to the deflection in face of fragmented societies, and the politics of survival is more focused on developing countries. This conclusion, in general, is useful for all societies.

The process of implementation is affected by other public policies: a programme's success may easily be influenced by priorities of political offices or by other programmes. Therefore, identical programmes can still be implemented differently if the context in which they are pursued differs substantially.

4.6 Implementation Problem of Bangladesh:

Like many other developed and developing countries in the world, in Bangladesh there are also lots of implementation problems. Many of the government policy decisions cannot reach the desired destination due to many factors as have been mentioned above. Many factors are responsible behind noncompliance of the policy decision taken from the government. As part of the broad factors, factors like patronage, corruption etc. contributing to a large extent to the deviation from what policy recommends in Bangladesh. These types of irregular activities are widely prevalent in Bangladesh, as Zafarullah and Siddiquee (2001) has argued that-" the public sector of Bangladesh became ineffective due to different forms of corrupt practices including misappropriation of funds, rent-seeking, bribery and deviation from the administrative ethics." The prevalence of corrupt practice and its consequences are mentioned in the following articles also- "It is usually known that almost al! kinds of corruption perpetuate in politics and administration in Bangladesh". The most common form of corruption is pecuniary bribes (Taslim, 1994).

"Other forms of corruption are: abuse of authority, nepotism, favoritism, fraud, patronage, theft and deceit. In many cases forms of corruptions are intertwined with their consequences" (Khan, 1998).

Some damaging consequences of corruption are taking place in Bangladesh context as the World Bank suggests: "undermines public confidence in government; engenders

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wrong economic choices and constrains government's ability to implement policies; makes the poor pay the price" (World Bank 1996a: 66). The present study makes an attempt to identify how the factors like patronage, corruption had affected the proper selection of beneficiaries and hence, played roles in the effectiveness of the implementation of the Matherhood Allowance Programmeme in Bangladesh.

4.7 Policy Implementation Framework:

The Policy Implementation Framework (PIF) of Paul Sabatier and Daniel Mazmanian addresses particular policy implementation issues such as:

i. The extent to which the implementing officials and target groups act consistently with the objectives and procedures outlined in the policy decision;
ii. The extent to which policy objectives are attained;
iii. The principal factors affecting policy outcomes and impacts; and
iv. The policy's reformulation, if any. In addition, the PIF conceptual framework provides a broader socioeconomic context in which policy implementation issues can be addressed. (Rownak, 2010)

4.8 Applicability of the Concept of Top-Down Approach to Present Study:

The present study is an attempt to assess the Motherhood Allowance Programme. The implementation of this programme is expected to be based on the implementation guideline provided by the government for the programme.

The concept goes with the main spirit of Top-Down approach, where it has been stated that Top- Down approach started with a policy decision (the implementation guideline) and the present study focused on the issues like-

(1) The extent to which the implementing officials act consistently with the Objectives and procedures outlined in the policy decision;
(2) To assess the roles played by different factors & actors and their interaction and interplay at different stages of implementation.

All the above mentioned issues seemed to be directly or indirectly linked with the Top-Down policy implementation framework described by Paul Sabatier and Daniel Mazmanian.

As have been identified by the scholars of implementation research the actors and factors responsible for noncompliance of the policy decision, this study is an attempt to identify the actors and factors.

4.9. Operational Definition of Evaluation:

Evaluation consists of objective assessment of a project, programme or policy at all of its stages, i.e. planning, implementation and measurement of outcomes. It should provide reliable and useful information allowing to apply the knowledge thus obtained in the decision making process. It often concerns the process of determination of the value or importance of a measure, policy or programme.

The aim of evaluation is to improve: "the quality, effectiveness and consistency of the assistance from the Funds and the strategy and implementation of operational programmes with respect to the specific structural problems.

4.9.1 Categories of Evaluation:

According to the criterion of the purpose of evaluation, it is classified into the following categories:

4.9.1.a Strategic Evaluation: Strategic evaluation concerns mainly the analysis and assessment of interventions at the level of strategic goals. The object of strategic evaluation consists of the analysis and appraisal of the relevance of general directions of interventions determined at the programming stage. One of the significant aspects of strategic evaluation consists of the verification of the adopted strategy with respect to the current and anticipated social and economic situation.

4.9.1.b Operational Evaluation: Operational Evaluation is closely linked to the process of management and monitoring. The purpose of operational evaluation consists of providing support to the institutions

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responsible for the implementation with regards to the achievement of the assumed operational objectives. From this point of view I have evaluated the effectiveness of Motherhood Allowance Programme.

4.9.2 Patronage and Corruption:

4.9.2.a Patronage: Patronage is the support, encouragement, privilege, or financial aid that an organization or individual bestows to another. As well, the term may refer to a type of corruption or favoritism in which a party in power rewards groups, families, ethnicities for their electoral support using illegal gifts or fraudulently-awarded appointments or government contracts. In some countries, the term is used to describe political patronage, which is the use of state resources to reward individuals for their electoral support.

4.9.2.b Corruption: Corruption The concise definition of corruption includes "abuse of authority, bribery, favoritism, extortion, fraud, patronage, theft, deceit, malfeasance and illegality" (Caiden, 1991a). Political corruption is "the behavior of (elected) public officials beyond official boundaries of a public role in ambition to seek private gain" (Kramer, 1997). Administrative corruption is defined as "the institutionalized personal abuse of public resources by civil servants" (Gould, 1991). In both cases public officials (elected and appointive) can use public office for personal gain.

4.10 Analytical Framework:

Depending on the theoretical discussion an analytical framework for this study has been drawn below:

4.10.1 Patronage and Corruption: There are certain procedures for beneficiary selection mentioned in the guidelines. Such as-invite application for allowance through proper circulation, application in appropriate form, committee formation for selection, enlistment by following certain criteria. The study will find out how these procedures are being followed in the study

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areas. The study will also intend to see whether factor like Patronage and Corruption have any impact on selection of beneficiaries.

4.10.2 Nature of Organizational Practices:

4.10.2.a Monitoring and Supervision: Implementation guideline provides the provision for certain committees and personnel who are to be responsible for monitoring, evaluating and supervising the programme and give necessary direction to the implementing officials. The study will examine whether the supervision is done as per the implementation guideline and whether this has any impact on selection procedure.

4.10.2.b Coordination: Coordination between the concerned offices takes place through both informal and formal process. Formal process such as meetings, correspondence through letters will be considered here. Guidelines provide the provisions for number of meetings to be held, their timings and the people who are to be involved. The study will assess whether the coordination is done as per the implementation guideline and whether this has any impact on selection procedure.

4.10.2.c Training: The study will examine whether the implementing officials were given training about how to conduct the selection process, whether they were educated enough about the policy guidelines.

4.10.3 Strength of the Policy Design: The study intend to see whether the selection criteria for qualifying as beneficiary mentioned in the guidelines are clearly defined, whether there is any ambiguity, contradiction and inadequacy in the policy design with special reference to the selection process.

These are the independent variables which will be measured in terms of the measurable indicators to determine the effectiveness that is the implementation effectiveness in terms of selection of beneficiaries of the Motherhood Allowance Programme.

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CHAPTER FIVE

SOCIAL SAFETY NET PROGRAMMES IN BANGLADESH: AN OVERVIEW

5.1 What is Social Safety Net ?

From the very beginning of human life on Earth, human being have come together, first in hunter- gatherer groups and later in increasingly complex communities, to do together the things that one person, or even one family, could not do alone. They have organized to look for, farm and defend. They have cared for the young, the sick, the old and the vulnerable. And they have thought to decide how these things should be accomplished and how to make them take place. An example, when the biblical Joseph advised Egypt's Pharaoh to save grain during the seven heavy years so that the population would not starve during the coming seven years of famine, he was setting a social policy to provide a safety nets (Martha & Nightingale, 2010). The people did not starve and that it was within his authority to order that surplus grain be delivered to the government and saved for the time when it would be needed. Grosh, et al. assert that " In the circus, a safety net catches those who are falling from a height; in the social policy, safety net programmes are meant both to help catch those falling downward economically before land into destitution and to provide assistance or a minimum income to those more permanently poor"(Grosh, et al., 2008, p. 4).

Vivian (1994) mentioned that in the early 1990s, the term 'social safety net' began to be used more regularly, especially by Bretton Woods" institutions in association with structural adjustment programs related to their lending programmes. Developing countries introduced SSNs to lessen the social impact of structural adjustment measures on specific low-income groups. They were primarily formulated to serve three objectives: poverty alleviation, of adjustment programmes more politically acceptable and institutional reform (Paitoonpong, Abe, & Puopongsakom, 2008).

But in South Africa, the non-contributory pension programmes(one kind of SSN) was first established in 1928 for poor whites and was subsequently extended to cover blacks, reaching full parity in 1996. In Brazil non-contributory pension programmes

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in rural areas were first established in 1963, they expanded in the 1970s, but especially in the early 1990s after the 1988 (Armando Barrientos, 2004).

In a nutshell, over recent centuries, there have been four paradigm shifts in thinking about the poor and about the well-being of the vulnerable- those who could become poor if they lost their jobs or had a health problem. Each new paradigm builds on its predecessors: In the 16th century, England, a government for the first time accepted the collective responsibility for ensuring subsistence for all. In late 19th century Europe, government social spending increased, and pensions and sickness and old-age insurance were introduced. In the mid-20th century, an adequate standard of living became a human right and a government responsibility, and the rich North accepted a responsibility toward the poor South. At the beginning of the 21st century, countries of the Global South took the lead in construing cash transfer as a right and in using them as a way to end poverty and promote development (Hulme, Hanlon, & Barrientos, 2010).

Social safety net programmes (SSNPs) are designed with the objective to provide support to the vulnerable section of the society in the developing countries. Conceptualization of SSNPs has evolved from the traditional relief or grants and has now been transformed into an effective policy tool for long run poverty reduction in these countries. According to modern schools of thought, the SSNPs need to play both redistributive and productive role. Conventionally, providing indirect support in terms of pricing and subsidy to make changes in the demand patterns with a view to ensuring optimal consumption is a common approach of safety net programmes. The modern economic policy has departed to some extent from the traditional subsidy and relief based direct in kind transfer approach.

The operational definition of SSNs most often used by the World Bank: a set of non-contributory transfers targeted in some way to the poor and vulnerable. This definition is quite narrow, as it refers to only targeted programs and focuses only on the poor and near poor. SSNs are a subset of broader social protection programmes supported by the Bank as well as broader poverty alleviation programmes. This definition corresponds to five "functions" (or objectives) of SSNs:

Function 1: Reduce chronic poverty and inequality.

Function 2: Encourage more and better human capital investments among the poor to provide the opportunity to exit poverty.

Function 3: Enable the poor to manage risk from individual shocks.

Function 4: Enable the poor to manage risk from systemic shocks.

Function 5: Protect the poor if necessary during broader economic reforms.

5.2 Social Safety Net as Development Policy:

In general, social protection policies were first introduced in developing countries following the Second World War. According to the terms of the ILO Convention, 1952 (No. 102), social protection encompasses social safety policies aimed at protecting workers from social risks. The convention identifies nine areas in which must be included in the provision of social security: medical care, sickness, unemployment, old age, employment injury, family, maternity, invalidity and survivors' benefits. It also establishes the minimum level of benefits to be provided.

The dissemination of Bismarckian, Beveridgean and 'liberal' models of social protection to independent Latin American and Asian states and the colonised countries of Africa and Asia essentially aimed to cover employees in the public sector and the so-called "modern" private sector (Bailey, 2004; Gough and Wood, 2004; Merrien et al., 2005). The ILO thus came to play a seminal role in producing and disseminating international social protection ideas, values and standards (Strang and Chang, 1993). During the phase of industrialization by import substitution, and under the influence of the former colonial powers and the ILO, modernizing elites in developing states began to understand the extension of social security as a functional necessity (Collier and Messick, 1975). Government authorities sought to ally themselves with the work force, the spearhead of modernization. Social protection was primarily associated with the universal and corporate contributory social insurance programmes inherent to modernization.

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5.3 Critics of Social Safety Nets:

SSNPs are, however, not without controversy (Alderman and Hoddinott 2007). The proponents of such programmes consider them as a means of ensuring that the benefits of economic growth are shared widely among the population. In times of crisis and distress, such programmes act as social, health and economic stabilizers, thereby curtailing the potential social and economic depth of the crisis, through avoiding poverty, ensuring continuity in services and stabilizing aggregate demand. Viewed from this perspective, such programmes are a long-term investment. They carry lifetime benefits and high individual and social returns. However, the critics consider such programmes as wasting scarce public resources, especially in resource-constrained countries, and discouraging work (because the beneficiaries might favour increased amounts of leisure time) and investment, thereby doing little to enhance long-term economic growth. A question also raised by the critics is whether resource-poor countries can afford such programmes. A study estimated that a set of minimum transfers is not costly in per capita terms (ILO and WHO 2009). Often, such programmes in resource-poor countries are only around 2 per cent of the GDP, an amount which could be financed by reallocating unproductive expenditures that offer little tangible benefits to the poor. However, in very low-income countries, the funds may not be currently available or solely financed from domestic resources. In such cases, it would require a joint effort with the development partners and the recipient countries to mobilize the necessary funding for such programmes.

5.4 Why Social Safety Net Programmes (SSNPs) in Bangladesh?:

In Bangladesh, SSN was introduced after independence. The term SSN is typically applied to a set of social programmes that are primarily or totally focused on less-advantaged and more vulnerable people. The Safety Net Programmes are designed to serve people with little money, in-adequate education, poor health, or physical or mental disabilities or those living in situations where they risk abuse or neglect (Vivin, 1994). Public SSN programmes are established and created by government action through different department officials and staff that must turn those policies into action. One way to understand where SSN programmes are located in the broad

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context of public policy is to consider three interrelated spheres of public action: Social Policy, Economic Policy and other public policy.

5.5 Existing Policies Supporting SSNP in Bangladesh:

Government has made some provisions to support Social Safety Net Programmes through some policies. Among them some important policies are:

i. National Social Welfare Policy (NSWP)
ii. National Women Development Policy (NWDP)
iii. National Food Policy (NFD)
iv. National Disability Policy (NDP)
v. Poverty Reduction Strategy paper (PRSP).

5.6 Social Safety Nets Programmes (SSNPs) Operating in Bangladesh:

Currently there are 84 SSNPs running country-wide.The programmes include in SSNs in Bangladesh as follow:

Cash transfers: Old Age Allowances, Allowance for Disable Person, Allowance to the Widowed, Deserted and Destitute Women, Honorarium Programme for the Insolvent Freedom Fighters, Primary education Stipend Project, Female Secondary School Assistance Programme and so on.

In-kind transfer: Vulnerable Group Feeding Programme, Vulnerable Group Development, Gratuitous Relief, Test Relief, Food for Works, Community Nutrition Programme and so on.

Price subsidy: Fertilizer and Electricity Subsidy, Subsidy for Marginal Farmers to cope with the Fuel Price Hike, Food Subsidy.

Jobs on labor-intensive public works: Rural Employment Opportunities for Public Assets, 100 day employment Generation Programme and so on.

Fee waivers: Free schooling, health card.

Others Special programmes: Housing for the Homeless, Microcredit for Women Self-employment, Rehabilitation Programme for Beggars and Alternative Employment Project for Beggars.

5.7 Budgetary Allocation for Social Safety Net Programmes (SSNPs):

A strong and expanded Social Safety Net is the main emphasis of the Prime Minister of Sheikh Hasina's government vision is to protect the poor from all types of social, economic and natural shocks (GoB 2009b). In the FY2010-11 budget, the government allocated 14.8 per cent of the total budget (compared to 15.2 per cent in the previous budget) and 2.5 per cent of the total GDP (compared to 2.25 per cent in the previous budget) for social security and social empowerment (GoB 2010, 2009c).

The 2010-11 budget earmarked highest allocation of Tk. 5,726.25 crore (Tk. 151 crore less than the previous budget) for the Food for Works (FFW) Programme, Vulnerable Group Feeding (VGF), Vulnerable Group Development (VGD), Test Relief (TR Food), Gratuitious Refief (GR Food), and for food assistance in Chittagong Hill Tracts.

Beneficiaries for the monthly Old Age Allowance have been widened from 22.5 lakh in the previous budget to 24.74 lakh in the current budget, although the amount of allowance has been kept unchanged at Tk. 300. The increase in the number of beneficiaries will entail an additional amount of Tk. 81 crore from the previous budget of Tk. 810 crore.

An allocation of Tk.43.6 crore (Tk.10 crore more than the previous year) has been provided for poor lactating mothers in addition to Tk. 30 crore allocated for low-income, working lactating mothers in urban areas.

The Maternal Health Voucher Scheme (MHVS) and the National Nutrition Programme (NNP) have been allocated Tk.66.4 crore and Tk.225 crore respectively.

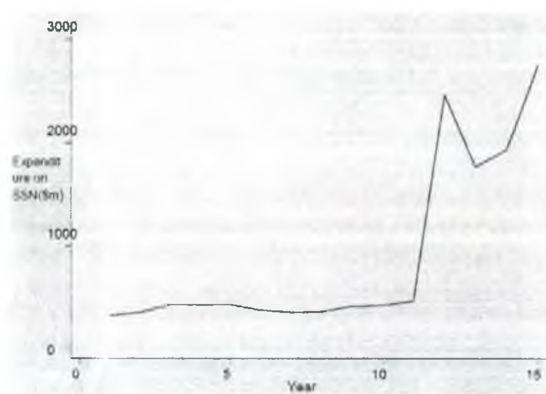
The budget allocated Tk.1,000 crore (Tk. 176 crore less than in the previous budget) for an employment generation scheme for the hardcore poor aimed at providing employment to around 17 lakh people in 64 districts. In addition, under the current annual development plan (ADP), the budget allocated Tk.140 crore for rural roads maintenance project, creating employment for poor labourers; Tk.77.7 crore for protection of government assets and rural employment project; Tk.68.5 crore for creating employment for the hardcore poor of *monga*[1] areas; and over Tk.3, 546 crore

[1] Monga is the yearly cyclic phenomena of poverty and hunger in Bangladesh.

for raising the living standards together with employment of the people living in *char*[2] areas and other poverty reduction projects.

In Bangladesh, the allocation for Social Safety Net Programmes is gradually increasing over the years. Starting in 1975 it has been growing fast in Bangladesh (allocation, coverage etc). In 1996, Social Safety Net contributed 0.8 percent of the gross domestic product (GDP), 5.7 per cent of the total public expenditure (World Bank, 2008). With gradual expansion in 2010-11, Social Safety Net is contributing 2.64 per cent of total GDP. (Government of Bangladesh, Ministry of Social Welfare, 2012).

Figure :1 Expenditure on SSN in Bangladesh [3]



5.8 Current Safety Nets Programmes for Women in Bangladesh:

Some nine social welfare programmes are being implemented in the country for development of the helpless, destitute and poor women. The programmes are vulnerable group development (VGD), allowance to employed lactating mothers in urban areas, assistance for employed lactating mothers at district headquarters, municipalities and city corporations' areas and allowance for poor mothers in rural areas.

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[2] a raised land emerge out of water

[3] Sources: WB. (2006).Social Safety Nets in Bangladesh: An assessment.* For 2005-2011. data are collected from Bangladesh Economic Review (various issues) and transform BDT to USD by the corresponding year's average exchange rates.

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The programmes also include- food and livelihood security project for women, fund for oppressed and destitute women and children welfare, micro credit for poverty alleviation, allowance for poor, widows and destitute women and distribution of sewing machine among poor women for self-employment.

A total number of beneficiaries from the VGD programme is around 7.50 lakh under which every poor woman is being provided 30-kg rice or wheat in every month. Under the programme for giving allowance to employed lactating mothers, around 6.75 lakh female garment workers in Dhaka, Narayanganj and Gazipur and poor women in rural women were provided Taka 350 each in every month.

In the 2013-2014 fiscal year, the number of beneficiaries and amount of allowance would remain the same. But under the Food and Livelihood Security Programme around eighty thousand women are being given subsistence allowance of Taka 400 in every month.

Under the Poverty Alleviation Credit programme, Taka 5000 to 15,000 at 5 percent service charge are being provided to poor women for self-employment. Department of Women Affairs is implementing the programme in 473 upazilas of 64 districts.

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CHAPTER SIX

TOWARDS AN UNDERSTANDING OF MOTHERHOOD ALLOWANCE PROGRAMME

6.1. Goals and Objectives of the Programme:

The effectiveness of a programme depends on how well the programme is being implemented and on the overall achievement of the declared objectives of the programme. The present study intends to find out effectiveness of the implementation process of the programme with a particular focus on selection of beneficiaries at the field level.

The strategic objectives of MAP are to:

i. Reduce maternal and child mortality as declared in MDG and PRSP
ii. Increase breast-feeding rate
iii. Enhance intake nutritious food in pregnancy
iv. Improve service intake during childbirth and postnatal period
v. Increase the rate of EPI and family planning practices
vi. Reduce dowry and early marriage
vii. Motivate mothers for birth registration of their children
viii. Inspire to marriage registration

6.2 Entry to MAP- the Process and Criteria:

According to the 'Implementation Rules' of **Motherhood Allowance Programme for the Poor Pregnant and Lactating Mother** published by the Department of Women Affairs, under the Ministry of Women and Children Affairs, GoB (2008), in sanctioning this allowance priority would be given to poor pregnant and lactating women.

6.2.1 Eligibility Criteria

There are certain conditions applied to become a beneficiary of this programme, which include: (i) one time support either during the first or second time pregnancy; (ii) age must be minimum 20 years ; (iii) monthly income must be less than TK 1,500;

(iv) member of a landless and asset less family, owning only the homestead land or living on others land.

The selection criteria for the Motherhood Allowance Programme specify that women from landless households or households owing less than 15 decimals (0.15 acres) of land, women with irregular income (less than TK 1500 per month) or no household income, women who are daily labourers and women from households lacking ownership of productive assets, be selected. Additionally, preference is given to mothers who are very poor and disable.

The selection of the beneficiaries for MAP is done by a selection committee called 'Union Committee'. The Union Committee is constituted by eight members and headed by the UP Chairman. The other members of the selection committee are:

(i) The female ward commissioner
(ii) One school teacher (nominated by Upazila Education Officer)
(iii) One representative of the selected NGO
(iv) Union social worker of social welfare department
(v) Union family planning worker, assistant land officer of the union
(vi) The secretary of the union council acts as member secretary of the union level committee and the Upazilla Women Affairs Officer acts as member secretary of the Upazila level Committee.

Upon selection, the union committee refers the list of the beneficiaries to the 'Upazilla Committee' for approval. There are various authorities on the approval committees. While the UNO heads the Upazilla Committee and the Deputy Commissioner (DC) for District Committee.

The approval committees consist of 11 members including the upazila Vice-chairman (female) as the advisor, government representatives, representatives from civil society and the concerned government officials.

There is a national steering committee to oversee the role such as supervision and financial, legal and policy compliance. The committee is headed by the secretary of the Minister for Women and Children Affairs. Director General of the Directorate of Women Affairs is the member secretary of the committee.

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6.3 Procedure of Publicity and Application

It is mentioned in the Implementation Rules of the MAP that the union committee will inform by hanging notice in the public places about the Programme and ask for applications from the deserving pregnant and lactating women. The interested person will apply in a prescribed application form to the chairman or the member-secretary of the union committee. The applicant should submit a certificate as a document of pregnancy or lactating from Upazila Family Planning Officer.

6.4 What does the Allowance Deliver?

Under this programme, each selected beneficiary used to receives previously Taka 300 per month for a period of two years, which was increased to Taka 350 per month in 2010 for the same period. Keeping in view the above conditions, if a child dies during pregnancy or within 2 years after birth for any reasons, the mother might get the same benefit for conception in next time for two years. The selection procedure of the beneficiaries is the same as applied to other programmes.

One notable feature of this programme is that experienced and reputed NGOs registered with the department are also involved to assist the government to implement this programme at the grass roots in various aspects, most importantly, in the selection of the beneficiaries and distribution of allowances to them.

6.5 Total Coverage of and Allocation for MAP

Motherhood Allowance Programme is a part of Social Safety Net support for the poor pregnant women during 24 months staring from conception, which involves a cash support accompanied by maternal and neonatal health training programme provided in order to promote the dignity and empowerment of the mothers and babies. This is a programme for the poor pregnant women who are going to be mother for the first or at most the second time to encourage planned life. In 2007-2008, an allocation of BDT 170 million was made of the national level with the allocation of BDT 300 (USD 5) per month for every mother during 24 months, starting from conception. for 45.000 mothers, 15 mothers in every Union Parishad[4], the smallest local government body, covering 3000 Union Parishad of the country. This is one of the best examples of the

[4] Council

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incorporation of NGO initiative in the government development programme. In 2008-2009 the budgetary allocation was increased to BDT 210.06 million in order to reach more 60 thousands mothers and in 2009-2010, under the government led by Sheikh Hasina, to BDT 336 million for 80 thousands mothers with an increased per head allocation of BDT 350. In the fiscal year 2010-11 the allocation was 369 million. Currently, there are 101,200 beneficiaries of Motherhood Allowance Programme. The mothers have been receiving the allowance for 24 months covering the breast-feeding period from the Government Revenue Budget, 17 in each union, covering 4508 unions in 2011-12. It should be noted that the Ministry of Women and Children Affairs (MoWCA) has been implementing this Motherhood Allowance Programme through three committee. Government has appointed 99 NGOs in order to accomplish the maternal and neonatal health-training programme for the beneficiary mothers.

The Programme was officially launched in July 2007 in 3000 unions throughout the country, and 15 selected pregnant women from each union used to receive Tk.300 per month under this Programme. Subsequently, the Programme underwent few changes; monthly allowance was raised to Tk.350 in July 2009, and once a woman is selected for this allowance, she receives benefit for two years. This is a countrywide Programme and currently covers all 64 districts, 484 Upazilas, and 4508 unions. One woman can receive such benefit only once during her lifetime.

The year wise statistics of the distribution of the Motherhood Allowance since inception is given below-

Table: 2 Year Wise Statistics of the Distribution of the Motherhood Allowance

Cycle of year	Number of District	Number of Upazila	Number of Union	Number of Beneficiaries	Allowance per Month	Total Allocation of fund (TK)
2007-08	62	335	3000	45000	TK.300	16,20,00,000
2008-09	64	437	4000	60000	TK.300	21,60,0000
2009-10	64	481	4495	80000	TK.350	33.60,00000
2010-11	64	484	4501	88000	TK.350	36,96,00,000
2011-12	64	484	4509	101200	TK.350	42,50,40,000
2012-13	64	484	4533	101200	TK.350	42,50,40,000
Total	**64**	**484**	**4533**	**475400**		**173,92,80,000**

Source: Ministry of Women and Children Affairs, GoB, 2012

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CHAPTER SEVEN

FINDINGS *

7.1 Socio-Economic Profile of the Beneficiaries and Non-beneficiaries:

It is very important to know about the socioeconomic status of beneficiaries and non-beneficiaries of any development intervention program.

7.2.1. Age of the Beneficiaries and Non-beneficiaries:

One of the main selection criteria of the beneficiary in the Motherhood Allowance Programme is age. Therefore, age has become one of the major factors in the study. The recipients must be age 20 years or more.

Table: 3 Age Distribution of Beneficiaries and Non-beneficiaries

Respondents	Number of Respondents	Minimum Age	Maximum Age	Mean Age of Respondents
Beneficiary Group	420	17	52	24.67
Non Beneficiary Group	196	16	30	22.57

The data show that out of 420 beneficiaries, the minimum age of beneficiaries was 17 and the maximum age 52. Therefore, the mean age was 24.67.On the other hand the minimum age of non-beneficiaries (Total 196) was 16 and maximum was 30 and the mean age was 22.57.

7.2.2. Literacy of Beneficiaries and Non-beneficiaries:

The level of education generally has a great influence on the livelihood patterns of the people. Therefore, it is also important for this study to know about the educational

* FGD Findings in Appendix 1

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status of the beneficiaries and non-beneficiaries of the Motherhood Allowance Programme.

Table:4 Educational Statuses of the Beneficiaries and Non-beneficiaries

Education level	Number of Beneficiaries	Percentage	Number of Non Beneficiaries	Percentage
Illiterate	203	48.33	91	46.43
Primary	195	46.42	102	52.04
Secondary	21	5	2	1.02
Graduate	1	.23	1	.51
Total	420	100	196	100

It is found from the data that out of 420 beneficiaries 203 (48.33%) were illiterate and 195 (46.42%) were educated in primary school level. On the contrary, the data show out of 196 non-beneficiaries 91 (46.43%) were illiterate and 102 (52.04%) were educated in primary school level.

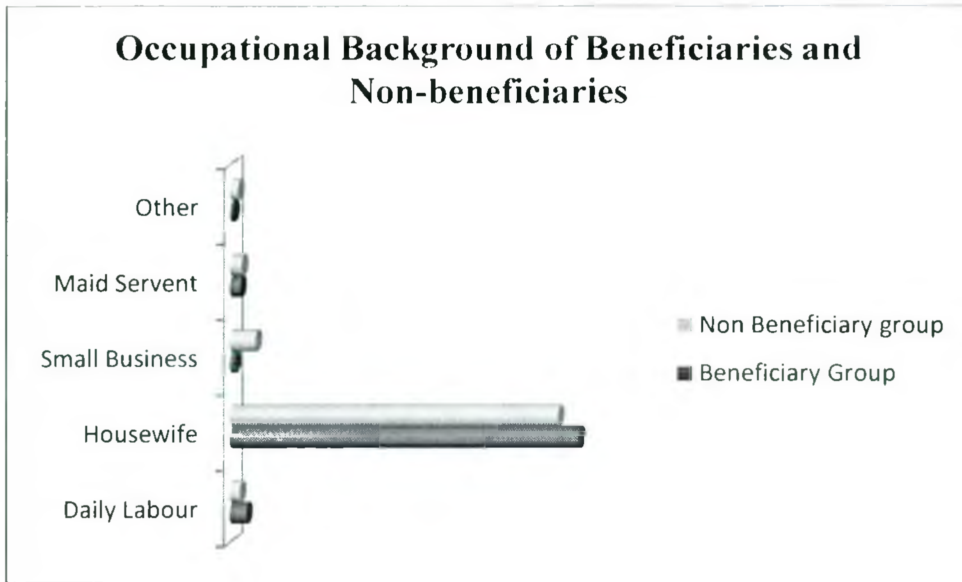
7.2.3. Occupation of the Beneficiaries and Non-beneficiaries:

Occupation is one of the major components by which a man or women can earn money through conducting different types of activities to fulfill their basic needs.

Table : 5 Occupational Background of Beneficiaries and Non-beneficiaries

Occupation	Beneficiary Group	Percentage	Non Beneficiary group	Percentage
Daily Labour	18	4.23	5	2.55
Housewife	383	91.2	168	85.71
Small Business	5	1.2	13	6.63
Maid Servent	11	2.62	6	3.06
Other	3	.75	4	2.04
Total	420	100	196	100

Figure: 2 Occupational Background of Beneficiaries and Non-beneficiaries



The data show that most of the beneficiaries (91.2%) were housewives. Only 18 (4.23%) respondents out of 420 were earning money through daily labour, 05 (1.2%) respondents used to earn through small business and 11 (2.62%) beneficiaries used to earn maidservants.

On the other hand, highest number of non-beneficiaries 168 (85.71%) were housewives out of 196. About 2.55%, 6.63% and 3.06% were working as daily labour, small business and maidservant respectively.

7.2.4. Occupation of the Husbands of the Beneficiaries and Non-Beneficiaries:

Nature of occupation of the main income earner is one of the important indicators of the socioeconomic status of a household. In rural Bangladesh in most cases the main income earner are the husbands or father. Here we consider husband as main income earner.

Table: 6 Occupational Background of Husband of Beneficiaries and Non-beneficiaries

Occupation of respondent's Husband	Beneficiary Group	Percentage	Non-beneficiary Group	Percentage
Day Labour	156	37.14	63	32.14
Private Job	36	8.57	21	10.71
Small Business	65	15.48	16	8.16
Rickshaw / Van Puller	44	10.48	42	21.43
Farmer	103	24.53	51	26.02
Other	16	3.8	3	1.53
Total	420	100	196	100

Out of 420 beneficiaries 156 (37.14%) answered that day labourer was the main occupation 156 (37.14%) of their husbands. Besides 103 (24.53%) were farmer, 65 (15.48%) were engaged in small business, 44 (10.48%) were Rickshaw or van pullers and 36 (8.57%) were in private job.

On contrary, out of 196 highest number of non-beneficiaries' husband were earning through 63 (32.14%) daily labourer. 21 (10.71%) were engage in private jobs, 16 (8.16%) were in small business, 42 (21.43%) were pulling rickshaw or van, 51 (26.02%) were farmers.

7.3 The State of Child Death

It was expected the MAP would reduce child death. So it is important to know the death rate of children under MAP. Therefore, it is important to know the death rate of children under MAP.

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7.3.1 Did any of Your Children Die?

Table: 7 Child Death of Beneficiaries and Non-beneficiaries

Opinion	Beneficiary Group	Percentage	Non Beneficiary Group	Percentage
Yes	42	10	15	7.65
No	378	90	181	92.35
Total	420	100	196	100

Study shows that 10% of the beneficiaries (total 420) suffered a child death, which the government of Bangladesh and other non-government organizations put in a significant amount of effort for prevention. The percentage came out 7.65% for the group of 196 non-beneficiaries.

Sorrows of Mya Mya Ching

Mya Mya Ching Marma is a resident of Khagrachhari's Dighinala Upazila. Her husband works as a day labor. Both she and her husband can only sign their names on papers. They have a seven-month old daughter. They were forced to flee because of the political turmoil in the hills before the signing of the hill tracts peace treaty. Five years later when they returned, Mya Mya Ching found out that settlers were living in her ins'-law land. Now they do not own any cultivable land.

Mya Mya Ching's first child died during birth because untrained hands undertaking the delivery in her village home. The condition of mother was also critical at that time, Mya Mya Ching was admitted to Sadar hospital for 15 days. That is why, for her second delivery, Mya Mya Ching came to Khagrachhari Sadar Hospital. She began receiving the maternity allowance from 2012. The woman Member of Union Parishad helped Mya Mya Ching in this regard, though she took Tk 500 for her enlistment. Mya Mya Ching says she used the allowance money for her and her child's treatment. She is very happy getting this allowance. Her husband takes her to Upazila Women Affairs Officer to take the money. She says they do not face any hassle while taking the money. Several government officers advised her on nutrition, cleanliness, maternity hazards and health-related issues. But, Mya Mya Ching did not know of any

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training in these regards. She says it will be of great help if the allowance amount is increased to Tk 500 per month.

7.4 Beneficiary Selection and Disbursement Procedures of MAP:

7.4.1. Where did you get the information about the allowance?

A large number (348) of the beneficiaries (total 420) had come to know of the allowance from Union Parishad. 43 had heard about it from neighbors and Family Planning Field Workers informed 23 respondents.

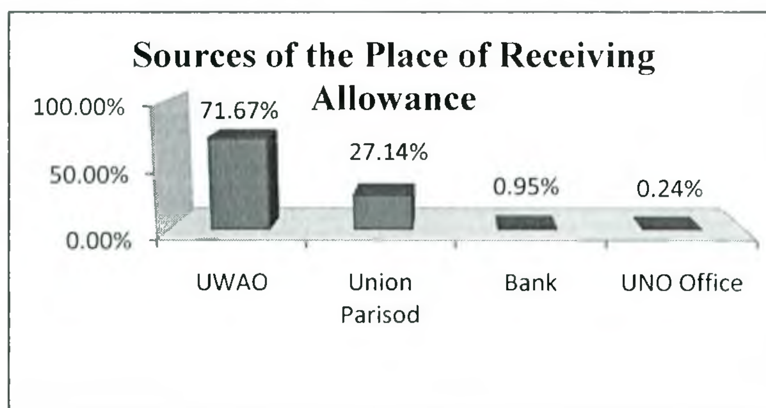
Table: 8 Sources of Information

Sources	Frequency	Percentage
From Neighbor	43	10.24
From Union Parisad	348	82.86
From Family Planning Field Worker	23	5.48
From NGO	3	.71
From Other	3	.71
Total	420	100

7.4.2. Where do you collect the allowance from?

Almost all the respondents collect their allowances from either UWAO office (71.67%) or Union Parishad (27.14%).

Figure: 3 Sources of the Place of Receiving Allowance



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7.4.3. Do you have to undergo any problems while collecting the allowance money?

Table: 9 Problems to Get Allowance

	Yes	No	Total
Frequency	7	413	420
Percentage	1.67	98.33	100

All except seven among the 420 respondents (98.33%) said of hassle-free collection of allowance money. This indicates that the process of disbursing allowances is smooth.

Story of Hasina

Hasina Khatun, husband, Md. Ariful Islam, is a resident of village Chor Gabsara, Upazila Bhuapur, District Tangail. She is now 25 years old and a mother of two children. Her literacy is limited to signature only. Her elder son is five years old; the younger one is a daughter of nine months. Hasina's husband is a van puller. They have no cultivable land. They live in a joint family with their ins-law. She is a housewife.

Hasina got motherhood allowance at the time of second pregnancy. She did not face any difficulty getting the allowance and had full control of the money. She received Tk. 2100 for every six months. She could not mention the name of any NGO training during pre-natal or post-natal period concerning MAP. Hasina is now financially better capable with her MAP fund. Now she owns a goat. She is aware of some social issues like early marriage, violence against women, registration of marriage and birth. Her mobility has increased; she moves to different places like government offices and other places unlike before where she was confined to her house only. Hasina suggested that the rate of motherhoodl allowance and the number of cards should be increased.

7.4.4. Do you think the allowance amount is sufficient?

Figure: 4 Sufficiency of Allowance

Very few beneficiaries thought that the allowance money was sufficient for them. A majority of 84.77% out of the 420 respondents were dissatisfied with the allowance amount.

7.4.4. a. If no, then what would have been the appropriate sum for allowance?

Table:10 Demand of Amount

Amount	Frequency	Percentage
500	356	97.27
700	1	.27
1000	7	1.91
3000	2	.54
Total	366	100

Among the 366 dissatisfied beneficiaries, almost all the respondents (97.27%) said that Tk. 500 per month as allowance would be a satisfactory amount of against the current sum of Tk. 350 per month. A very insignificant others wanted more than Tk. 500 per month.

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Tale of Suchitra Das

Suchitra Das, aged 25, from Kustia district's Kumarkhali Upazila, is now the mother of two daughters. She got married to Nitai when she was in class six. Nitai is a fish trader, but he owns some cultivable land. His monthly income is Tk 8,000.

Suchitra's elder daughter is three years old, the younger girl is five months only. She conceived her first baby a year after her marriage. During that time, her ins-law advised her to work more and gave her very little to eat. They said it would ease the pain of delivery. Following such increasing, she had a miscarriage five months into pregnancy and was admitted to a private hospital for some days. She came to know from the hospital that during pregnancy, mothers need to work less and eat more nutritious food. Suchitra began receiving the motherhood allowance from the seventh month into her second pregnancy period. One of the Union Members is a relative of her husband. That Union Parishad Member enlisted Suchitra's name without taking any money.

Suchitra underwent a surgery for her second daughter. She had to spend Tk 20,000 for the operation. Some of the motherhood allowance money was used for this. Suchitra says, if she had not gotten the allowance money, she had to endure torture and harassment from her in-laws because of giving birth to a second child. She says, now neither she or her daughter is being ignored because the government is paying their expenses.

Suchitra did not get any training about maternal health, nutrition, childcare or related affairs from any NGO. She says it would be a big help if the allowance amount is increased to Tk 500 per month.

7.4.5. **Did you bear any expenses to get the allowances?**

Table: 11 Expenses to Get the Allowances

Opinion	Beneficiary Group	Percentage
Yes	372	88.57
No	48	11.43
Total	420	100

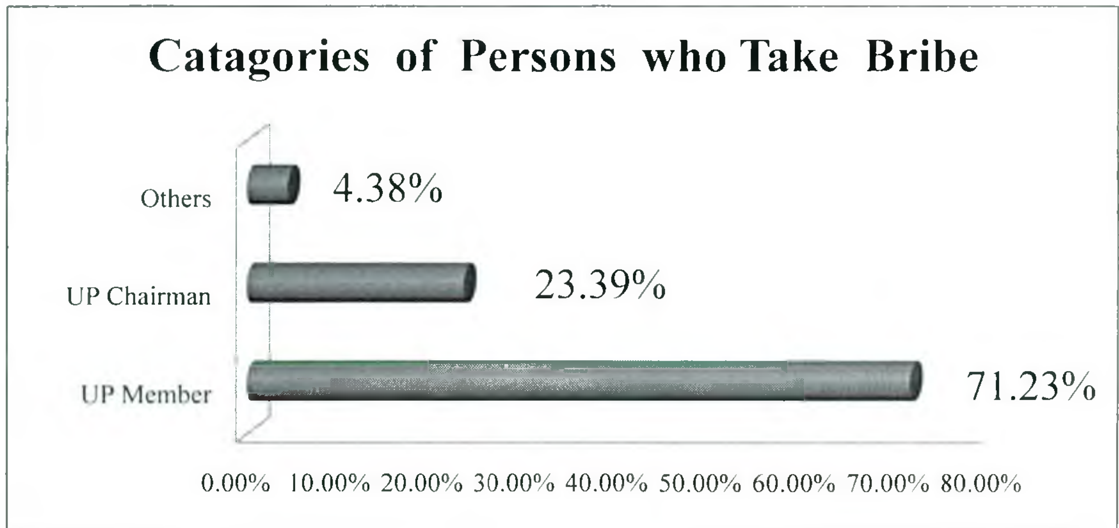
More than 88% out of the 420 beneficiaries said they had to bear expenses to obtain allowances. The remaining 11.43% said there were no costs or expenses involved during the process.

Ayesha Begum, A Toiling Lady

Ayesha Begum: wife of Nazrul Islam is a resident of Village Kutubpur, Union Tetulia, Upazila Chirir Bondor, District Dinajpur. Ayesha is 24 years old and a mother of two children. Her first daughter is Taposhi, aged 8 years and a student of grade two. Her second child is Jeebon, a boy of three years. Ayesha is a housewife. She studied up to grade six. Although she had interest for further education, her parents got her married off at an early age eager for a son in-law. Ayesha lives in a joint family. She lives peacefully with her ins-law. Nazrul Islam, her husband is 28 years old and has studied up to grade eight. He is a farmer. Ayesha has got the motherhood allowance during her second pregnancy. Each time she got the appropriate amount of money. Ayesha says that she had to pay taka 500 to a Union Parishad Member to be selected as a beneficiary. She took nutritious food as much as she could afford. The motherhood allowance changed her life significantly. Her acceptability about various family affairs has increased compared to before. Relationship with her spouse has developed. Her husband and other family members maintain now a favorable look at her. Her social status has improved. She is now capable of depositing a fixed amount of money in her savings. Her mobility has increased. She now visits many places like hospitals and Union Parishad Centre. Ayesha did not get any training on reproductive health, nutritious food, childcare etc.

7.4.5 .a. **If the answer is yes, then where was the cost expensed?**

Figure: 5 Categories of Persons who Take Bribe



More than 71% of 372 beneficiaries, who bore expenses to obtain allowances, said they had to give money to Union Parishad Members during the process. 23% said they had to give money to UP Chairmen and 20 referred to other arrears where money was needed to obtain the allowance.

7.4.5.b. How much amount of bribe you spent?

Table: 12 Amount of Bribe

Classes Of Bribe	Frequency
100-500	218
501-1000	104
1001-1500	38
1501-2000	12

218 respondents said they had to give Tk. 100-500 in bribe to obtain allowances. 104 respondents said the amount was between Tk. 501-1000, 50 placed the amount between Tk. 1000-1500 and 22 put the amount to as high as Tk. 1500-2000.

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7.5. NGO Training

There is a provision of MAP implementation guideline that in each upazila there will be an NGO or CBO for capacity building, awareness, make facilities for credit/loan and create accessibility to other resources for the allowance recipient mothers.

7.5.1. Did any NGO train you for the maternity programme?

Table:13 Training of Selected NGOs for MAP

Group Opinion	Beneficiary Group	Percentage	Non Beneficiary Group	Percentage
Yes	71	16.9	23	11.7
No	349	83.1	173	88.3
Total	420	100	196	100

A very small number of beneficiaries (16.9% out of total 420) had come under an NGO program regarding maternity issues. However, despite existence of selected NGOs to serve this very purpose, 83.1% of the beneficiaries remained outside any delegated programmes.

On the other hand, a similar 88.3% out of the total 196 non-beneficiaries were also outside any NGO programme regarding maternity issues.

Life of Chumki Khatun

Chumki Khatun of Sadarpur Union of Mirpur Upazila under Kustia District was enrolled for maternity allowance on 14 February 2011. At that time, her only son was six month old. Chumki says that her age is 17 years. However, her age is recorded as 23 years on the card.

Chumki's husband is a rickshaw puller. She received the installments of allowance at the Upazila Office of Women Affairs Directorate. Her husband accompanied her to the Upazila Women Affairs Office. Both she and her husband are happy for this help from the government. She had a Kidney Problem which cost her Tk 8000-9000. The cost was met partially from the motherhood allowance and partially a loan from

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ASA *. Chumki did not get any training on maternity health, nutrition, ANC and PNC from any NGO.

7.6 Status of Fulfillment of Selection Criteria for MAP:

According to implementation manual of MAP the eligibility for the entitlement to motherhood allowance is subject to fulfilling five of the seven conditions mentioned in the manual. The seven conditions are as follows:

i. First or second pregnancy
ii. The age limit to at least 20 years or above;
iii. Monthly income below Tk. 1500.
iv. Priority to be given to physically handicapped poor mothers;
v. Has either homestead or lives on other's land
vi. Has no cultivable land and pond of self or family.
vii. Must be pregnant at the time of selection i.e., the month of July.

Among the seven conditions, one has to fulfill five conditions including 1, 2, and 7. Besides if there is any case of the death of the infant during pregnancy or within two years of childbirth, the mother will be entitled to the allowance during the third pregnancy. Moreover, a beneficiary will get the Motherhood Allowance once in her lifetime for two years.

Based on the above conditions the actual situation of fulfillment of criteria of selection among the selected beneficiaries was studied. The following lines give an account of the situation of fulfillment of selection criteria.

7.6.1. Age Limit of Beneficiaries:

Table :14 Age Limit of the Beneficiaries

Age Limit	Baneficiary Group	Percantage
Age of 20 years and above	306	72.85
Age below 20 years	114	27.15
Total	420	100

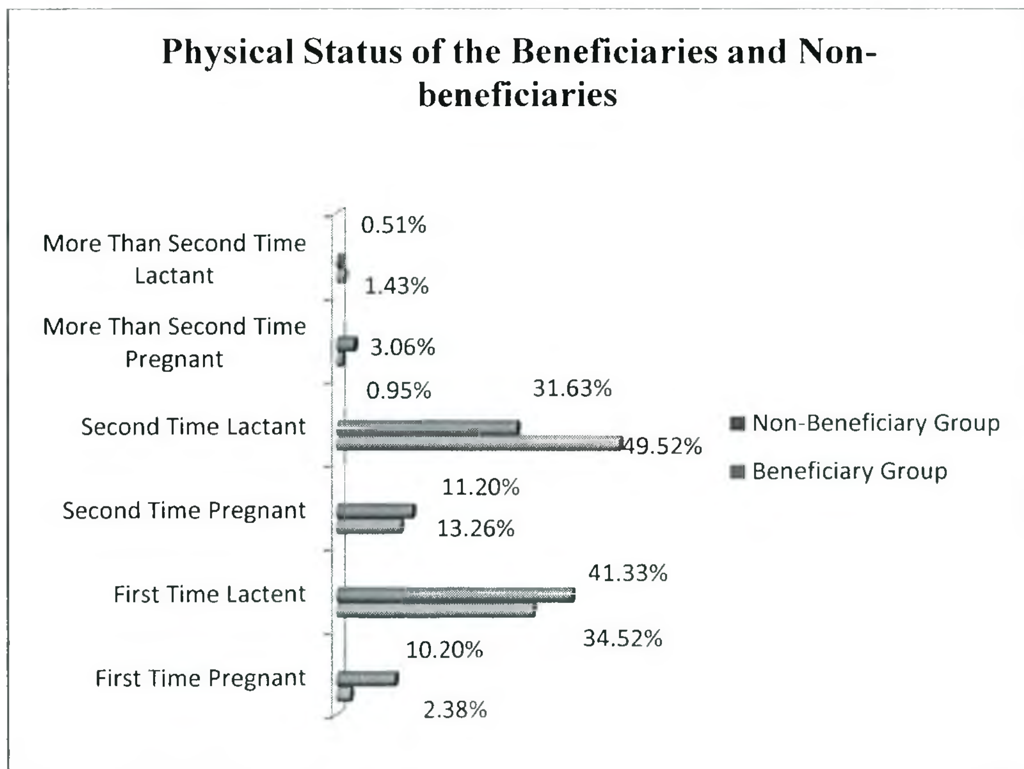
* Name of a NGO

The data show that out of 420 beneficiaries only 72.85 % fulfilled the age criteria. However, at the same time 27.15% beneficiaries were below the age of 20 years. That means a large number did not fulfill the selection criteria of age limit.

7.6.2 Physical Status of the Beneficiaries and Non-beneficiaries:

The allowances were given to a total of 420 beneficiaries (women) who were all either pregnant or in lactating period. The study was carried out to find out the state of these women. The results were later categorized into six sub-divisions. It is to be noted that regulations do not allow allowances to a mother who has passed second lactating period.

Figure: 6 Physical Status of Beneficiaries and Non-beneficiaries



It has been seen that mothers who have in their second lactating period among the beneficiary group were the most in numbers getting the allowance (49.52% among the total 420). The second most were mothers who were in their first lactating period (34.52%). Those getting allowances during their first and second pregnancy period were 2.38% and 11.2% respectively. Despite regulations, it has been seen that some mothers were getting allowances beyond their second pregnancy and lactating period.

This happened due to two reasons: a) third pregnancy and b) the first or second issue either died or miscarried.

On the other hand. the number of first-time lactating women were the highest in number (41.33% out of total 196). followed by second time lactating (31.63%). second time pregnant (13.26%). first time pregnant (10.2%). There were also some respondents in this group who were beyond second pregnancy and lactating period.

7.6.3. Statement of Monthly Income:

Income is one of the main selection criteria of the Motherhood Allowance Programme. So Monthly Income has become one of the major factors in this study. The recipients have to have income of TK. 1500 or below per month.

Table:15 Monthly Income of beneficiaries and non-beneficiaries

Income level	Beneficiary Group	Percentage	Non Beneficiary Group	Percentage
Below 1500	21	5	23	11.73
1500-2500	107	25.47	52	26.53
2600-3500	185	44.07	68	34.69
3600-4500	58	13.81	28	14.28
Above 4600	49	11.65	25	12.77
Total	420	100	196	100

The data show that out of 420 the highest number of 185 (44.07%) beneficiaries' monthly income range between TK.2600-3500. Next highest was 107 (25.47%) in the range of TK.1500-2500 per month. 58 (13.81%) belonged the monthly income range TK. 3600-4500 and 49 (11.65%) beneficiaries' income were above TK. 4600 er month.

On the other hand. 68 (34.69%) non-beneficiaries (out of 196) live in the monthly income range of TK. 2600-3500.Besides 52 (26.53%) non-beneficiaries ware in the range of TK.1500-2500. 28 (14.28%) belonged to monthly TK.3600-4500 and 25 (12.77%) non-beneficiaries' income were above TK. 4600 per month.

7.7 Impact of MAP:

Maternity Allowance Program (MAP) devised eight strategic objectives during its process of implementation. These were to:

i. Reduce of maternal and infant mortality rate as per the declarations of MDGs and PRSP
ii. Increase rate of breast-feeding
iii. Intake of breast-feeding
iv. Intake of better nutritional food during the period of pregnancy
v. Increase service provision of ante- natal and post-natal care services
vi. Enhance rate of adoption of EPI and Family Planning Programmes;
vii. Campaign for prevention of dowry, divorce and child marriage;
viii. Encourage birth registration; and
ix. Motivate for marriage registration

Here we have examined these aims of MAP with the data getting from field survey.

7.7.1 Breast Feeding Situations:

7.7.1. a. Which food did you give your baby first after birth?

Table:16 First Food of New Born of the Beneficiaries and Non-beneficiaries

State of First Food	Beneficiary Group	Percentage	Non Beneficiary Group	Percentage
Breast milk	400	96.43	189	95.23
Cow milk	17	4.05	3	1.53
Packaged milk	2	.5	2	1.02
Other	1	.24	2	1.02
Total	420	100	196	100

Almost all mothers of both the beneficiary and non-beneficiary respondents (around 96%-95%) had breast milk as the first food given to their babies after birth. The remaining (however insignificant) opted for cow milk, packaged milk or others.

7.7.1. b. How long did you breast-feed your baby?

On an average, the beneficiary group of 420 respondents was found to have been breast-feeding of their children for 2.6 years. It was found out that the minimum duration of breast-feeding a child was six months with a maximum phase of four years.

Table: 17 Duration of breast-feeding

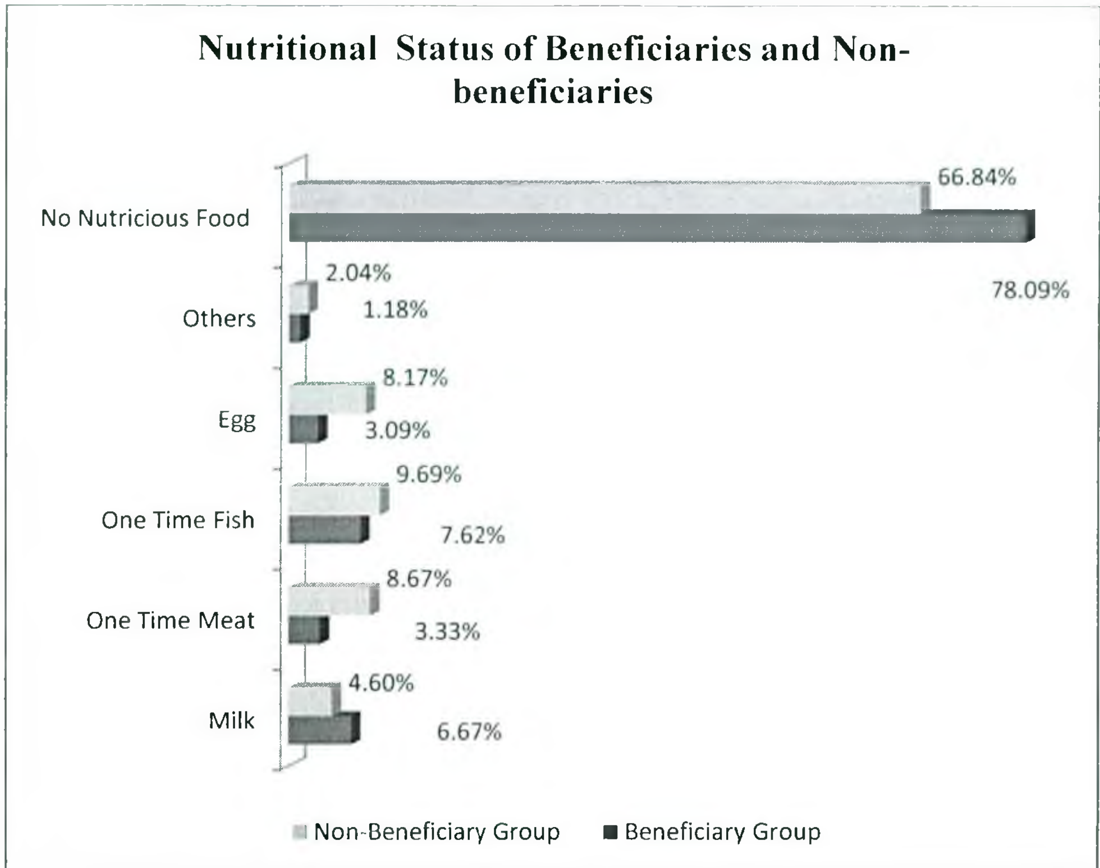
	Minimum (year)	Maximum (year)	Mean (year)
Beneficiary Group	.5	4	2.6
Non Beneficiary Group	2	3	2.58

The average breast-feeding period for non-beneficiaries (total 196) was found to be at 2.58 years with a minimum time of two years and a maximum of three years.

7.8. Nutritional Status:

Shocking as it is, data among 420 beneficiaries show majority of over 78% women had no access to necessary nutrition on daily basis during pregnancy and lactating period. Even in non-beneficiary group of 196, it was found that 66% women were also suffering malnutrition on daily basis.

Figure: 7 Nutritional Status of Beneficiaries and Non-beneficiaries



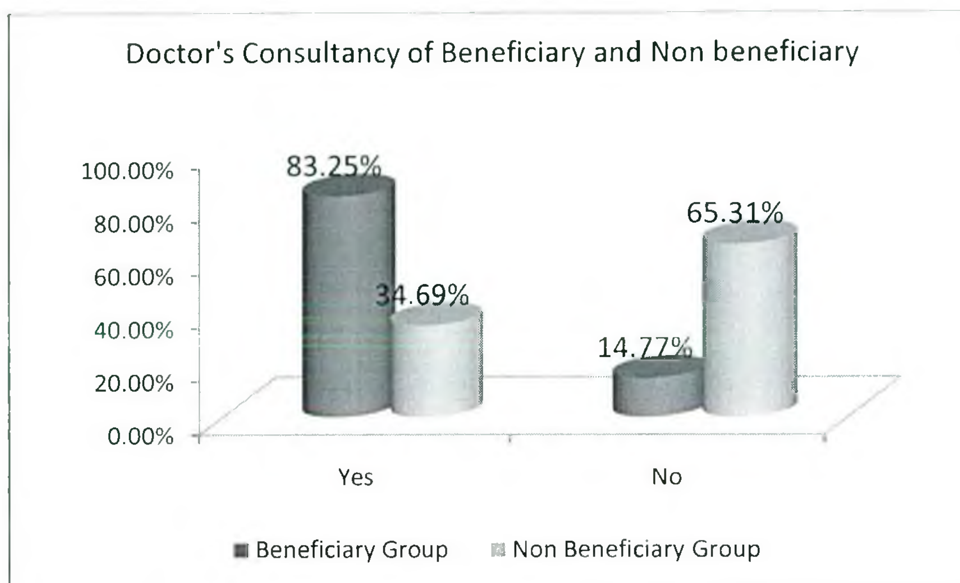
Insignificant numbers were found to have access to a glass of milk daily (6.67% for beneficiaries and 4.6% for non-beneficiaries), an egg (7.62% for beneficiaries and 9.69% for non- beneficiaries), meat (3.33% for beneficiaries and 8.67% for non-beneficiaries) and fish (7.62% for beneficiaries and 9.69% for non- beneficiaries) at any one time during the three daily meals.

7.9. Status of Doctor's Consultancy:

7.9.1 Have you consulted any doctor during your pregnancy or lactating period?

In a beneficiary group of 420, more than 83% said they did consult a doctor during pregnancy and lactating period and 14.77% said they did not.

Figure: 8 Doctor's consultancy



Of 196 non-beneficiaries, a large number (65.31%) said they did not consult any doctor during pregnancy or lactating period.

7.9.1. a If yes, then where was the doctor consulted?

Table:18 Places of Consultancy

Places	Beneficiary Group	Percentage	Non Beneficiary Group	Percentage
Upazila Hospital	162	45.25	40	58.82
Community Health Centre	165	46.1	20	29.41
NGO Health Centre	3	.84	2	2.9
District Hospital	26	7.26	4	5.88
Other	2	.56	2	2.9
Total	358	100	68	100

More or less an equivalent percentage of beneficiaries (around 45-46%) had consulted a doctor in the Upazila Hospital and Community Health Centre. Marginal 0.84% and

7.26% visited a NGO Health Centre and District Hospital respectively. On the other hand, remaining 0.56% called at other concerned medical centres for consultancy.

In a non-beneficiary group of 68, majority (58.82%) called at Upazila Hospital. 29.41% visited the Community Health Centre, 2.9% opted the NGO Health Centre, about 6% the District Hospital and the rest – about 3% - in other concerned medical centers.

7.9.2. b. How many times did you consult with a doctor?

Table: 19 Frequency of Consultancy Time

Time	Beneficiary Group	Percentage	Non Beneficiary Grou	Percentage
One Times	137	38.26	32	47
Two Times	72	20.11	21	30.88
Thee Times	146	40.78	11	16.17
Four Times	2	.56	4	5.88
Five timess	1	.28	0	0
Total	358	100	68	100

The respondents were categorized under five categories – once, twice, thrice, four and five times respectively – how many times they had visited a doctor during pregnancy. Under the beneficiary group of 358, 146 respondents had the most frequent visits (three times); 137 had visited once and 72 had seen a doctor twice.

Under the same category, a majority of 47% of the respondents of non-beneficiary group (total 68) had seen a doctor twice and successively more than 30% had consulted twice and 16.17% saw a doctor thrice.

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7.10 On EPI

7.10.1 Have you vaccinated your child?

Table: 20 Children Vaccination of Beneficiary & Non-beneficiary

Group / Opinion	Beneficiary Group	Percentage	Non Beneficiary Group	Percentage
Yes	418	99.51	165	84.62
No	2	.49	31	16.38
Total	420	100	196	100

Findings show that almost all of the beneficiaries (total 420) had vaccinated their children. Only two respondents were found to have said otherwise. The vaccination rate is lower (84.62%) in case of the non-beneficiaries.

7.10.2. Have you taken vaccination?

Table:21 Mothers' Vaccination of Beneficiary & Non-beneficiary

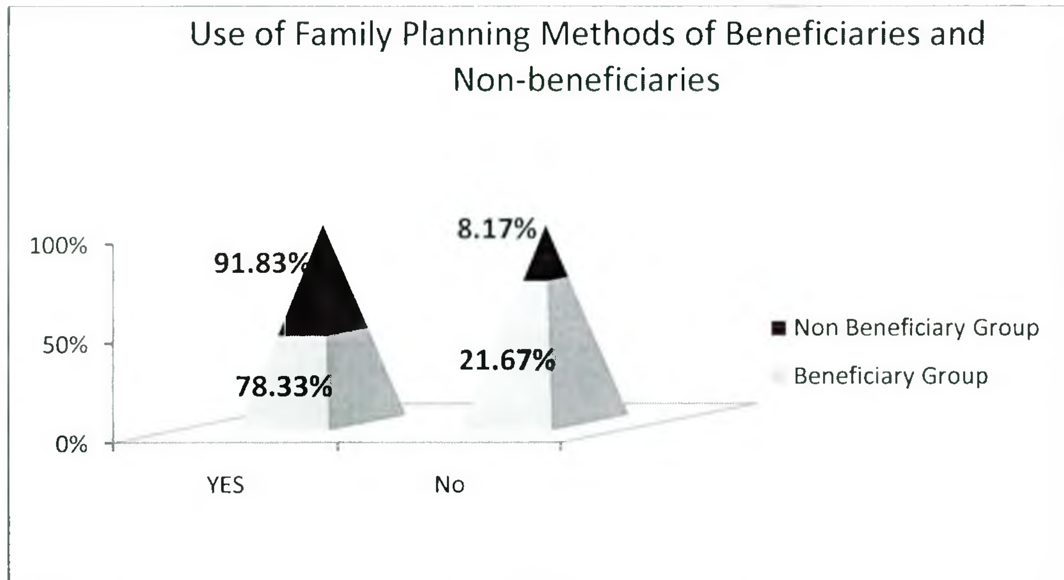
Group / Opinion	Beneficiary Group	Percentage	Non Beneficiary Group	Percentage
Yes	417	99.28	193	98.47
No	3	.72	3	11.9
Total	420	100	196	100

The data shows that most of the beneficiaries (99.28% of the 420 respondents) had taken vaccine. The rate was marginally lower, 98.47%, for the non-beneficiary group of 196.

7.11 On Family Planning

7.11.1 Did you use any family planning method?

Figure: 9 Use of Family Planning Methods of Beneficiaries and Non-beneficiaries



Of the total 420 beneficiaries, majority (78.33%) responded positive that they were using some or other kind of family planning methods, but yet, a significant 21.67% were still not resorting to such methods. However, on the contrary, a huge 91.83% of 196 non-beneficiaries were using any of such planning methods.

7.12. On Marriage & Birth Registration

7.12.1 Has your marriage been registered?

Table: 22 Registered Marriage Status of Beneficiaries and Non-beneficiaries

Group Opinion	Beneficiary Group	Percentage	Non Beneficiary Group	Percentage
Yes	352	83.81	188	96
No	68	16.19	8	4
Total	420	100	196	100

The government of Bangladesh has made marriage registration mandatory and has been giving out allowances to facilitate it. In view of such, findings show that 83.81%

of beneficiaries (total 420) have registered their marriage in comparison to the 16.19% who did not. On the other hand, there were only 4% of the 196 non-beneficiaries who did not register during marriage. Comparison shows, the success rate is greater among the non-beneficiary group. .

7.12.2. Have you completed birth registration of your children?

Table: 23 Birth Registration Status of Beneficiaries and Non-beneficiaries

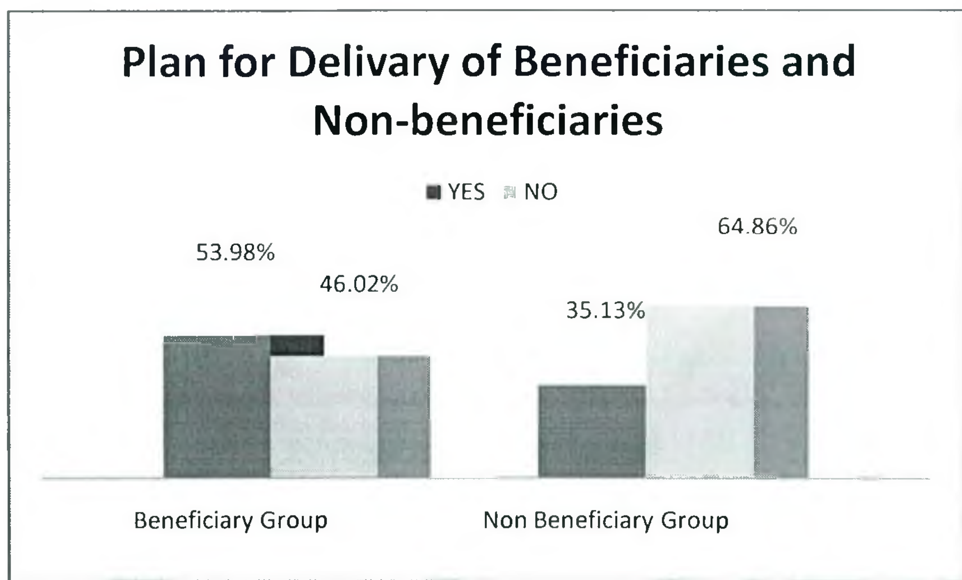
Birth Registration Status	Beneficiary Group	Percentage	Non Beneficiary Group	Percentage
Yes	182	43.33	16	8.16
No	238	56.67	180	91.84
Total	420	100	196	100

Out of the 420 beneficiaries inquired, 182 (43.33%) of them responded positively and 238 (56.67%) did not register the birth of their child. Of the 196 non-beneficiaries, only 8.16% had registered and the majority 91.84% did not.

7.13 Questions for Pregnant Women of MAP

7.13.1 Have you planned where your child will be born?

Figure:10.1 Plan for Delivery of Beneficiaries and Non-beneficiaries



A total of 113 respondents were inquired on the matter. Among them, 61 (53.98%) said they had planned about it. In addition, 53 (46.02%) were yet to give it a thought. Among the 148 non-beneficiaries, 52 (35.13%) were while 86 (64.86%) said they were not thinking about it.

7.13.1.a if yes, then where

Table:24 Plan of Delivery Place of Beneficiaries and Non-beneficiaries

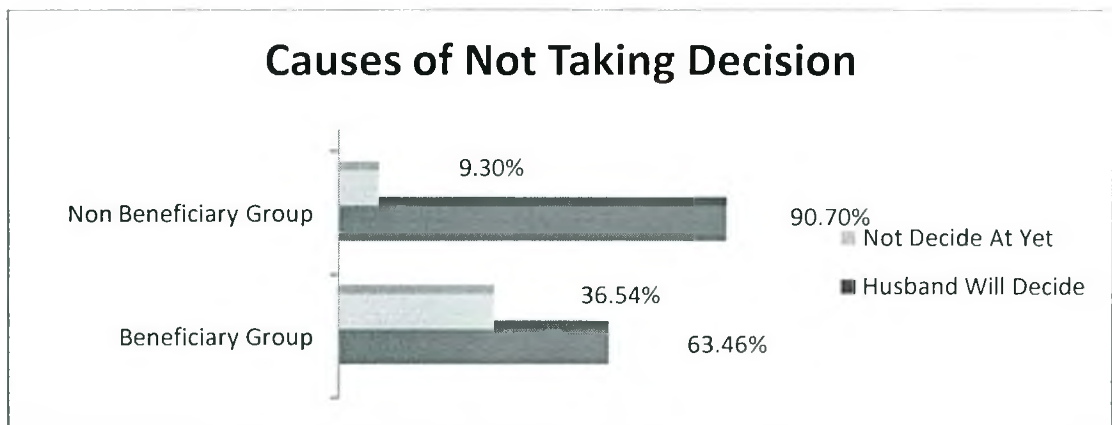
Place	Beneficiary Group	Percentage	Non Beneficiary Group	Percentage
Govt. Hospital	54	88.52	11	21.15
Private Clinic	2	3.28	2	3.85
Home	5	8.2	39	75
Total	61	100	52	100

The maximum number of respondents, 54 (88.52%) of the beneficiary group said they were willing to give birth in a government hospital, two (3.28%) were favoring a private clinic while five (8.2%) chose their home for delivery.

Of the non-beneficiary group of 52, 11 (21.15%) were favoring a government hospital, two (3.85%) were mulling on a private clinic and the rest 39 (75%) wanted to give birth in their own home. It is to be noted that in this group, most people favor their home over a government hospital or clinic for delivery.

7.13.1. b If the answer is no, why the delivery is yet to be planned?

Figure: 10.2 Causes of not Taking Decision



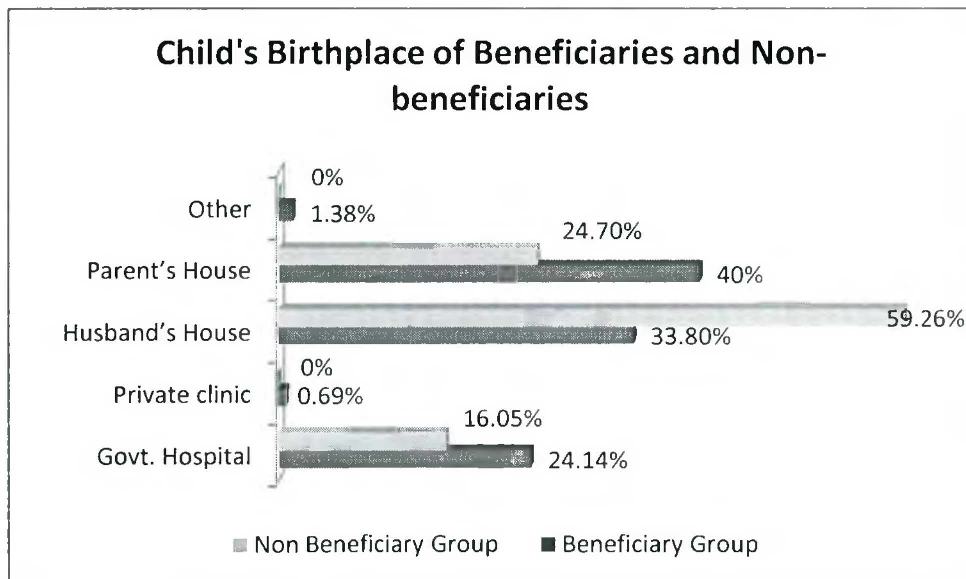
Most of the beneficiaries, 63.46% said it was up to their husbands to decide about the matter. 36.54% said that the matter was not one of great concern.

On the other hand, a whopping 90.7% of the non-beneficiaries (total 86/196) said that a decision in the matter rests with the husband. The remaining 9.3% said that the matter was not one of great concern.

7.14 Place of Delivery, Expenses and Others for the First Time Lactating Mothers of MAP.

7. 14.1 Where was your child born?

Figure: 11 Child's Birthplace of Beneficiaries and Non-beneficiaries



A majority of the 145 beneficiaries (40%) had their first child at their parent's home; 33.8% at their husband's home and 24.14% gave birth at any government hospital. This indicates that the traditional practice of delivery is still applicable in most places where the parents' home or husband's home is the first choice.

There were no major differences in the group of non-beneficiaries. Most in this group (59.26% out of the total 81) gave their first birth in husbands home with preferences followed by parent's home (24.7%) and government hospital (16.05%). It can be concluded in this case also, that traditional delivery practices are still in operation today.

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7.14.2 Did you have to spend any money for delivery?

Table: 25 Money Spent for Delivery of Beneficiaries and Non-beneficiaries

Opinion	Beneficiary Group	Percentage	Non Beneficiary Group	Percentage
Yes	95	65.51	63	77.77
No	50	34.49	18	22.23
Total	145	100	81	100

A total of 95 respondents (of the total 145 women who are in their first lactating period) in the beneficiary group said they had to bear expenses for delivery. On the other hand, a total of 63 respondents under similar criteria in the non-beneficiary group (total 81) had to bear delivery costs.

7.14.2.a If the answer is yes, then how much money did you have to spend for delivery?

Table: 26.1 Amount of Money Spend for Delivery of Beneficiaries and Non-beneficiaries

Range Of Amount	Beneficiary Group	Percentage	Non Beneficiary Group	Percentage
300-1000	18	18.95	20	31.75
1001-2500	21	22.10	23	36.51
2501-3500	12	12.63	5	7.9
3501-4500	7	7.36	5	7.9
4501-5500	13	13.68	8	12.69
5501-8000	5	5.26	8	12.69
8001-Highest	19	20	4	6.5

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Data show that most of the beneficiaries (22.1% of the total 95) had to spend in the range of Tk. 1,000-2,500 for delivery during their first pregnancy. In succession, 20% had to spend Tk. 8,000 or more for delivery followed by 18.95% who had to spend Tk. 300-1000, 13.68% between Tk. 4,500-5,500 and 12.63% between Tk. 2,000-3,500.

On the contrary, among the 63 non-beneficiaries under the same criteria, most (36.51%) had spent between Tk. 1,000-2,500 and 31.75% had to bear around Tk. 300-1,000 during delivery of their first baby. It is to be noted that unlike the beneficiaries, only 6.5% of the non-beneficiaries had spent Tk. 8,000 or more for delivery.

Table: 26.2 Mean Amount of Money for Delivery of Beneficiaries and Non-beneficiaries

Respondents	Number of Respondents	Minimum Amount	Maximum Amount	Mean
Beneficiaries Group	95	300	36000	5255.23
Non Beneficiaries Group	63	800	22000	3182.05

The cost survey of women in their first lactating period showed that 95 respondents (beneficiaries), who said they had to bear expenses during their lactating period, had to bear a mean cost of Tk. 5,255.23. The range of expenditure was from Tk. 300 to Tk. 36,000. The 63 non-beneficiaries had to bear a much lower mean cost of Tk. 3,182.05. Their range of expenditure was also lower, from Tk. 800 to Tk. 22,000.

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7.14.3. Where did you get the money for your delivery?

Table: 27 Sources of Money of Beneficiaries and Non-beneficiaries

	Beneficiary Group	Percentage	Non Beneficiary Group	Percentage
Father	17	11.72	37	56.92
Husband	105	72.4	13	20.54
Brother	2	1.37	1	1.53
Loan	1	.69	8	12.31
Allowance	8	5.52	0	0
Own	10	6.89	5	7.7
Other	2	1.38	1	1
Total	145	100	65	100

Findings show that husbands were mostly the source of money (72.4%) for first time lactating mothers in the beneficiary group. 11.72% had their expenses borne by the father and only 5.52% were benefitted by allowance. Loans have been seen to be contributing to expenditures of 0.69% of the beneficiaries.

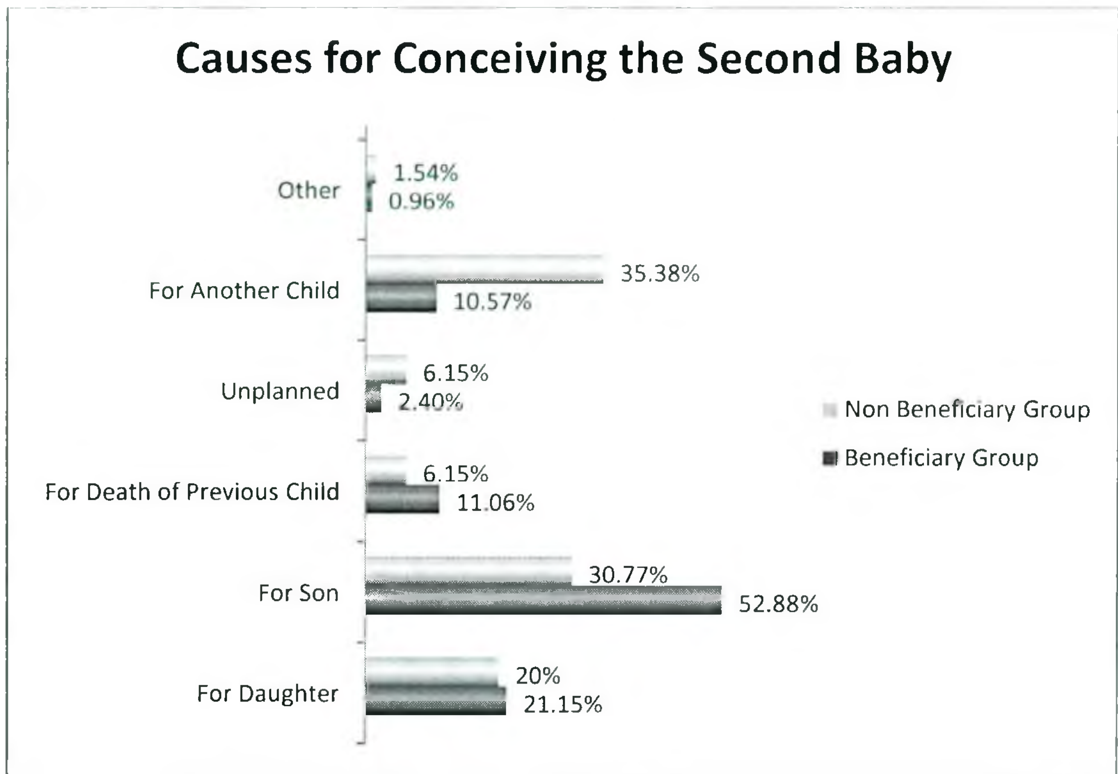
On the contrary, it is the father seen to be bearing the majority of expenses (56.92%) in the non-beneficiaries group. A husband's support is at the second place with 20.54%. It is to be noted that a significant 12.51% of the non-beneficiaries have been bearing delivery costs through loans.

7.15 Delivery Place, Expenses, Sources of Money of Second Time Lactating Mother of MAP:

According to the implementation guideline, the women who were in second lactating period were also eligible for the MAP. It is very important to know the place of their delivery, expenses, and sources of money as they were getting MA for their second issue. Thus, we could make a compare with their first lactating period when they were not under MAP.

7.15.1 Why did you conceive a second child?

Figure: 12 Causes for Conceiving Second Baby of Beneficiaries and Non-beneficiaries



The data show that the majority of 206 (52.88%) beneficiaries conceived for a second time for the willingness of a son. 21.15% desired a daughter while a small 11.06% had taken the decision after death of previous child. 10.57% of the respondents wanted a second child.

On the contrary, the majority (35.38%) of non-beneficiaries (total 61) wanted a second child for a son. The second most frequent choice was the desire for another child (30.77%). The desire of a daughter was lower (20%) – a similar picture compared to the beneficiaries.

Therefore, a conclusion can be made that a daughter is not yet much desirable despite countrywide campaign of equal rights and equality.

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7.15.2 Where was the birthplace of your second child?

Table: 28 Birth Places of the Second Child of Beneficiaries and Non-beneficiaries

Place	Beneficiary Group	Percentage	Non Beneficiary Group	Percentage
Hospital	31	15.19	3	4.61
Husband's House	102	50	37	56.92
Parents House	75	36.76	24	36.92
Other	1	.49	1	1.53
Total	209	100	65	100

Among the 209 beneficiaries who had a second child, 102 (50%) had delivery in their husband's house and 75 (36.76%) had given birth in their parent's home. This shows that more than 86% of the beneficiaries had undergone second delivery according to traditional practices. Very few (15.19%) had given birth in a hospital. Data shows similar in the non-beneficiary group (total 65) – more than 92% had undergone delivery as per traditional practices. Only 4.61% had gone to the hospital for giving birth whereas it should have been the usual practice.

7.15.3 Who bore the expenses during the delivery of your second baby?

Table: 29 Sources of Money for the Second Baby of Beneficiaries and Non-beneficiaries

Source Of Money	Beneficiary Group	Percentage	Non Beneficiary Group	Percentage
Father	31	14.83	1	1.54
Husband	110	52.63	63	96.93
Brother	3	1.43	1	1.53
Loan	7	3.35	0	0
Allowance	57	27.28	0	0
Others	1	.48	0	0
Total	209	100	65	100

A high percentage (52.63%) of the second-time delivery costs for the beneficiaries (total 209) were undertaken by the husbands. It is to be noted that a significant number of these beneficiaries (27.28%) were bearing delivery costs from the allowances, which is a positive sign that the allowances were coming to benefit. Data shows that very few of these women were taking money from their father (14.83%) for second delivery.

On the other hand, the husbands bore costs of about 97% of the non-beneficiaries. A very minimal number had taken money from their father or other sources.

7.16 Uses of Money of MAP:

It is very important to know that whether the beneficiary's mothers could use the money. If they use them self then it may be said that they were on the track of empowerment. Similarly, we had to find out that what purpose the money was used for.

7.16.1 Do you spend the allowance money yourself?

A majority of the beneficiary respondents said they spent the allowance money themselves. 94.28% of the 420 total respondents responded positive indicating a bright response to the allowance program. Still, small but nevertheless 5.72% did not get to spend the allowances themselves.

Figure: 13 Spend of Allowance Money by Beneficiaries

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7.16.1.a If yes, then where was the allowance money put to use?

Table: 30 Uses of Allowance Money

Purpose	Frequency	Percentage
Taking Nutritious Food	153	36.43
For Family purpose	81	19.28
Hand Over to Husband	59	14.05
For Treatment	59	14.01
For Children	52	12.38
For Other	16	3.85
Total	396	100

Study shows that a majority of the beneficiary respondents (36.43%) spent the money for intake of nutritious food. 19.28% spent the allowance on family purposes, 14.05% handed the money over to their husbands, 14.01% used the money for treatments and 12.38% utilized the money for their children. It is to be noted that though these beneficiaries said to have spent the allowance money themselves, a significant number had handed these money to their husbands or have used it outside maternity causes.

7.17. Questions only for Non-beneficiaries of MAP:

7.17.1 Did you try to get the Motherhood Allowance ?

Though a large number of pregnant and lactating women fulfilled the criteria of MAP, but they were not getting the MA. Therefore, it is important to know the reason of not being entitled for MAP.

Figure: 14 Endeavor to Get Allowance

The data show that 134(62%) non-beneficiaries (out of 196) had tried to get the motherhood allowance but did not get. The rest of 31.63% did not try for it.

7.17.2 What is the reason of not getting the allowance?

Table: 31 Causes of Not to Get Allowance

Causes	Frequency	Percentage
Lack of Information	102	52.04
For corruption/nepotism	94	47.96
Total	196	100

A total of 196 respondents said they did not get the allowance. 52.04% of them said they were unaware of while the remaining 47.96% said corruption had barred them from getting the allowance.

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CHAPTER EIGHT

CONCLUSION: SUMMARY AND RECOMMENDATIONS

8.1 Introduction:

Women are active agents of social and economic transformation. 'Women are not passive recipients of welfare enhancing help brought about by society but are active promoters and facilitators of social transformations. Such transformations influence not only the lives and well being of women, but also those of men and children' Amartya Sen States.

So various initiatives have been taken for them. The theme of Millennium Development Summit was, Investing in women and girl has a multiple effects on productivity, efficiency and sustainable economic growth, Social Safety Net Protection Scheme has been expanded placing rural women at the centre. It is very necessary to strengthen the position of women in family as well as society. For this the limitations of Motherhood Allowance Programme(MAP) should be removed. At the same time various programs should be enhanced only for rural poor and middle class women. And it is very urgent to make those programs sustainable. It is to be hoped that thus the maternal and child mortality rate will reduce and the health of mother and child will be improved. It will help to make the population healthier and expert as well.

8.2 Major Findings:

- **Socio-economic Status of the Beneficiaries and Non-beneficiaries:** Occupation of the beneficiaries and non-beneficiaries: Findings show that about 91.2% of the beneficiaries (those getting the allowances under MAP program) and 85.71% of non-beneficiaries among rural women are housewives. This underlines that the opportunity to social income activities for these women are very limited. Because of not being an earning member, their status in a family or in the society is relatively lower. On the other hand, these women also have limited mobility being housewives. For these reasons, it is understandable that these women will have limited access to reproductive health and other issues. They must be allowed access to information.

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- **Occupation of the Husbands of the Beneficiaries and Non-beneficiaries**: Nature of occupation of the main income earner is one of the important indicators of the socioeconomic status of a household. In rural Bangladesh in most of the cases the main income earners of are the husbands or father. Here we consider husband as main income earner. Study shows that majority of the husbands are day laborers for both the groups of beneficiaries and non-beneficiaries. The second-most frequent occupation is agriculture (24.53% for beneficiaries and 26.02% for non-beneficiaries). Then there are riskshaw/van drivers, small businessmen and others. This displays that poverty has forced a large number of the rural population to fight for survival each day.

- **The State of Child Death**: Reducing child death is one of the main targets of this MAP . However, the current rate of these deaths is still worrisome. Study shows that 10% of the beneficiaries (total 420) suffered a child death, where the government of Bangladesh and other non-government organizations put effort for prevention. The percentage came out 7.65% for the group of 196 non-beneficiaries. (42 of the beneficiaries and 15 non-beneficiaries underwent a miscarriage or child death). To reduce this, nutrition and safe delivery awareness have to be increased.

- **Status of Fulfillment of Selection Criteria for MAP**: There were seven conditions mentioned in the manual of MAP eligibility. Of those, the major three are: first and second time pregnant, age limit and monthly income below Tk 1,500.

- **Physical Status of the Beneficiaries**: The allowances were given to 420 beneficiaries (women) who were all either pregnant or in lactating period. The study was carried out to find out the state of these women. The results were later categorized into six sub-divisions. It is to be noted that regulations do not allow allowances to a mother who has passed second lactating period. It has been seen that mothers who are in their second lactating period among the beneficiary group were the most in numbers getting the allowance (49.52% among the total 420). The second most were mothers who were in their first lactating period (34.52%). Those getting allowances during their first and second pregnancy period were 2.38% and 11.2% respectively. Despite regulations, it has been seen that some mothers were getting allowances

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beyond their second pregnancy and lactating period. This happened due to two reasons: a) third pregnancy and b) the first or second issue either died or miscarried. On the other hand, the number of first-time lactating women were the highest in number (41.33% out of total 196), followed by second time lactating (31.63%), second time pregnant (13.26%), first time pregnant (10.2%). There were also some respondents in this group who were beyond second pregnancy and lactating period.

- **Statement of Monthly Income:** Income is one of the main selection criteria of the Motherhood Allowance Program. So monthly income has become one of the major factors in this study. The recipients have to have income of TK 1500 or below per month. Data shows that only 13.81% of the beneficiaries fulfill this condition. So, the limit should be considered as a condition and not mandatory.

- **Impact of MAP**: There are 8 strategic objectives of MAP. These are: (i) reduce of maternal and infant mortality rate as per the declarations of MDGs and PRSP, (ii) increase rate of breast-feeding, (iii) intake of breast-feeding, (iv) intake of better nutritional food during the period of pregnancy, (v) increase service provision of ante-natal and post-natal care services, (vi) enhance rate of adoption of EPI and family planning programmes, (vii) campaign for prevention of dowry, divorce and child marriage, (viii) encourage birth registration; and motivation for marriage registration.

- **Breast-feeding Situation**: Almost all mothers of both the beneficiary and non-beneficiary respondents (around 96%-95%) had breast milk as the first food given to their babies after birth. It is a good sign. But, it does not prove that the allowance has encouraged this rate as non-beneficiaries also fed breast milk as the first food to their child after birth.

- **Nutritional Status:** Though marital health improvement is one of the major concern of the MAP, findings show that the monthly allowances are not coming to proper use. It is either the case that the money cannot be utilized for nutritious food or that the allowance money was insufficient for it.

- **Doctor's Consultancy**: Findings show that more beneficiaries (45%) have chosen to consult a doctor at the Community Health Centre and Upazila

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Hospital during their pregnancy or lactating period. This is a remarkable improvement in comparison to the non-beneficiaries. Therefore, it can be concluded that the MAP has embarked a positive effect in this sector. Though a majority of these women (40.78%) have visited a doctor only once, encouragement for regular consultation must be continued for better outcome.

- **EPI**: It has been seen that beneficiaries were ahead of the non-beneficiaries in vaccinating children. Only 2 of the 420 beneficiaries did not vaccinate their child, whereas among the non-beneficiaries, the percentage was as high as 44.10%.

- **Use of Family Planning Methods**: Findings show that the use of family planning methods was greater among the non-beneficiaries in comparison to the beneficiaries by 13.50%. Therefore, it is to be noted that family planning methods must be encouraged among the beneficiaries.

- **On Marriage and Birth Registration**: Non-beneficiaries were ahead of their beneficiary counterparts in marriage registration. However, they were lagging behind on birth registration with the practice popular among 43.33% of the total 196 respondents. These mixed results imply that these issues must be pressed.

- **Delivery Situations**: For the pregnant women of beneficiaries group, 61 (53.98%) had planned for the site of delivery, but most of the non-beneficiaries had no plan about it. Majority of the beneficiaries (88.52%) were favoring government hospitals for giving birth to their children. But on the other hand, the majority of non-beneficiaries were willing to deliver at home. This shows that still a large number of the population were practicing traditional methods and not going to the hospital for giving birth. But, there is still hope in the findings that this practice is lower in comparison among the beneficiaries. On the other hand, it has also been found out that the decision of choosing a venue for delivery does not rest with the women. It is the husband who has the upper hand in such decisions – findings show among both beneficiaries (63.46%) and non-beneficiaries (90.7%).

- **Cost of Delivery**: Study shows that a large number of both the beneficiary and non-beneficiary first time lactating women had to bear expenses during

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delivery. For the beneficiaries. the range of this cost was from Tk 300 – 36.000 and for the non-beneficiaries the array was from Tk 800 – 22,000. In other words, the beneficiaries had to bear an average cost of Tk 5,255 and the non-beneficiaries had to spend Tk 3,182 on average for delivery.

- **Birth Place of First Child**: 40% of the first time lactating mothers in the beneficiaries group had their first child in their father's house while 59.26% of these mothers had delivered in their husbands' home. This effectively means that most rural people still prefer to undergo delivery at homes instead of a hospital. This reduces the assurance of safe delivery thereby increasing chances of child death.

- **Birth Place of Second Child**: Likewise, the situation is no different for the second time lactating mothers in neither the beneficiaries or non-beneficiaries group. Most of them had given birth at home.

- **Bearer of the Cost of Delivery**: It has been seen in study that it is primarily the fathers or the husbands bear the expenses for both the first and second time delivery of their wives or daughters. However, 27.28% of the second lactating and 5.52% of the first lactating mothers were using the monthly allowances for delivery. So, it can be said that the MAP contributes to delivery or treatment cost of the beneficiary mothers.

- **Usages of Allowance Money**: A majority of the beneficiary respondents said they spent the allowance money themselves. 94.28% of the 420 total respondents responded positive indicating a bright response to the allowance programme. Still, small but nevertheless 5.72% did not get to spend the allowances themselves. A majority of the beneficiary respondents (36.43%) spent the money for intake of nutritious food. 19.28% spent the allowance on family purposes, 14.05% handed the money over to their husbands, 14.01% used the money for treatments and 12.38% utilized the money for their children. It is to be noted that though these beneficiaries said to have spent the allowance money themselves, a significant number had handed these money to their husbands or have used it outside maternity causes.

- **Beneficiary Selection and Disbursement Procedures of MAP**: Majority (82.8%) of the beneficiaries had come to know about the monthly allowance

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programme from Union Parishad. Therefore, maximum support for this programme can be attained by goodwill and empowerment of the local government. After coming to know about the programme, almost all these respondents collected their allowance from UWAO (most of them said they got the money without hassle). This indicates that the process of disbursing allowance is smooth. But, 372 out of the 420 beneficiaries said they had to give money (in the range from Tk 100-500) to get the allowance - given to Union Parishad Members (more than 71%), Chairman (23%) or other arrears. At the same time, 84.77% of these beneficiaries were unhappy with the amount of allowance. They suggested the amount to be raised to Tk 500 per month.

At the same time, 134 respondents of the control non-beneficiary group (total 196) said they had failed to get the allowance despite efforts. 102 did not get the allowance for untimely information and 94 others had to face corruption or partisanship to have been left out for the allowances. Thus, it has to be ensured that everyone will have access to information. And, to ensure this allowances to the needy, partisanship and corruption will have to be eliminated.

- **Training of NGOs**: There is a provision of Motherhood Allowance Programme implementation guideline that in each Upazila there will be NGO or CBO for capacity building, awareness, make facilities for a credit and create accessibility to other resources for the allowance recipient mothers. A very small number of beneficiaries (16.9%) had come under an NGO programme regarding maternity issues. Most (482.51%) have said that nobody had informed them during such training.

8.3 Challenges:

There are also some challenges to implement the MAP. The major challenges are as follows: nutrition, safe motherhood, increase marriage and birth registration, prevention of early marriage, women empowerment are major concern of MAP. At the same time, these are cross-cultural issues. Safe motherhood means mainly three stages of women; when they conceive, when they deliver and after they have

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delivered. It is important, not only for mothers but also for children's health. Only, a healthy child can be a good citizen.

- **To Reduce MMR**: Though Bangladesh has made tremendous progress with regards to maternal mortality (MMR). The maternal mortality ratio (MMR) has declined 40% within 9 years, which is really an excellent performance. The risk of a maternal death has come down to 1 in 500 births. We are on track in fulfilling our MDG target. Still, the proportion of births attended by a skilled health worker is very low. The current status shows that the rate is 32 per cent (according to DHS-2011). Ante-natal care coverage of at least one visit is far behind the target. We are now at 68 percent, whereas our target is 100 per cent. We have to further reduce the maternal mortality ratio by 25 per cent to reach the MDG-5 target by 2015. This will still be a huge challenge. This is the last mile of the race. We still have to focus on family planning, to increase the number of skilled health care attendants and providing health care facilities to the poor people. We have to raise awareness among the people, because still one third of the pregnant women do not discuss about birth preparedness. We have to really reach those women.

- **Young Population** : We have a very young population in Bangladesh that has to be recognized. Some 34% of the population are below 14 years of age, 65% are below 30 years and 80% are below 45 years. If we consider fertile population specially women from 15 to 45 that means we have 40% of our people within that age bracket. Our young population structure gives rise to a larger proportion of women in the reproductive age span. And also a larger proportion of contribution is made by the adolescents in the total fertility rate (TFR). We know that 25% of maternal mortality reduction is due to increase in TFR.

- **Inequality**: Safe motherhood is not only a medical issue but also a multi sectional issue. This is related to socio-economic condition of a society. As inequality exists in the society of Bangladesh, so the poor mother suffer a lot from safe motherhood. Besides there is inequality with regards to geographical locations. There are pockets at the upazilla level, which are very poor in terms of all the maternal facility indicators. Most of these pockets are located in the North-East, South-East and Southern areas, which means that we need special attention to these areas.

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- **Harmful Social Practices**: We know that 50 percent of pregnant women die due to direct obstetric causes but 35 per cent of women die due to indirect causes. These indirect causes are sources so some social practices such as malnutrition, early marriage, early pregnancy, dowry, domestic violence, patriarchal outlook to women etc. 14 per cent of maternal mortality was due to violence.

- **Low Birth Weight (LBW):** Low birth weight is one of the causes which give rise to complexities like diabetes, cardiovascular diseases, hypertension which cause maternal death. Because there is no scope of treatment of these complexities in our country so the 35% remains stuck at the same point for the last 10 years. So we have to connect this issue with the life cycle of a mother because motherhood is not only about mothers, but also the whole process of the health of our population.

- **Political biasness:** SSNs are among the most politically sensitive areas of development policy. This is because SSNs involve redistributing resources toward the poor.

- **No Integrated Policy:** There is no integrated national policy for developing social safety net programmes. This may have resulted in programmes that are unsustainable being developed, many of them financed with donor assistance directly with individual ministries. Budgetary provisions are ad-hoc and given as block allocations.

- **Lack of Coordination:** There is a lack of coordination among ministries. A number of ministries and departments within them offer safety net programmes as a matter of their core business.

- **Limitation in Selection Criteria:** Current targeting criteria may not be appropriate. Land criteria, for example, are widely used to distinguish between the poor and the non-poor but evidence from the HIES suggests these criteria could lead to significant misallocation of resources (that is, to selecting house who are not in need). Land ownership by itself is not an especially useful criterion.

- **Bureaucracy:** Bureaucratic pathology becomes a deadlock in the delivery of social services. Widespread corruption, nepotism often threats to achieve the objectives of SSNP.

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- **Problems in Selection Process**: There are some problems on targeting criteria such as large errors of exclusion and inclusion so that in numerous cases, many deserving poor do not have an access to programme benefits, whereas the non-poor also become also beneficiaries through errors of inclusion. The problem of the inclusion of non-poor people in the programmes cuts the effectiveness.

8.4 Recommendations for MAP:

- The government is committed to achieving the MDG goal of mortality rate to 143 (from current nearly 300) by 2015. In view of such, the Motherhood Allowance Programme was initiated in 2007-08 following the first-ever Motherhood Benefit Programme (pilot project) of a non-government organization DORP in 2005.
- The programme aims to reduce the suffering of the poor mothers in the rural areas. It began with an initial allocation of Tk 170,000,000 in 2007, which later increased to TK 369,600,000 in 2010.
- The programme (MAP) has been able to create a demand in the country. This has happened mainly due to increased awareness and demand among pregnant women for ANC and PNC services, especially in the remote areas. However, the coverage of MAP is yet to match its demand.
- The significant lacking could not be mitigated due several factors like: inadequate fund supply along with duration of a benefit, improper selection procedure, pre-determined number of allocation, lack of adequate supervision, evaluation and follow-up system of MAP.
- Absence of a well worked—out transit (graduation) plan from MAP to self-sufficiency.
- The design of MAP fund distribution to the Upazila Women Affair Officer's (UWAO) office to Union Parishad Offices seemed to be inelastic and hence it could not meet the need of the differing communities. People of the Mahalchhari required different attention from those living in Tangail.

- In almost all Upazilas, the Upazila Committees held infrequent meetings; however, there were no meetings held of the Union Committees. Because they felt it was not necessary.
- Initiation of orientation sessions on MAP for basically the target-recipients. The list of participants for the Orientation Course could also include other important players of the programme, e.g. UP Members, Upazila Women Affairs Officer (UWAO) and her staff, other Upazila level Officers including the Upazila Nirbahi Officer (UNO). This is how the basic philosophy of MAP, its rationale, working principles and objectives could be shared with all stakeholders in a systematic manner.
- Since women are not isolated identities of the society, imparting training and awareness only to women would not produce the expected result. Desired changes in attitude of husbands would also be necessary to improve nutritional status and health care situation of mothers. That is why motivational programme for husbands of the selected beneficiaries should be taken. Certain obligations could be introduced such as organizing orientation meetings at Union level to be attended by both pregnant mother and their husbands during disbursement of at least first installment of the allowance. Utilizing this opportunities important messages relating to utilization of the money exclusively for mother and babies could be delivered in the presence of husbands
- To increase the number of allowance in each Union Parishad proportionate to the size of population.
- The amount of Motherhood Allowance should be increased from current amount of Tk 350 to at least Tk 500 per month.
- Instead of paying the allowance irregularly, or sometimes biennially, it should be paid on a regular a monthly basis through the current system or at least to make payment on a quarterly basis. This regular payment will help achieve the objectives of the programme better.
- The duration of the programme for a given period, called "cycle", should be increased to 4 years instead of prevailing 2 years.

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- Putting in place a system of regular monitoring and evaluation of MAP is essential.
- To bring about a planned change, among the group of MAP recipients, they should be provided with awareness building (on ANC and PNC, gender issues. social voices etc) and functional/skill development training. The provision of engaging development NGOs in this sector is ineffective. MAP allowance supported by awareness development/skill development training courses will facilitate the target women graduate from the poverty line.
- It is necessary to strengthen the Upazila and Union Parishad MAP Committee and make these Committees efficient and more effective.
- The enshrined provision of making a wide-scale survey and consulting all stake-holders to form data-base should be prepared. Instead of handing down a pre-fixed number of MAP allowances for hurriedly selected recipients, it can be distributed to a properly selected group of mothers on a priority basis through Union Level Committee. This is supported by also 5.1 of the GoB document.
- It is necessary to generate, record and maintain information base about the Members of MAP recipients through a management information system (MIS), even it is impoverished one. The data-base would enable proper annual launching/renewal of MAP, its monitoring and evaluation.

8.5 Overall Recommendations:

- It is necessary to develop a national social protection strategy. So that the governments can move away from a focus on individual programs to set out broader policy objectives in a more strategic and coordinated manner through a national social protection policy.
- A separate Ministry should be established for implementing all the social safety net programs in Bangladesh. Then the lack of coordination within ministries can be removed.
- A structural shift should be made so that vulnerable people can be self-dependent rather than relying on the government. We should continue these

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safety net programmes, but the more income generating activities are included in the policy the more fruitful the programmes will be. The government should form a superior beneficiary database for social safety net programmes to develop a variety of programmes in the field level.

- There are some problems on targeting criteria such as large errors of exclusion and inclusion so that in numerous cases, many deserving poor do not have an access to programmes benefits, whereas the non-poor also become also beneficiaries through errors of inclusion. The problem of the inclusion of non-poor people in the programs cuts the effectiveness.
- A 'mothers' club' can be formed in each union with running and former beneficiaries. This club will be concerned with the health and family related affairs of local pregnant and lactating women. If necessary, they will take these women to hospital or UWAO office. They will work as volunteers.
- It has to be ensured that the Union information service centre be equipped with all relevant information on Motherhood Allowance Programme.
- The union parishad can send the nomination electronically by putting the data through software developed to capture and analyses the data. This data will be put in line with some specific indicators which are pre-set to assess centrally and electronically whether that particular applicant is eligible or not. The indicators will have some logical connections among themselves and also specific weight for each. Based on the logical connection and specific weight of the inserted data, the software will be able to select individual beneficiaries objectively and, at the same time, it will fix the programme under which funds for the eligible person can be allocated. Once the nomination from the union parishad is done, a central dataset and management.
- Information System (MIS) will be prepared automatically, with the help of which government or the concerned ministry/department will be able to target the most vulnerable and eligible people for safety net programmes as the software will, within a moment, filter the eligible people — the bottom five, ten or fifteen per cent.

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8.6 Conclusion:

SSNP has become a major instrument of the governments of the world to fight against poverty, to ensure security and sustainability of life. This reduces inequality in society. The long run effect is that it helps to achieve justice in society by reducing the disparity. Bangladesh is a developing country with huge potential. To reduce poverty and to fasten the growth of development government has formulated some policies and acts. It has also ratified some international conventions and declarations. SSNP, if properly implemented, can help to achieve the targets of government. Bangladesh has already achieved some MDG targets like reducing child mortality, ensuring better maternal care; increasing the ratio of female children in educational institutions etc. Government intervention by SSNP has also reduced the severity of seasonal unemployment in northern region. But still there are a lot of problems in Bangladesh regarding SSNP. One is that we don't have any integrated policy on SSNP. We need huge political commitment to make SSNP successful. It was found that many SSNP programmes were launched, but were not continued. Sometimes the deadline for implementation was insufficient. Official procedure should be flexible. We know that most of the poor people of the country are the main beneficiaries of SSNP. So, it should be poor frankly. Besides Government should operate more safety net programmes for women. Only nine SSN Programmes are not sufficient for half of the population of Bangladesh. Motherhood is a right of women. So to ensure the right Government should spread MAP for the women of 'missing middle class'. MAP is very much relevant for the malnourished society of Bangladesh. But still there are some loopholes. To make it more effective the limitations of MAP should be removed. At the same time it may say that the SSNPs are not the ultimate solution. These may serve for a limited time and cannot change the root of the problem. So it is very important to think about the sustainability and the source of the certain problem.

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APPENDICES

APPENDIX: 1

FINDINGS FROM FOCUS GROUP DISCUSSION (FGD)

Upazila level FGD

Focus Group Discussion (FGD) is one of the essentials for carrying out an evaluation of impact of the Monthly Allowance Programme (MAP) among the beneficiaries. The key persons in the Upazila level FGD were Upazila Nirbahi Officer (UNO), the Chairperson of Maternity Allowance Committee, Upazila Women Vice Chairman, the Advisor, and Upazila Women Affairs Officer, the member secretary of the committee. The evaluation study was carried out through 10 FGDs with a total of 58 participants. The number of participants in each FGD varied from 4 to7. Fifteen different issues were discussed at these meetings and the findings of those are as follows.

1. **Importance of Motherhood Allowance Programme**
   The average participant pressed for a significant importance of the Motherhood Allowance Programme pointing out benefits being given out to extreme poor pregnant and lactating mothers including financial support, purchase and consumption of nutritious food and health care(8 UZ).
2. **Whether the criteria followed in the beneficiary selection process are sufficient**
   All the participants said that all the seven criteria (mentioned in the Motherhood Allowance implementation policy documents) followed in the selection process of the beneficiaries were sufficient and good enough.
3. **How far the allowance contributes for the improvement of health and nutrition of poor mother**
   Discussions highlighted that the allowance amount was inadequate for the improvement of health and nutrition of poor mother and child. It has often been seen that the allowance money has not been used to benefit these mothers; instead, it had been used for the smooth livelihood of the entire families (6 UZ). Some beneficiaries were found to have been repaying microcredit loans with the allowance money (2 UZ).
4. **Whether the allowance is sufficient for the poor mother**
   The amount is not sufficient (8 UZ).
5. **Whether the beneficiaries received any training**
   The beneficiaries did not get any training on ANC, PNC, child care and other maternity related affairs, what has been found in 6 upazilas. However, information from the other 2 upazilas showed that the beneficiaries did receive some preliminary training on ANC, PNC, child care and concerned other issues.

6. **Types of training received by the beneficiaries**
   Beneficiaries of 2 upazilas received training on some social awareness like dowry, early marriage and domestic violence against women. Beneficiaries of 2 upazilas received training on birth registration and preliminary training on ANC, PNC, child care etc.
7. **Whether the training improved the standard of living along with health and nutrition of the poor mother**
   The issue is not applicable to beneficiaries of 6 upazilas because in those areas no training were given. The training did not improve lifestyle of beneficiaries in two upazilas.

8.Whether the status of poor mother improved due to getting allowance

Motherhood Allowance (MA) slightly improved the status of poor mothers in the family as well as in the society in 8 upazilas.

8. **Strong points/aspects of MAP**
   Discussion through 3 upazilas showed that criteria for beneficiary selection process are just and realistic which is likely to prevent child marriage in future and discourage mothers to take more than two children (4 UZ). Participants of 4 upazilas said that the mothers were getting some support with the allowance money.

9. **Weak points/aspects of MAP**
   Participants of 5 upazilas said that the allowance amount was very small. Those in 5 upazilas said that the allowance usually received long after the baby was born which affects the nutrition of mother and growth of the baby. Participants in 2 upazilas said that the biennial distribution of the allowance delays consumption of nutritious food. The respondents of one upazila said that the guidelines were not strictly followed during the selection process of the beneficiaries. Among the several other complaints that came up were: uselessness of NGO involvement and lack of organizing of the committees.

10. **Type of further actions needed for improvement of MAP**
    Of the suggestions that came up in the focus group discussion were: opening of bank accounts to facilitate the beneficiaries draw the allowance money in a convenient manner (2UZ), increasing the number of beneficiaries who will be entitled to the allowance, increasing the amount allowance money (4 UZ), reducing the period of allowance money disbursement (from the existing biennial system to quarterly basis), organizing trainings on maternity and related affairs and disbursement of allowance money to union levels(2 UZ).

11.Types of problem faced in the programme/selection process of the MA

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11. The most frequent case is that the Union Parishad Chairman failed to deliver the list of selected beneficiaries in time. Some complaints of malpractice during the selection process was also raised in 3 Upazilas. Participants of 2 upazilas said that it was very difficult to select a limited number of poor mothers among a large population of poor people. Participants of 3 Upazilas said that NGOs were not working properly.

12. **How did you solve the problem?**
    Most of the participants said they had continuous interaction with the Union Parishad Chairman over mobile phone to solve any problem regarding the MAP(4 UZ). Consultations and negotiations with political personalities were also part of solving relevant problems(4 UZ).

13. **Role of NGO/CBO for implementing MAP in your upazila**
    The assigned NGO was virtually non-existent or their activities were insignificant, said participants of 6 upazilas. Those of 2 upazilas said that NGOs had provided training for pregnant mothers.

14. **Did you sit for quarterly review meeting of Motherhood Allowance Programme?**
    Respondents of 4 upazilas said they never arranged any quarterly meetings, but issues regarding the Motherhood Allowance have been discussed in the monthly coordination meeting if raised by the Upazila Women Affairs Officer (4 UZ).

15. **Whether the monitoring report on Motherhood Allowance Programme is placed properly in the meeting?**
    Participants of all (8UZ) the upazilas said that monitoring or progress report of Motherhood Allowance have not been placed or discussed customarily in the meeting.

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APPENDIX: 2

List of Participants in FGDs and other Discussions

1. FDG with Upazila MAP Committee:

Place: Upazila Parishad, Mahalchhari, Khagrachhari
Date: 24.2.12

- Mr. Md. Abu Shahed Chowdhury, Upazila Nirbahi Officer, Mahalchhari. Khagrachaari
- Anuka Khisha, Upazila Women Affairs Officer (aditional duty), Mahalchhari
- Kakoli Khisha, Upazila Vice-chairman, (female), Mohalchhari
- Mr. Niropon Chakma, Upazila Youth Development Officer Mahalchhari
- Mr. Chanchal Keton Chakma, Upazila Family Planning Officer, Mohalchhari
- Mr. Shantoshil Chakma, Chairman, Maichhari UP, Mohalchhari
- Mr. Labrasai Marma, Chairman, Mubachhari UP, Mohalchhari
- Mr. Sunecro Chowdhury, Chairman, Mohalchhari Sodor UP, Mohalchhari
- Mr. Sunecro Chowdhury, Chairman, Sindukchhari UP, Mohalchhari

2. FGD with LG representatives and Local Leaders:

Place: Union Parishad, Mubachhari Union, Upazila: Mahlchhari, District: Khagrachhari Date: 26.2.2012

- Mr. Kesing Chowdhury, Headman, Mubachhari UP
- Mr. Shanti Lal Chakma, Karbari, Mubachhari UP
- Mr. Binoy Kishor Khisha, Karbari, Mubachhari UP
- Nipu Rani Khisha, UP Member, Mubachhari
- Krio Bai Marma, UP Member, Mubachhari
- Rupali Dewan, UP Member, Mubachhari

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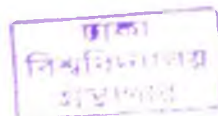
3. FGD with Upazila MAP Committee:

Place: UNO Office, Upazila Parishad, Upazila: Dighinala, District: Khagrachhari
Date 28.2.12

- Mr. Md.T,K,M Enamul Korim, Upazila Nirbahi Officer, Dighinala



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- Shatorupa Chakma, Vice chairman (female), Dighinala
- Mr. Bishwajit Chakma, Upazila Social Welfare Officer, Dighinala
- Mr.Choyon Bikash Chakma, Chairman,BoyalKhali UP, Dighinala
- Mr. ChandroKumar Chakma, Chairman, Dighinala UP, Dighinala
- Anuka Khisha, Upazila Women Affairs Officer, Dighinala

4. FGD with LG and Upazila Levels Officers:

Place: UNO Office, Upazila Parishad, Bhuapur,Tangail
Date: 6.3.12

- Mr. Md. Mohsin Uddin, Upazila Nirbahi Officer, Bhuapur
- Selia Akter, Upazila Vice chair person (Female), Bhuapur
- Mr. Nironjon Kumar Ray, Upazila Education Officer, Bhuapur
- Lutfunnun Nahar, Upazila Family Planning Officer
- Mr. Md. Ayeb Ali Molla,Chairman, Orjuna UP, Bhuapur
- Mr. Md. Moniruzzaman, Chairman, Char Gabsara UP, Bhuapur
- Mr. Md. Rohis Uddin, Chairman, Oloya UP, Bhuapur
- Amina Begum, Upazila Women Affairs Officer, Bhuapur

5. FGD with Members of Civil Society:

Place: Union Gobindashi, Upazila Bhuapur, Tangail
Date: 6.3.12

- Md. Khondokar Ali, School Teacher
- Md. Safiul Alam, School Teacher
- Md. Ahad Ali, Imam
- Md. Abul Hossain, Farmer
- Md.Nasir Uddin, Farmer
- Md. Abdus Sattar, Small Businessman
- Mr. Sumon das, Mechanics
- Md. Tareq Khan, Representatives of the people

6. FGD with Upazila MAP Committee:

Place: UNO Office, Raiganj, Sirajgonj

Date: 14.3.12

- Mr. Md. Abdul Ahad, Upazila Nirbahi Officer, Raipur, Sirajgonj

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- Nilufar Yesmin Rina, Vice chairman(female), Raipur
- Mr. Md. Robiul Korim, Upazila Social Welfare Officer, Raipur
- Khadiza Nasrin, Upazila Women Affairs Officer, Raipur

7. FGD with Upazila MAP Committee:

Place: UNO office, Kaharol, Dinajpur

Date: 19.3.12

- Mr. Md Toufiq Imam, Upazila Nirbahi Officer, Kaharol
- Smreeti Rani Ray, Upazila Vice-chairman (female), kaharol
- Abida Afrin, Upazila Social Welfare Officer, Kaharol
- Mahbuba Rahman, Upazila Family Planning Officer, Kaharol
- Moushumee Akhter, Upazila Women Affairs Officer, Kaharol

8. FGD with Upazila levels Officers:

Place: UNO Office, Upazila Parishad, Upazila Mirpur,District Kustia

Date: 24.3.12

- Mr. Md Monzurul Hafiz, Upazila Nirbahi Officer, Mirpur
- Mr. Md. Abdul Goful, Upazila Chairman, Mirpur
- Latifa Akhter, Upazila Vice chairman (female), Mirpur
- Tamannaj Khandokar, Upazila Women Affairs Officer, Mirpur

9. FGD with Upazila MAP Committee:
Place: UNO Office, Upazila Kumarkhali,District Kustia
Date:26.3.12

- Mr.Md Moniruzzaman,Upazila NirbahiOfficer, Kumarkhali
- Md.Abdur Rouf, Upazila Chairman, Kumarkhali
- Safura Khatun, Vice-chairman(female), Kumarkhali
- Ferdous Naznin,Upazila Women Affairs Officer, Kumarkhali

10. FGD with Upazila Level Committee
Place: UNO Office, Upazila Parishad, Upazila Srimongol, Moulovibazar
Date: 5.4.12

- Mr. Md Ashrafu Huq Chowdhury, Upazila Nirbahi Officer, Srimongol
- Mr. Ronobeer Kumar Dev, Upazila Chairman, Shrimongol
- Joishree Chowdhury, Vice Cahirman (female) Srimongol
- Modhuchhanda, Upazila Women Affairs Officer, Srimongol

APPENDIX: 3

Social Safety-net of the Poor Women in Bangladesh: Relevance and Effectiveness of Motherhood Allowance Programme

Questionnaire For MAP Beneficiary

Name of the respondents: ....

Name of her Mother...Date: ....

Village: .... Union:.......... Upazilla: .... District: ....

Card No....................... Date of Issue..................... Date of expiry................................

General Information

1. What is your present age? (in years)

2. At what age did you get married? (in years)

3. Which class did you pass last?

Code	Educational levels
1	Illiterate
2	Primary
3	Secondary
4	Graduate

4. What is your profession?

Code	Type of Work
1.	a. Daily Labour
2.	b. House wife

3.	c. Small business
4.	d. Maid servant
5.	e. Others (specify)

5. What is the total monthly income of your family?

Code	Limit of Income
1.	a. Below TK. 1500.00
2.	b. Within TK. 1500.00-2500.00
3.	c. Within TK. 2600.00- 3500.00
4.	d. Within TK. 3600.00- 4500.00
5.	e. Above TK. 4600.00

6. What is the profession of your husband?

Code	Type of Work
1.	a. Day labourer
2.	b. Private Job
3.	c. Small Business
4.	d. Van / Rickshaw puller
5.	e. Farmer
6.	e. Others (Specify)

7. Did any of your children died?

8. Physical Situations of the Beneficiaries of MAP.

Code	Condition
1.	a. Pregnant for the first time
2.	b. Lactating for the first time
3.	c. Pregnant for the second time
4.	d. Lactating for the second time
5.	e. Pregnant more than second time
6.	f. Lactating more than second time

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9. Which nutritious foods have taken during pregnancy and lactating period?

Code	Type of Food
1.	a. Milk daily
2.	b. Meat daily (one time)
3.	c. Fish daily (one time)
4.	d. Egg daily
5.	e. No nutritious food (daily)
6	f. Others (Specify)

10. Do you use any family planning method?

a. Yes b. No

11. Has your marriage been registered?

a. Yes b. No

12. Have you completed birth registration of your children?

a. Yes b. No

13. Which food did you give to your baby first after birth?

Code	Type of Food
1.	a. Breast milk
2.	b. Cow milk
3.	c. Packaged milk
4.	d. Others (Specify)

14. How long did you breast-feed your baby?

15. Have you vaccinated your baby?

a. Yes b. No

16. Have you taken vaccination?

a. Yes b. No

17. Have you consulted any doctor during your pregnancy or lactating period?

a. Yes b. No

16.1 If yes, then where was the doctor consulted?

Code	Name of the Health centre
1.	a) Upazilla Sadar Hospital
2.	b) Community Health Centre
3.	c) District Hospital
4.	d) NGO Heal Centre (Name of the NGO)
5.	e) Others (Specify)

16.2 How many times did you consult with a doctor?

(Question no 19- 19.2 applicable for the pregnant)

17.Have you planned where your child will be born?

a. Yes b. No

17.1 If yes, then where?

17.2 If the answer is no, why the delivery is yet to be planned?

(Questions 18-20 are only for first time lactating mothers of MAP)

18. Where was your child born?

19. Did you have to spend any money for delivery?

a. Yes b. No

19.1. If the answer is yes, then how much money did you has to spend for delivery?

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20. Where did you get money?

(Questions 21-24 for 2nd lactating mother of MAP)

21. Why did you conceive a second baby?

22. Where was the birthplace of your second child?

23. How bore the expenses during the delivery of your second baby?

24. Where did you consult a doctor during your first lactating period?

25. Did any NGO train you for the maternity programme?

a. Yes b. No

25.1 If the answer is no. then why did you not get the training?

26. Where do you collect the allowance money from?

27. Do you have to undergo any problems while collecting the allowance money?

a. Yes b. No

28. Do you think the allowance amount is sufficient?

a. Yes b. No

28.1 If no, then what would have been the appropriate sum for allowance money?

29. Did you bear any expenses to get the allowances?

a. Yes b. No

29.1 If the answer is yes, then where was the cost expensed?

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30. How much amount of bribe you spend?.

31. What did you do with that allowance?

32. Where did you inform of the allowance?

Code	Sources of Information
1.	a. From Neighbor
2.	b. From Union Parishad
3.	c. From Family Planning Worker
4.	d. From NGO
5.	e. From Others (Specify)

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APPENDIX: 4

Social Safety Net of the Poor Women in Bangladesh: Relevance and Effectiveness of Motherhood Allowance Programme

Questionnaire For MAP Non-Beneficiary

Name of the respondents: ....

Name of her Mother..Date: ....

Village: .... Union: .... Upazilla: .... District: ....

General Information

1. What is your present age? (in years)
2. At what age did you get married? (in years)
3. Which class did you pass last?

Code	Educational levels
1	a. Illiterate
2	b. Primary
3	c. Secondary
4	d. Graduate

4. What is your profession?

Code	Types of Work
1.	a. Daily Labour
2.	b. House wife
3.	c. Small business
4.	d. Maid servant
5.	e. Others (specify)

What is the total monthly income of your family?

Code	Limit of Income
1.	a. Below TK. 1500.00
2.	b. Within TK. 1500.00-2500.00
3.	c. Within TK. 2600.00- 3500.00
4.	d. Within TK. 3600.00- 4500.00
5.	e. Above TK. 4600.00

5. What is the profession of your husband?

Code	Types of Work
1.	a. Day labourer
2.	b. Private Job
3.	c. Small Business
4.	d. Van / Rickshaw puller
5.	e. Farmer
6.	e. Others (Specify)

6. Did any of your children died?

7. Physical Situations of the Beneficiaries of MAP.

Code	Physical Status
1.	a. Pregnant for the first time
2.	b. Lactating for the first time
3.	c. Pregnant for the second time
4.	d. Lactating for the second time
5.	e. Pregnant more than second time
6.	f. Lactating more than second time

8. Which nutritious foods have taken during pregnancy and lactating period?

Code	Types of Food
1.	a. Milk daily
2.	b. Meat daily (one time)
3.	c. Fish daily (one time)

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4.	d. Egg daily
5.	e. No nutritious food (daily)
6	f. Others(Specify)

9. Do you use any family planning method?

   a. Yes b. No

10. Has your marriage been registered?

    a. Yes b. No

11. Have you completed birth registration of your children?

    a. Yes b. No

12. Which food did you give to your baby first after birth?

Code	Types of Food
1.	a. Breast milk
2.	b. Cow milk
3.	c. Packaged milk
4.	d. Others (Specify)

13. How long did you breast-feed your baby?

14. Have you vaccinated your baby?

    a. Yes b. No

15. Have you taken vaccination?

    a. Yes b. No

16. Have you consulted any doctor during your pregnancy or lactating period?

    a. Yes b. No

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16.1 If yes, then where was the doctor consulted?

Code	Name of the Health centre
1.	a) Upazilla Sadar Hospital
2.	b) Community Health Centre
3.	c) District Hospital
4.	d) NGO Heal Centre (Name of the NGO)
5.	e) Others (Specify)

16.2 How many times did you consult with a doctor?

(Questions 19- 19.2 are only for the pregnant women of MAP)

17. Have you planned where your child will be born?

a. Yes b. No

17.1 If yes, then where?

17.2 If the answer is no, why the delivery is yet to be planned?

(Questions 18-20 are only for first time lactating mothers of MAP)

18. Where was your child born?

19. Did you have to spend any money for delivery?

a. Yes b. No

19.1. If the answer is yes, then how much money did you has to spend for delivery?

20. Where did you get money?

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(Questions 21-24 are only for 2nd lactating mother of MAP)

21. Why did you conceive a second baby?

22. Where was the birthplace of your second child?

23. How bore the expenses during the delivery of your second baby?

24. Where did you consult a doctor during your first lactating period?

25. Did any NGO train you for the maternity programme?

a. Yes b. No

25.1 If the answer is no. then why did you not get the training?

26. Where do you collect the allowance money?

27. Do you have to undergo any problems while collecting the allowance money?

a. Yes b. No

28. Do you think the allowance amount is sufficient?

a. Yes b. No

28.1 If no, then what would have been the appropriate sum for allowance money?

29. Did you bear any expenses to get the allowances?

a. Yes b. No

29.1 If the answer is yes, then where was the cost expensed?

30. How much amount of bribe you spend?.

31. What did you do with that allowance?

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32. Where did you inform of the allowance?

Code	Source of Information
1.	a. From Neighbor
2.	b. From Union Parishad
3.	c. From Family Planning Worker
4.	d. From NGO
5.	e. From Others (Specify)

(Questions 33-34 are only for Non-beneficiaries of MAP):

33. Did you try to get the Motherhood Allowance?

a. Yes b. No

34. What is the reason of not getting allowance?